

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0179

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

Worksheet S
Parts I-III
Date/Time Prepared:
2/27/2022 2:08 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/27/2022	Time: 2:08 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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 LITTLE COMPANY OF MARY (14-0179) 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	1,696,585	354,970	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
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	1,696,585	354,970	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: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/27/2022 2:08 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2800 WEST 95TH STREET			PO Box:				1.00	
2.00	City: EVERGREEN PARK			State: IL		Zip Code: 60805		County: COOK	
		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			LITTLE COMPANY OF MARY	140179	16984	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2020	09/30/2021	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	
							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		
22.01	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	N		
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		
22.03	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	
22.04	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	
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	Y		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/27/2022 2:08 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.	2,133	1,052	0	0	11,601	228	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	Date of Geogr		
						1.00	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.					2		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.					2		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:	Ending:		
						1.00	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	Y/N		
						1.00	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	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	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	N	N	45.00
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	46.00
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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
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.					Y	Y		56.00
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			57.00
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			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	4.70	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
				Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y			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:			620,141	1,726,183	53,059	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/27/2022 2:08 pm	
			1.00			2.00		
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				140.00
			1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 00131		141.00	
142.00	Street: 800 N.E GLEN OAK AVENUE		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	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
							1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00
			Part A	Part B	Title V	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		155.00
156.00	Subprovider - IPF		N	N	N	N		156.00
157.00	Subprovider - IRF		N	N	N	N		157.00
158.00	SUBPROVIDER							158.00
159.00	SNF		N	N	N	N		159.00
160.00	HOME HEALTH AGENCY		N	N	N	N		160.00
161.00	CMHC			N	N	N		161.00
							1.00	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/27/2022 2:08 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part II Date/Time Prepared: 2/27/2022 2:08 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	02/01/2020			1.00	
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A			4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y				5.00	
		Y/N	Legal Oper.				
		1.00	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.	Y				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N				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.	Y				13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N				14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N				15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	12/14/2021	Y	12/14/2021	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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/27/2022 2:08 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			Y	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			Y	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.			N	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.			Y	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.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)231-5544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/27/2022 2:08 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.	MANAGING DIRECTOR		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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	184	67,160	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)		184	67,160	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	1,338	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
11.10 NICU	34.10	10	3,650	0.00	0	11.10
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		220	80,300	0.00	1,338	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		220				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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,352	1,346	53,791		1.00
2.00	HMO and other (see instructions)	15,797	13,009			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)	18,352	1,346	53,791		7.00
8.00	INTENSIVE CARE UNIT	1,338	181	4,164		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
11.10	NICU	0	194	1,403		11.10
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		56	1,579		13.00
14.00	Total (see instructions)	19,690	1,777	60,937	4.70	1,260.62
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	0.00
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
27.00	Total (sum of lines 14-26)				4.70	1,260.62
28.00	Observation Bed Days		1,908	6,954		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	228	404		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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/27/2022 2:08 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	3,450	494	17,149	1.00
2.00 HMO and other (see instructions)			2,462	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.10 NICU						11.10
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,450	494	17,149	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	94,603,734	115,502	94,719,236	2,621,709.00	36.13 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		571,760	0	571,760	3,845.00	148.70 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		1,733,283	0	1,733,283	17,860.00	97.05 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		277,899	0	277,899	6,257.00	44.41 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		15,735	8,133	23,868	59.00	404.54 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,810,959	0	5,810,959	56,332.00	103.16 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		313,100	0	313,100	1,520.00	205.99 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		21,957,429	0	21,957,429	580,781.00	37.81 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,044,607	0	22,044,607		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		837	0	837		
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		52,126	0	52,126		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		213,147	0	213,147		
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)		8,051,605	0	8,051,605		
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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	2,535,462	-1,477,977	1,057,485	22,545.00	46.91	26.00
27.00	Administrative & General	5.00	4,057,926	29,283	4,087,209	126,953.32	32.19	27.00
28.00	Administrative & General under contract (see inst.)		1,563,980	0	1,563,980	10,689.00	146.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,659,728	34,779	2,694,507	95,965.00	28.08	30.00
31.00	Laundry & Linen Service	8.00	116,041	382	116,423	6,911.00	16.85	31.00
32.00	Housekeeping	9.00	1,948,674	22,343	1,971,017	111,991.00	17.60	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,428,523	-417,103	1,011,420	47,575.00	21.26	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	455,466	455,466	22,269.00	20.45	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,780,844	133,853	2,914,697	59,025.00	49.38	38.00
39.00	Central Services and Supply	14.00	624,635	1,609	626,244	28,491.00	21.98	39.00
40.00	Pharmacy	15.00	2,744,023	4,798	2,748,821	55,107.00	49.88	40.00
41.00	Medical Records & Medical Records Library	16.00	266,007	1,626	267,633	14,638.00	18.28	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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/27/2022 2:08 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	94,156,532	115,502	94,272,034	2,608,281.00	36.14	1.00
2.00	Excluded area salaries (see instructions)	15,735	8,133	23,868	59.00	404.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,140,797	107,369	94,248,166	2,608,222.00	36.14	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,081,488	0	28,081,488	638,633.00	43.97	4.00
5.00	Subtotal wage-related costs (see inst.)	30,148,338	0	30,148,338	0.00	31.99	5.00
6.00	Total (sum of lines 3 thru 5)	152,370,623	107,369	152,477,992	3,246,855.00	46.96	6.00
7.00	Total overhead cost (see instructions)	20,725,843	-1,210,941	19,514,902	602,159.32	32.41	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
2/27/2022 2:08 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,397,959	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	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)	10,232,806	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)	227,302	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,454,438	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	6,787,182	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	37,552	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	173,477	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,310,716	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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/27/2022 2:08 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	5,810,959	22,310,716	1.00
2.00	Hospital	5,810,959	22,310,716	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/27/2022 2:08 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)			0.213847
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			26,601,258
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0
6.00	Medicaid charges			261,738,482
7.00	Medicaid cost (line 1 times line 6)			55,971,989
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)			29,370,731
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			0
10.00	Stand-alone CHIP charges			0
11.00	Stand-alone CHIP cost (line 1 times line 10)			0
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0
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
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0
15.00	State or local indigent care program cost (line 1 times line 14)			0
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
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
18.00	Government grants, appropriations or transfers for support of hospital operations			0
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			29,370,731
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	16,972,484	666,093	17,638,577
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,629,515	666,093	4,295,608
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,629,515	666,093	4,295,608
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			10,379,060
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			928,360
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,428,245
28.00	Non-Medicare bad debt expense (see instructions)			8,950,815
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,413,990
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,709,598
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			36,080,329

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

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

Worksheet A

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		5,475,725	5,475,725	266,702	5,742,427
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,920,250	1,920,250	0	1,920,250
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,535,462	3,956,479	6,491,941	19,869,695	26,361,636
5.00	00500	ADMINISTRATIVE & GENERAL	4,057,926	71,361,655	75,419,581	-7,060,823	68,358,758
7.00	00700	OPERATION OF PLANT	2,659,728	11,317,741	13,977,469	-3,540,059	10,437,410
8.00	00800	LAUNDRY & LINEN SERVICE	116,041	231,964	348,005	-34,445	313,560
9.00	00900	HOUSEKEEPING	1,948,674	1,648,956	3,597,630	-406,590	3,191,040
10.00	01000	DIETARY	1,428,523	1,332,792	2,761,315	-1,072,413	1,688,902
11.00	01100	CAFETERIA	0	0	0	772,395	772,395
13.00	01300	NURSING ADMINISTRATION	2,780,844	715,101	3,495,945	-416,427	3,079,518
14.00	01400	CENTRAL SERVICES & SUPPLY	624,635	-1,482,171	-857,536	-241,762	-1,099,298
15.00	01500	PHARMACY	2,744,023	17,792,951	20,536,974	-16,037,928	4,499,046
16.00	01600	MEDICAL RECORDS & LIBRARY	266,007	275,311	541,318	-80,721	460,597
17.00	01700	SOCIAL SERVICE	0	0	0	2,295,110	2,295,110
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	286,155	286,155
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,339,282	13,968,550	40,307,832	-7,320,004	32,987,828
31.00	03100	INTENSIVE CARE UNIT	4,239,757	3,635,005	7,874,762	-1,637,182	6,237,580
34.10	02060	NICU	1,137,629	2,119,329	3,256,958	-292,053	2,964,905
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	729,673	729,673
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,955,092	11,473,460	17,428,552	-7,924,415	9,504,137
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,163,912	828,372	2,992,284	-659,996	2,332,288
53.00	05300	ANESTHESIOLOGY	118,429	4,020,452	4,138,881	-395,749	3,743,132
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,602,465	3,290,446	6,892,911	-239,468	6,653,443
55.00	05500	RADIOLOGY-THERAPEUTIC	1,256,062	667,543	1,923,605	-179,656	1,743,949
56.00	05600	RADIOISOTOPE	330,199	1,054,112	1,384,311	-362,621	1,021,690
56.10	03630	ULTRASOUND	1,323,830	731,004	2,054,834	-289,120	1,765,714
57.00	05700	CT SCAN	1,048,559	966,392	2,014,951	-172,411	1,842,540
58.00	05800	MRI	385,419	252,215	637,634	-115,355	522,279
59.00	05900	CARDIAC CATHETERIZATION	941,020	2,979,131	3,920,151	-2,295,876	1,624,275
60.00	06000	LABORATORY	4,611,032	8,615,914	13,226,946	-1,061,408	12,165,538
64.00	06400	INTRAVENOUS THERAPY	868,016	371,841	1,239,857	-258,243	981,614
65.00	06500	RESPIRATORY THERAPY	2,669,224	1,400,780	4,070,004	-971,547	3,098,457
65.01	03952	SLEEP LAB	185,360	68,164	253,524	-56,690	196,834
66.00	06600	PHYSICAL THERAPY	1,637,346	450,716	2,088,062	-280,911	1,807,151
67.00	06700	OCCUPATIONAL THERAPY	261,174	52,766	313,940	-10,210	303,730
68.00	06800	SPEECH PATHOLOGY	313,231	52,068	365,299	8,072	373,371
69.00	06900	ELECTROCARDIOLOGY	1,708,125	698,315	2,406,440	-520,938	1,885,502
70.00	07000	ELECTROENCEPHALOGRAPHY	342,981	94,391	437,372	-83,157	354,215
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,452,303	14,452,303
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,913,678	3,913,678
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,157,523	16,157,523
74.00	07400	RENAL DIALYSIS	972,543	476,745	1,449,288	-345,367	1,103,921
75.10	03340	GI LAB	1,356,202	994,619	2,350,821	-858,480	1,492,341
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	533,821	133,890	667,711	-116,253	551,458
90.01	09001	PALOS DIAGNOSTIC CENTER	0	21,568	21,568	0	21,568
90.02	09002	CARE STATIONS	1,815,534	349,793	2,165,327	-362,867	1,802,460
90.03	09003	OUTPATIENT CARE CENTER	952,790	556,818	1,509,608	-211,146	1,298,462
91.00	09100	EMERGENCY	6,609,990	9,628,109	16,238,099	-2,351,328	13,886,771
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
93.00	04951	OUTPATIENT REHAB	1,115,047	206,111	1,321,158	-184,772	1,136,386
93.10	04950	WOUND CARE CENTER	632,065	499,808	1,131,873	-309,094	822,779
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,587,999	185,205,181	279,793,180	-6,179	279,787,001
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FUND DEVELOPMENT	0	1,489,369	1,489,369	0	1,489,369
194.01	07951	CONVENT & SISTERS	0	0	0	10,835	10,835

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

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

Worksheet A

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.02	07952	COMMUNITY HEALTH EDUCATION	15,735	4,633	20,368	-4,656	15,712	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	94,603,734	186,699,183	281,302,917	0	281,302,917	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

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

Worksheet A

Date/Time Prepared:
2/27/2022 2:08 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	307,162	6,049,589	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,313,116	5,233,366	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-194,024	26,167,612	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,297,108	50,061,650	5.00
7.00	00700	OPERATION OF PLANT	-32,780	10,404,630	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	313,560	8.00
9.00	00900	HOUSEKEEPING	0	3,191,040	9.00
10.00	01000	DIETARY	0	1,688,902	10.00
11.00	01100	CAFETERIA	-465,865	306,530	11.00
13.00	01300	NURSING ADMINISTRATION	2,824,902	5,904,420	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-148,392	-1,247,690	14.00
15.00	01500	PHARMACY	-207,147	4,291,899	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	460,597	16.00
17.00	01700	SOCIAL SERVICE	1,077,093	3,372,203	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	286,155	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,143,579	30,844,249	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,206,150	5,031,430	31.00
34.10	02060	NICU	-1,773,212	1,191,693	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	729,673	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,446,403	8,057,734	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,332,288	52.00
53.00	05300	ANESTHESIOLOGY	-3,571,339	171,793	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-152,451	6,500,992	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-648,005	1,095,944	55.00
56.00	05600	RADIOISOTOPE	0	1,021,690	56.00
56.10	03630	ULTRASOUND	-297,247	1,468,467	56.10
57.00	05700	CT SCAN	0	1,842,540	57.00
58.00	05800	MRI	0	522,279	58.00
59.00	05900	CARDIAC CATHETERIZATION	-285,731	1,338,544	59.00
60.00	06000	LABORATORY	-10,764	12,154,774	60.00
64.00	06400	INTRAVENOUS THERAPY	414	982,028	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,098,457	65.00
65.01	03952	SLEEP LAB	0	196,834	65.01
66.00	06600	PHYSICAL THERAPY	0	1,807,151	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	303,730	67.00
68.00	06800	SPEECH PATHOLOGY	0	373,371	68.00
69.00	06900	ELECTROCARDIOLOGY	-228,794	1,656,708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-121,987	232,228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,452,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,913,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,157,523	73.00
74.00	07400	RENAL DIALYSIS	-8,214	1,095,707	74.00
75.10	03340	GI LAB	0	1,492,341	75.10
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	551,458	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	-21,568	0	90.01
90.02	09002	CARE STATIONS	-875,471	926,989	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	1,298,462	90.03
91.00	09100	EMERGENCY	-6,181,914	7,704,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04951	OUTPATIENT REHAB	-76,115	1,060,271	93.00
93.10	04950	WOUND CARE CENTER	-219,422	603,357	93.10
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,090,995	248,696,006	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	FUND DEVELOPMENT	0	1,489,369	194.00
194.01	07951	CONVENT & SISTERS	0	10,835	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	15,712	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

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

Worksheet A

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
200.00	TOTAL (SUM OF LINES 118 through 199)	-31,090,995	250,211,922		200.00

RECLASSIFICATIONS

Provider CCN: 14-0179

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

Worksheet A-6

Date/Time Prepared:
2/27/2022 2:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHGD TO PAT.					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,157,523		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	0		0	16,157,523		
B - CAFETERIA COSTS						
1.00	CAFETERIA	11.00	455,466	316,929		1.00
	0		455,466	316,929		
E - REHAB ADMIN						
1.00	OCCUPATIONAL THERAPY	67.00	17,564	180		1.00
2.00	SPEECH PATHOLOGY	68.00	20,683	212		2.00
	0		38,247	392		
H - POSTAGE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	68,379		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	0		0	68,379		
I - RADIOLOGY ADMIN COSTS						
1.00	RADIOISOTOPE	56.00	31,488	903		1.00
2.00	ULTRASOUND	56.10	51,591	1,480		2.00
3.00	CT SCAN	57.00	301,098	8,635		3.00
4.00	MRI	58.00	32,582	934		4.00
5.00	OUTPATIENT CARE CENTER	90.03	59,526	1,707		5.00
	0		476,285	13,659		
J - NURSERY COSTS						
1.00	NURSERY	43.00	705,653	24,020		1.00
	0		705,653	24,020		
K - BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,946,876		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: 14-0179

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

Worksheet A-6

Date/Time Prepared:
2/27/2022 2:08 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
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
				18,946,876		
M - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,452,303		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
				14,452,303		
O - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	266,702		1.00
			0	266,702		

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/27/2022 2:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,913,678		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
	0		0	3,913,678		
	Q - CLINICAL ENGINEERING					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,180,953		1.00
2.00	LABORATORY	60.00	0	225,845		2.00
	0		0	3,406,798		
	R - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,734,865		1.00
2.00	OPERATION OF PLANT	7.00	0	483,218		2.00
3.00	PHARMACY	15.00	0	335,991		3.00
4.00	SOCIAL SERVICE	17.00	0	2,295,110		4.00
5.00	PHYSICAL THERAPY	66.00	0	156,451		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	23,522		6.00
7.00	SPEECH PATHOLOGY	68.00	0	27,371		7.00
	0		0	6,056,528		
	T - RESIDENT EXPENSES					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	286,155		1.00
	0		0	286,155		
	U - SHORT TERM DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,817		1.00
2.00	OPERATION OF PLANT	7.00	0	3,649		2.00
3.00	HOUSEKEEPING	9.00	0	23,584		3.00
4.00	DIETARY	10.00	0	396		4.00
5.00	NURSING ADMINISTRATION	13.00	0	5,148		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	447		6.00
7.00	PHARMACY	15.00	0	4,236		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	38,317		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	14,051		9.00
10.00	NICU	34.10	0	8,178		10.00
11.00	OPERATING ROOM	50.00	0	10,892		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,852		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,876		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,484		14.00
15.00	ULTRASOUND	56.10	0	864		15.00
16.00	LABORATORY	60.00	0	11,620		16.00
17.00	RESPIRATORY THERAPY	65.00	0	21,302		17.00
18.00	PHYSICAL THERAPY	66.00	725	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	2,250		19.00
20.00	GI LAB	75.10	0	755		20.00
21.00	CARE STATIONS	90.02	0	22,594		21.00
22.00	EMERGENCY	91.00	0	2,869		22.00
23.00	OUTPATIENT REHAB	93.00	0	866		23.00
24.00	COMMUNITY HEALTH EDUCATION	194.02	0	2,754		24.00
	0		725	218,801		
	W - WI OTHER BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	399,998	0		1.00
2.00	OPERATION OF PLANT	7.00	38,428	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	382	0		3.00
4.00	HOUSEKEEPING	9.00	45,927	0		4.00
5.00	DIETARY	10.00	38,759	0		5.00
6.00	NURSING ADMINISTRATION	13.00	139,001	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	2,056	0		7.00
8.00	PHARMACY	15.00	9,034	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	1,626	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	348,871	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	63,698	0		11.00
12.00	NICU	34.10	13,435	0		12.00
13.00	OPERATING ROOM	50.00	102,860	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	28,514	0		14.00
15.00	ANESTHESIOLOGY	53.00	1,890	0		15.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
16.00 RADIOLOGY-DIAGNOSTIC	54.00	74,169	0		16.00
17.00 RADIOLOGY-THERAPEUTIC	55.00	10,660	0		17.00
18.00 RADIOISOTOPE	56.00	4,687	0		18.00
19.00 ULTRASOUND	56.10	24,839	0		19.00
20.00 CT SCAN	57.00	12,527	0		20.00
21.00 MRI	58.00	7,944	0		21.00
22.00 CARDIAC CATHETERIZATION	59.00	9,623	0		22.00
23.00 LABORATORY	60.00	103,348	0		23.00
24.00 INTRAVENOUS THERAPY	64.00	24,737	0		24.00
25.00 RESPIRATORY THERAPY	65.00	41,936	0		25.00
26.00 SLEEP LAB	65.01	3,085	0		26.00
27.00 PHYSICAL THERAPY	66.00	5,390	0		27.00
28.00 OCCUPATIONAL THERAPY	67.00	860	0		28.00
29.00 SPEECH PATHOLOGY	68.00	1,256	0		29.00
30.00 ELECTROCARDIOLOGY	69.00	22,063	0		30.00
31.00 ELECTROENCEPHALOGRAPHY	70.00	2,929	0		31.00
32.00 RENAL DIALYSIS	74.00	21,533	0		32.00
33.00 GI LAB	75.10	27,358	0		33.00
34.00 CLINIC	90.00	2,282	0		34.00
35.00 CARE STATIONS	90.02	31,767	0		35.00
36.00 OUPATIENT CARE CENTER	90.03	12,977	0		36.00
37.00 EMERGENCY	91.00	76,165	0		37.00
38.00 OUTPATIENT REHAB	93.00	25,377	0		38.00
39.00 WOUND CARE CENTER	93.10	18,677	0		39.00
40.00 CONVENT & SISTERS	194.01	10,835	0		40.00
41.00 COMMUNITY HEALTH EDUCATION	194.02	52	0		41.00
TOTALS		1,811,555	0		
X - PHYSICIAN RECLASS RECLASS					
1.00 ADULTS & PEDIATRICS	30.00	368,898	17,500		1.00
2.00	0.00	0	0		2.00
TOTALS		368,898	17,500		
500.00 Grand Total: Increases		3,856,829	64,146,243		500.00

RECLASSIFICATIONS

Provider CCN: 14-0179

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

Worksheet A-6

Date/Time Prepared:
2/27/2022 2:08 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHGD TO PAT.						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	80	0		1.00
2.00	PHARMACY	15.00	0	15,685,401	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	58,927	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	10,182	0		4.00
5.00	NICU	34.10	0	55	0		5.00
6.00	OPERATING ROOM	50.00	0	13,884	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,282	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	37,316	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,433	0		9.00
10.00	RADIOISOTOPE	56.00	0	312,003	0		10.00
11.00	ULTRASOUND	56.10	0	108	0		11.00
12.00	CT SCAN	57.00	0	60	0		12.00
13.00	MRI	58.00	0	38	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	683	0		14.00
15.00	LABORATORY	60.00	0	3,627	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	576	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	31	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	156	0		18.00
19.00	RENAL DIALYSIS	74.00	0	8,216	0		19.00
20.00	GI LAB	75.10	0	2,760	0		20.00
21.00	CARE STATIONS	90.02	0	37	0		21.00
22.00	OUTPATIENT CARE CENTER	90.03	0	91	0		22.00
23.00	EMERGENCY	91.00	0	10,094	0		23.00
24.00	WOUND CARE CENTER	93.10	0	483	0		24.00
	0		0	16,157,523			
	B - CAFETERIA COSTS						
1.00	DIETARY	10.00	455,466	316,929	0		1.00
	0		455,466	316,929			
	E - REHAB ADMIN						
1.00	PHYSICAL THERAPY	66.00	38,247	392	0		1.00
2.00		0.00	0	0	0		2.00
	0		38,247	392			
	H - POSTAGE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	491	0		1.00
2.00	OPERATION OF PLANT	7.00	0	138	0		2.00
3.00	DIETARY	10.00	0	19	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	710	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	50,395	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,680	0		6.00
7.00	OPERATING ROOM	50.00	0	194	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,040	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	18	0		9.00
10.00	RADIOISOTOPE	56.00	0	6	0		10.00
11.00	CT SCAN	57.00	0	115	0		11.00
12.00	LABORATORY	60.00	0	82	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	121	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	109	0		14.00
15.00	SLEEP LAB	65.01	0	16	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	134	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	241	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	1	0		18.00
19.00	CARE STATIONS	90.02	0	117	0		19.00
20.00	OUTPATIENT CARE CENTER	90.03	0	144	0		20.00
21.00	EMERGENCY	91.00	0	559	0		21.00
22.00	OUTPATIENT REHAB	93.00	0	49	0		22.00
	0		0	68,379			
	I - RADIOLOGY ADMIN COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	476,285	13,659	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		476,285	13,659			
	J - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	705,653	24,020	0		1.00
	0		705,653	24,020			
	K - BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	837,072	0		1.00
2.00	OPERATION OF PLANT	7.00	0	654,769	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	34,827	0		3.00
4.00	HOUSEKEEPING	9.00	0	452,517	0		4.00
5.00	DIETARY	10.00	0	338,758	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	537,218	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0179

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

Worksheet A-6

Date/Time Prepared:
2/27/2022 2:08 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	164,101	0		7.00
8.00	PHARMACY	15.00	0	553,032	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	82,007	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	5,215,078	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	753,048	0		11.00
12.00	NICU	34.10	0	225,489	0		12.00
13.00	OPERATING ROOM	50.00	0	1,317,925	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	440,697	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	43,771	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	824,394	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	173,525	0		17.00
18.00	RADIOISOTOPE	56.00	0	74,171	0		18.00
19.00	ULTRASOUND	56.10	0	239,797	0		19.00
20.00	CT SCAN	57.00	0	205,457	0		20.00
21.00	MRI	58.00	0	80,107	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	181,816	0		22.00
23.00	LABORATORY	60.00	0	1,019,742	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	184,800	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	595,583	0		25.00
26.00	SLEEP LAB	65.01	0	45,080	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	372,464	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	52,311	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	41,450	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	337,596	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	64,377	0		31.00
32.00	RENAL DIALYSIS	74.00	0	209,267	0		32.00
33.00	GI LAB	75.10	0	308,375	0		33.00
34.00	CLINIC	90.00	0	103,952	0		34.00
35.00	CARE STATIONS	90.02	0	362,786	0		35.00
36.00	OUTPATIENT CARE CENTER	90.03	0	200,681	0		36.00
37.00	EMERGENCY	91.00	0	1,279,409	0		37.00
38.00	OUTPATIENT REHAB	93.00	0	209,094	0		38.00
39.00	WOUND CARE CENTER	93.10	0	125,625	0		39.00
40.00	COMMUNITY HEALTH EDUCATION	194.02	0	4,708	0		40.00
0			0	18,946,876			
M - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,619	0		1.00
2.00	PHARMACY	15.00	0	144,520	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	340	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	2,051,581	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	935,967	0		5.00
6.00	NICU	34.10	0	79,939	0		6.00
7.00	OPERATING ROOM	50.00	0	3,874,409	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	239,423	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	316,552	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,061,680	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	16,773	0		11.00
12.00	RADIOISOTOPE	56.00	0	13,519	0		12.00
13.00	ULTRASOUND	56.10	0	127,125	0		13.00
14.00	CT SCAN	57.00	0	289,039	0		14.00
15.00	MRI	58.00	0	76,670	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	994,959	0		16.00
17.00	LABORATORY	60.00	0	367,150	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	97,483	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	417,791	0		19.00
20.00	SLEEP LAB	65.01	0	14,679	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	31,484	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	25	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	193,525	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,708	0		24.00
25.00	RENAL DIALYSIS	74.00	0	149,417	0		25.00
26.00	GI LAB	75.10	0	547,683	0		26.00
27.00	CLINIC	90.00	0	14,583	0		27.00
28.00	CARE STATIONS	90.02	0	31,694	0		28.00
29.00	OUTPATIENT CARE CENTER	90.03	0	84,440	0		29.00
30.00	EMERGENCY	91.00	0	1,136,559	0		30.00
31.00	OUTPATIENT REHAB	93.00	0	1,006	0		31.00
32.00	WOUND CARE CENTER	93.10	0	91,961	0		32.00
0			0	14,452,303			
O - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	266,702	12		1.00
0			0	266,702			

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/27/2022 2:08 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	P - IMPLANT COSTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	623	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3	0		3.00
4.00	NICU	34.10	0	5	0		4.00
5.00	OPERATING ROOM	50.00	0	2,534,708	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	108	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101,099	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	1,128,041	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	11,483	0		9.00
10.00	GI LAB	75.10	0	27,020	0		10.00
11.00	EMERGENCY	91.00	0	872	0		11.00
12.00	WOUND CARE CENTER	93.10	0	109,702	0		12.00
	0		0	3,913,678			
	Q - CLINICAL ENGINEERING						
1.00	OPERATION OF PLANT	7.00	0	3,406,798	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	3,406,798			
	R - MINISTRY ALLOCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,056,528	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	6,056,528			
	T - RESIDENT EXPENSES						
1.00	OPERATING ROOM	50.00	0	286,155	0		1.00
	0		0	286,155			
	U - SHORT TERM DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,817	0	0		1.00
2.00	OPERATION OF PLANT	7.00	3,649	0	0		2.00
3.00	HOUSEKEEPING	9.00	23,584	0	0		3.00
4.00	DIETARY	10.00	396	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	5,148	0	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	447	0	0		6.00
7.00	PHARMACY	15.00	4,236	0	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	38,317	0	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	14,051	0	0		9.00
10.00	NICU	34.10	8,178	0	0		10.00
11.00	OPERATING ROOM	50.00	10,892	0	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	15,852	0	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	10,876	0	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	15,484	0	0		14.00
15.00	ULTRASOUND	56.10	864	0	0		15.00
16.00	LABORATORY	60.00	11,620	0	0		16.00
17.00	RESPIRATORY THERAPY	65.00	21,302	0	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	725	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	2,250	0	0		19.00
20.00	GI LAB	75.10	755	0	0		20.00
21.00	CARE STATIONS	90.02	22,594	0	0		21.00
22.00	EMERGENCY	91.00	2,869	0	0		22.00
23.00	OUTPATIENT REHAB	93.00	866	0	0		23.00
24.00	COMMUNITY HEALTH EDUCATION	194.02	2,754	0	0		24.00
	0		218,801	725			
	W - WI OTHER BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,477,977	333,578	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

RECLASSIFICATIONS

Provider CCN: 14-0179

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

Worksheet A-6

Date/Time Prepared:
2/27/2022 2:08 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
	TOTALS		1,477,977	333,578			
	X - PHYSICIAN RECLASS RECLASS						
1.00	NURSING ADMINISTRATION	13.00	0	17,500	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	368,898	0	0		2.00
	TOTALS		368,898	17,500			
500.00	Grand Total: Decreases		3,741,327	64,261,745			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	27,440,000	0	0	0	0	1.00	
2.00	Land Improvements	8,208,537	0	0	0	7,766,346	2.00	
3.00	Buildings and Fixtures	216,999,401	0	0	0	115,951,967	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	94,662,622	0	0	0	82,461,024	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	347,310,560	0	0	0	206,179,337	8.00	
9.00	Reconciling Items	13,355,920	0	0	0	3,161,124	9.00	
10.00	Total (line 8 minus line 9)	333,954,640	0	0	0	203,018,213	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	27,440,000	0				1.00	
2.00	Land Improvements	442,191	0				2.00	
3.00	Buildings and Fixtures	101,047,434	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	12,201,598	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	141,131,223	0				8.00	
9.00	Reconciling Items	10,194,796	0				9.00	
10.00	Total (line 8 minus line 9)	130,936,427	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/27/2022 2:08 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	5,475,725	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,920,250	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,395,975	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	5,475,725				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,920,250				2.00
3.00	Total (sum of lines 1-2)	0	7,395,975				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/27/2022 2:08 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	128,929,625	0	128,929,625	0.913544	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,201,598	0	12,201,598	0.086456	0	2.00
3.00	Total (sum of lines 1-2)	141,131,223	0	141,131,223	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,782,887	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,233,366	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,016,253	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed 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	266,702	0	0	6,049,589	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,233,366	2.00
3.00	Total (sum of lines 1-2)	0	266,702	0	0	11,282,955	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0179

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

Worksheet A-8

Date/Time Prepared:
2/27/2022 2:08 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 #		
				3.00	4.00		
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)	B		0CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-20,768,781			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	1,868,401			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-465,865	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			0PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts			0MEDICAL 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			0CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,049,925	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	455,505	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0179

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

Worksheet A-8

Date/Time Prepared:
2/27/2022 2:08 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		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	ANSWERING SVCE INCOME	B	-67,343		ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	MISCELLANEOUS REVENUE	B	-39,533		ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	REAL ESTATE TAXES	A	-214,502		ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	MEDICAID TAX	A	-12,642,947		ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	LOBBYING	A	-23,941		ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	PHYSICIAN MATCH DEPR EXPENSE	A	-572		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.05
33.06	OTHER REVENUE	B	-159,828		CARE STATIONS	90.02	0	33.06
33.07	UNEMPLOYMENT TRUST CLAIMS	A	37,552		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08	340 B OFFSET	B	-236,775		PHARMACY	15.00	0	33.08
33.09	MISCELLANEOUS REVENUE	B	-148,392		CENTRAL SERVICES & SUPPLY	14.00	0	33.09
33.10	PHYSICIAN BENEFITS	A	-140,106		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	APN PART B	A	-1,398		ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	APN PART B	A	-111,857		ADULTS & PEDIATRICS	30.00	0	33.12
33.13	APN PART B	A	414		INTRAVENOUS THERAPY	64.00	0	33.13
33.14	APN PART B	A	-228,794		ELECTROCARDIOLOGY	69.00	0	33.14
33.15	APN PART B	A	-7,698		CARE STATIONS	90.02	0	33.15
33.16	APN PART B	A	-131,422		WOUND CARE CENTER	93.10	0	33.16
33.25	APN PART B BENEFITS	A	-91,470		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.27	PALOS BLDG EXPENSES	A	-21,568		PALOS DIAGNOSTIC CENTER	90.01	0	33.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,090,995					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: 14-0179

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2022 2:08 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL BLDG HO BLDG CAPITA	692,490	2,435,253	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	2,858,183	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HO POOLED - ADMIN & GENERAL	19,388,942	26,790,733	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	2,734,865	2,734,865	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY ALLOCATION	483,218	483,218	3.02
3.03	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	156,451	156,451	3.03
3.04	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	23,522	23,522	3.04
3.05	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	27,371	27,371	3.05
3.06	15.00	PHARMACY	MINISTRY ALLOCATION	1,315,393	1,315,393	3.06
3.07	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	2,824,902	0	3.07
3.08	17.00	SOCIAL SERVICE	HO FUNCTIONAL - SOCIAL SERVI	3,372,203	2,295,110	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - ADMIN & GEN	14,304,896	9,885,752	3.09
3.10	15.00	PHARMACY	HO FUNCTIONAL - PHARMACY	29,628	0	3.10
3.11	7.00	OPERATION OF PLANT	SFI PURCH SVS-HTS	655,604	688,384	3.11
3.12	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH SVS-HTS	3,029,194	3,180,653	3.12
3.13	60.00	LABORATORY	SFI PURCH SVS-HTS	215,285	226,049	3.13
4.00	54.00	RADIOLOGY-DIAGNOSTIC	SFI HTM BIOMED	1,738	2,730	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			52,113,885	50,245,484	5.00

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

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

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

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

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

6.00	B	0.00	OSF HEALTHCARE	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0179

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2022 2:08 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	-1,742,763	9		1.00
2.00	2,858,183	9		2.00
3.00	-7,401,791	9		3.00
3.01	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
3.06	0	0		3.06
3.07	2,824,902	0		3.07
3.08	1,077,093	0		3.08
3.09	4,419,144	0		3.09
3.10	29,628	0		3.10
3.11	-32,780	0		3.11
3.12	-151,459	0		3.12
3.13	-10,764	0		3.13
4.00	-992	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	1,868,401			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	HOME OFFICE		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: 14-0179

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2022 2:08 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	2,324,797	2,324,797	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,269,355	1,857,219	412,136	211,500	2,337	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,206,150	1,206,150	0	211,500	0	3.00
4.00	34.10	NICU	1,773,212	1,773,212	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	1,446,403	1,446,403	0	246,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,571,339	3,571,339	0	239,400	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	648,005	648,005	0	271,900	0	7.00
8.00	56.10	ULTRASOUND	297,247	297,247	0	271,900	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	341,758	203,858	137,900	211,500	551	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	212,485	109,756	102,729	211,500	890	10.00
11.00	74.00	RENAL DIALYSIS	25,500	0	25,500	211,500	170	11.00
12.00	90.02	CARE STATIONS	790,918	701,523	89,395	211,500	816	12.00
13.00	91.00	EMERGENCY	6,181,914	6,181,914	0	211,500	0	13.00
14.00	93.00	OUTPATIENT REHAB	121,440	59,040	62,400	181,300	520	14.00
15.00	93.10	WOUND CARE CENTER	88,000	88,000	0	211,500	0	15.00
200.00			21,298,523	20,468,463	830,060		5,284	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	30.00	ADULTS & PEDIATRICS	237,633	11,882	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.10	NICU	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	56.10	ULTRASOUND	0	0	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	56,027	2,801	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	90,498	4,525	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	17,286	864	0	0	0	11.00
12.00	90.02	CARE STATIONS	82,973	4,149	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	93.00	OUTPATIENT REHAB	45,325	2,266	0	0	0	14.00
15.00	93.10	WOUND CARE CENTER	0	0	0	0	0	15.00
200.00			529,742	26,487	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	2,324,797		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	237,633	174,503	2,031,722		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,206,150		3.00
4.00	34.10	NICU	0	0	0	1,773,212		4.00
5.00	50.00	OPERATING ROOM	0	0	0	1,446,403		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	3,571,339		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	648,005		7.00
8.00	56.10	ULTRASOUND	0	0	0	297,247		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	56,027	81,873	285,731		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	90,498	12,231	121,987		10.00
11.00	74.00	RENAL DIALYSIS	0	17,286	8,214	8,214		11.00
12.00	90.02	CARE STATIONS	0	82,973	6,422	707,945		12.00
13.00	91.00	EMERGENCY	0	0	0	6,181,914		13.00
14.00	93.00	OUTPATIENT REHAB	0	45,325	17,075	76,115		14.00
15.00	93.10	WOUND CARE CENTER	0	0	0	88,000		15.00
200.00			0	529,742	300,318	20,768,781		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 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	6,049,589	6,049,589				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,233,366		5,233,366			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,167,612	4,343	637,435	26,809,390		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	50,061,650	491,327	240,793	1,185,941	51,979,711	5.00
7.00	00700	OPERATION OF PLANT	10,404,630	642,557	180,492	781,835	12,009,514	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	313,560	103,784	1,269	33,781	452,394	8.00
9.00	00900	HOUSEKEEPING	3,191,040	42,279	13,220	571,908	3,818,447	9.00
10.00	01000	DIETARY	1,688,902	130,644	4,622	293,473	2,117,641	10.00
11.00	01100	CAFETERIA	306,530	90,525	0	132,158	529,213	11.00
13.00	01300	NURSING ADMINISTRATION	5,904,420	12,436	274,598	845,726	7,037,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,247,690	0	0	181,710	-1,065,980	14.00
15.00	01500	PHARMACY	4,291,899	50,486	12,472	797,595	5,152,452	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	460,597	96,583	5,925	77,656	640,761	16.00
17.00	01700	SOCIAL SERVICE	3,372,203	7,292	0	0	3,379,495	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	286,155	19,774	0	0	305,929	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,844,249	1,522,831	135,605	7,628,923	40,131,608	30.00
31.00	03100	INTENSIVE CARE UNIT	5,031,430	142,874	41,056	1,244,609	6,459,969	31.00
34.10	02060	NICU	1,191,693	197,738	0	331,619	1,721,050	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	729,673	15,339	14,329	204,752	964,093	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,057,734	388,389	532,208	1,754,609	10,732,940	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,332,288	183,679	79,769	631,553	3,227,289	52.00
53.00	05300	ANESTHESIOLOGY	171,793	5,201	85,152	34,912	297,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,500,992	420,096	873,062	925,454	8,719,604	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,095,944	397,990	688,094	237,099	2,419,127	55.00
56.00	05600	RADIOISOTOPE	1,021,690	38,359	1,051	106,307	1,167,407	56.00
56.10	03630	ULTRASOUND	1,468,467	26,746	57,684	406,047	1,958,944	56.10
57.00	05700	CT SCAN	1,842,540	17,979	2,475	395,250	2,258,244	57.00
58.00	05800	MRI	522,279	19,157	20,135	123,592	685,163	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,338,544	96,697	138,183	275,838	1,849,262	59.00
60.00	06000	LABORATORY	12,154,774	141,503	258,001	1,364,548	13,918,826	60.00
64.00	06400	INTRAVENOUS THERAPY	982,028	0	8,732	259,040	1,249,800	64.00
65.00	06500	RESPIRATORY THERAPY	3,098,457	27,660	98,062	780,487	4,004,666	65.00
65.01	03952	SLEEP LAB	196,834	30,404	5,368	54,679	287,285	65.01
66.00	06600	PHYSICAL THERAPY	1,807,151	79,209	10,628	465,767	2,362,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	303,730	0	0	81,128	384,858	67.00
68.00	06800	SPEECH PATHOLOGY	373,371	2,572	791	97,253	473,987	68.00
69.00	06900	ELECTROCARDIOLOGY	1,656,708	18,505	29,145	501,377	2,205,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	232,228	17,831	5,797	68,522	324,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,452,303	43,114	0	0	14,495,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,913,678	0	0	0	3,913,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,157,523	0	68,036	0	16,225,559	73.00
74.00	07400	RENAL DIALYSIS	1,095,707	18,745	22,520	288,440	1,425,412	74.00
75.10	03340	GI LAB	1,492,341	88,125	67,230	401,233	2,048,929	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	551,458	24,117	6,915	155,555	738,045	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	926,989	0	15,394	325,902	1,268,285	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,298,462	0	46,053	297,498	1,642,013	90.03
91.00	09100	EMERGENCY	7,704,857	205,739	522,793	1,939,216	10,372,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04951	OUTPATIENT REHAB	1,060,271	124,701	17,988	330,653	1,533,613	93.00
93.10	04950	WOUND CARE CENTER	603,357	19,088	10,284	188,819	821,548	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,696,006	6,006,418	5,233,366	26,802,464	248,645,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	12,116	0	0	12,116	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 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	
194.00	07950	FUND DEVELOPMENT	1,489,369	31,055	0	0	1,520,424	194.00
194.01	07951	CONVENT & SISTERS	10,835	0	0	3,144	13,979	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	15,712	0	0	3,782	19,494	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	250,211,922	6,049,589	5,233,366	26,809,390	250,211,922	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	51,979,711					5.00
7.00	00700	OPERATION OF PLANT	3,132,249	15,141,763				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	117,991	319,966	890,351			8.00
9.00	00900	HOUSEKEEPING	995,904	130,347	0	4,944,698		9.00
10.00	01000	DIETARY	552,310	402,777	0	135,562	3,208,290	10.00
11.00	01100	CAFETERIA	138,026	279,089	0	93,933	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,835,395	38,340	0	12,904	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,343,832	155,649	0	52,387	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	167,119	297,766	0	100,219	0	16.00
17.00	01700	SOCIAL SERVICE	881,420	22,482	0	7,567	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	79,791	60,963	0	20,518	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,466,840	4,694,905	306,895	1,580,163	2,979,375	30.00
31.00	03100	INTENSIVE CARE UNIT	1,684,850	440,482	33,524	148,253	228,915	31.00
34.10	02060	NICU	448,874	609,627	3,291	205,182	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	251,449	47,290	0	15,916	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,799,301	1,197,406	103,064	403,011	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	841,722	566,284	62,233	190,594	0	52.00
53.00	05300	ANESTHESIOLOGY	77,477	16,034	0	5,396	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,274,195	1,295,158	27,925	435,911	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	630,942	1,227,007	13,509	412,973	0	55.00
56.00	05600	RADIOISOTOPE	304,476	118,261	9,674	39,803	0	56.00
56.10	03630	ULTRASOUND	510,920	82,458	22,074	27,753	0	56.10
57.00	05700	CT SCAN	588,982	55,430	30,287	18,656	0	57.00
58.00	05800	MRI	178,700	59,060	5,055	19,878	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	482,313	298,118	5,447	100,338	0	59.00
60.00	06000	LABORATORY	3,630,225	436,253	448	146,830	0	60.00
64.00	06400	INTRAVENOUS THERAPY	325,965	0	2,201	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,044,473	85,277	0	28,702	0	65.00
65.01	03952	SLEEP LAB	74,928	93,735	1,630	31,548	0	65.01
66.00	06600	PHYSICAL THERAPY	616,240	244,203	22,024	82,191	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,376	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	123,622	7,929	0	2,669	0	68.00
69.00	06900	ELECTROCARDIOLOGY	575,287	57,051	16,094	19,202	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,602	54,972	1,737	18,502	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,780,608	132,920	0	44,737	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,020,742	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,231,853	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	371,767	57,791	3,419	19,451	0	74.00
75.10	03340	GI LAB	534,389	271,689	12,594	91,442	0	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	192,492	74,353	1,235	25,025	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	330,786	0	2,778	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	428,260	0	12,849	0	0	90.03
91.00	09100	EMERGENCY	2,705,321	634,294	183,298	213,484	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	399,988	384,453	0	129,395	0	93.00
93.10	04950	WOUND CARE CENTER	214,271	58,848	7,066	19,807	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,571,273	15,008,667	890,351	4,899,902	3,208,290	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,160	37,353	0	12,572	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	396,548	95,743	0	32,224	0	194.00
194.01	07951	CONVENT & SISTERS	3,646	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	5,084	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
202.00	TOTAL (sum lines 118 through 201)	51,979,711	15,141,763	890,351	4,944,698	3,208,290	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,040,261					11.00
13.00	01300	NURSING ADMINISTRATION	28,071	8,951,890				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,548	0	-1,052,432			14.00
15.00	01500	PHARMACY	26,208	0	0	6,730,528		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,961	0	0	0	1,212,826	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	351,246	3,256,783	0	0	135,702	30.00
31.00	03100	INTENSIVE CARE UNIT	49,317	457,334	0	0	27,755	31.00
34.10	02060	NICU	11,723	108,735	0	0	3,829	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	8,374	77,639	0	0	3,555	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,788	702,678	0	0	75,370	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,483	245,520	0	0	25,145	52.00
53.00	05300	ANESTHESIOLOGY	2,025	18,776	0	0	24,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,569	376,215	0	0	49,294	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,186	75,889	0	0	12,478	55.00
56.00	05600	RADIOISOTOPE	4,224	39,139	0	0	11,222	56.00
56.10	03630	ULTRASOUND	15,510	143,765	0	0	23,713	56.10
57.00	05700	CT SCAN	16,985	157,519	0	0	98,796	57.00
58.00	05800	MRI	6,349	58,890	0	0	11,413	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,149	75,549	0	0	19,834	59.00
60.00	06000	LABORATORY	71,614	664,041	0	0	172,714	60.00
64.00	06400	INTRAVENOUS THERAPY	10,873	100,798	0	0	4,293	64.00
65.00	06500	RESPIRATORY THERAPY	32,607	302,311	0	0	44,641	65.00
65.01	03952	SLEEP LAB	2,875	26,603	0	0	2,017	65.01
66.00	06600	PHYSICAL THERAPY	19,134	177,445	0	0	11,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,962	27,423	0	0	1,768	67.00
68.00	06800	SPEECH PATHOLOGY	3,162	29,350	0	0	2,096	68.00
69.00	06900	ELECTROCARDIOLOGY	22,034	204,308	0	0	27,760	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,274	30,408	0	0	1,769	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	27,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,730,528	193,865	73.00
74.00	07400	RENAL DIALYSIS	10,236	94,898	0	0	7,308	74.00
75.10	03340	GI LAB	15,623	144,801	0	0	21,323	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,861	72,842	0	0	897	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	19,259	178,579	0	0	1,919	90.02
90.03	09003	OUTPATIENT CARE CENTER	13,235	122,740	0	0	33,670	90.03
91.00	09100	EMERGENCY	85,112	789,145	0	0	99,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	13,548	125,606	0	0	2,077	93.00
93.10	04950	WOUND CARE CENTER	7,111	65,901	0	0	5,463	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,040,236	8,951,630	0	6,730,528	1,212,826	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	25	260	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
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To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	-1,052,432	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,040,261	8,951,890	-1,052,432	6,730,528	1,212,826	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	4,290,964					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
20.00	02000	NURSING PROGRAM		0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					467,201	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,791,082	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	291,283	0	0	0	0	31.00
34.10	02060	NICU	98,144	0	0	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	110,455	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	168,734	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	63,377	65.00
65.01	03952	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340	GI LAB	0	0	0	0	0	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	235,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,290,964	0	0	0	467,201	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

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

 Worksheet B
 Part I
 Date/Time Prepared:
 2/27/2022 2:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
						21.00	22.00	
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	0	0	0	194.02
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)	4,290,964	0	0	0	467,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	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
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	67,694,599	0	67,694,599	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,821,682	0	9,821,682	31.00
34.10	02060	NICU	0	3,210,455	0	3,210,455	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	1,478,771	0	1,478,771	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,258,292	-168,734	16,089,558	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,185,270	0	5,185,270	52.00
53.00	05300	ANESTHESIOLOGY	0	441,732	0	441,732	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,218,871	0	13,218,871	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,800,111	0	4,800,111	55.00
56.00	05600	RADIOISOTOPE	0	1,694,206	0	1,694,206	56.00
56.10	03630	ULTRASOUND	0	2,785,137	0	2,785,137	56.10
57.00	05700	CT SCAN	0	3,224,899	0	3,224,899	57.00
58.00	05800	MRI	0	1,024,508	0	1,024,508	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,839,010	0	2,839,010	59.00
60.00	06000	LABORATORY	0	19,040,951	0	19,040,951	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,693,930	0	1,693,930	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,606,054	-63,377	5,542,677	65.00
65.01	03952	SLEEP LAB	0	520,621	0	520,621	65.01
66.00	06600	PHYSICAL THERAPY	0	3,535,609	0	3,535,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	517,387	0	517,387	67.00
68.00	06800	SPEECH PATHOLOGY	0	642,815	0	642,815	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,127,471	0	3,127,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	519,642	0	519,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,481,625	0	18,481,625	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,961,676	0	4,961,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,381,805	0	27,381,805	73.00
74.00	07400	RENAL DIALYSIS	0	1,990,282	0	1,990,282	74.00
75.10	03340	GI LAB	0	3,140,790	0	3,140,790	75.10
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,112,750	0	1,112,750	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	1,801,606	0	1,801,606	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	2,252,767	0	2,252,767	90.03
91.00	09100	EMERGENCY	0	15,317,707	-235,090	15,082,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
93.00	04951	OUTPATIENT REHAB	0	2,588,680	0	2,588,680	93.00
93.10	04950	WOUND CARE CENTER	0	1,200,015	0	1,200,015	93.10
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	249,111,726	-467,201	248,644,525	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	65,201	0	65,201	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	0	2,044,939	0	2,044,939	194.00
194.01	07951	CONVENT & SISTERS	0	17,625	0	17,625	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.02	07952	COMMUNITY HEALTH EDUCATION	0	24,863	0	24,863		194.02
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	-1,052,432	0	-1,052,432		201.00
202.00		TOTAL (sum lines 118 through 201)	0	250,211,922	-467,201	249,744,721		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 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	4,343	637,435	641,778	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	491,327	240,793	732,120	5.00
7.00	00700	OPERATION OF PLANT	29,790	642,557	180,492	852,839	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	103,784	1,269	105,053	8.00
9.00	00900	HOUSEKEEPING	0	42,279	13,220	55,499	9.00
10.00	01000	DIETARY	0	130,644	4,622	135,266	10.00
11.00	01100	CAFETERIA	0	90,525	0	90,525	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,436	274,598	287,034	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,925	0	0	1,925	14.00
15.00	01500	PHARMACY	19,926	50,486	12,472	82,884	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,583	5,925	102,508	16.00
17.00	01700	SOCIAL SERVICE	0	7,292	0	7,292	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	19,774	0	19,774	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,522,831	135,605	1,658,436	30.00
31.00	03100	INTENSIVE CARE UNIT	16,460	142,874	41,056	200,390	31.00
34.10	02060	NICU	0	197,738	0	197,738	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	15,339	14,329	29,668	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,591	388,389	532,208	944,188	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,679	79,769	263,448	52.00
53.00	05300	ANESTHESIOLOGY	0	5,201	85,152	90,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	420,096	873,062	1,293,158	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	397,990	688,094	1,086,084	55.00
56.00	05600	RADIOISOTOPE	452,887	38,359	1,051	492,297	56.00
56.10	03630	ULTRASOUND	836	26,746	57,684	85,266	56.10
57.00	05700	CT SCAN	44,265	17,979	2,475	64,719	57.00
58.00	05800	MRI	0	19,157	20,135	39,292	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	96,697	138,183	234,880	59.00
60.00	06000	LABORATORY	0	141,503	258,001	399,504	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	8,732	8,732	64.00
65.00	06500	RESPIRATORY THERAPY	125,436	27,660	98,062	251,158	65.00
65.01	03952	SLEEP LAB	2,045	30,404	5,368	37,817	65.01
66.00	06600	PHYSICAL THERAPY	0	79,209	10,628	89,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,572	791	3,363	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,505	29,145	47,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,831	5,797	23,628	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,114	0	43,114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	68,036	68,036	73.00
74.00	07400	RENAL DIALYSIS	1,253	18,745	22,520	42,518	74.00
75.10	03340	GI LAB	0	88,125	67,230	155,355	75.10
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	24,117	6,915	31,032	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	15,394	15,394	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	46,053	46,053	90.03
91.00	09100	EMERGENCY	0	205,739	522,793	728,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	124,701	17,988	142,689	93.00
93.10	04950	WOUND CARE CENTER	0	19,088	10,284	29,372	93.10
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	718,414	6,006,418	5,233,366	11,958,198	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	12,116	0	12,116	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	0	31,055	0	31,055	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 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
194.01	07951	CONVENT & SISTERS	0	0	0	0	75 194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	0	0	91 194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	718,414	6,049,589	5,233,366	12,001,369	641,778 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	760,510					5.00
7.00	00700	OPERATION OF PLANT	45,828	917,383				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,726	19,386	126,974			8.00
9.00	00900	HOUSEKEEPING	14,571	7,897	0	91,658		9.00
10.00	01000	DIETARY	8,081	24,403	0	2,513	177,288	10.00
11.00	01100	CAFETERIA	2,019	16,909	0	1,741	0	11.00
13.00	01300	NURSING ADMINISTRATION	26,854	2,323	0	239	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	19,662	9,430	0	971	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,445	18,041	0	1,858	0	16.00
17.00	01700	SOCIAL SERVICE	12,896	1,362	0	140	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,167	3,694	0	380	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	153,132	284,445	43,766	29,293	164,638	30.00
31.00	03100	INTENSIVE CARE UNIT	24,651	26,687	4,781	2,748	12,650	31.00
34.10	02060	NICU	6,568	36,935	469	3,803	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	3,679	2,865	0	295	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,957	72,546	14,698	7,470	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,315	34,309	8,875	3,533	0	52.00
53.00	05300	ANESTHESIOLOGY	1,134	971	0	100	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,274	78,469	3,982	8,080	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,231	74,340	1,927	7,655	0	55.00
56.00	05600	RADIOISOTOPE	4,455	7,165	1,380	738	0	56.00
56.10	03630	ULTRASOUND	7,475	4,996	3,148	514	0	56.10
57.00	05700	CT SCAN	8,617	3,358	4,319	346	0	57.00
58.00	05800	MRI	2,615	3,578	721	368	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,057	18,062	777	1,860	0	59.00
60.00	06000	LABORATORY	53,114	26,431	64	2,722	0	60.00
64.00	06400	INTRAVENOUS THERAPY	4,769	0	314	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,282	5,167	0	532	0	65.00
65.01	03952	SLEEP LAB	1,096	5,679	233	585	0	65.01
66.00	06600	PHYSICAL THERAPY	9,016	14,795	3,141	1,524	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,469	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,809	480	0	49	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,417	3,457	2,295	356	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,238	3,331	248	343	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,315	8,053	0	829	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,935	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,917	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,439	3,501	488	361	0	74.00
75.10	03340	GI LAB	7,819	16,461	1,796	1,695	0	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,816	4,505	176	464	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	4,840	0	396	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	6,266	0	1,832	0	0	90.03
91.00	09100	EMERGENCY	39,582	38,430	26,140	3,957	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	5,852	23,293	0	2,399	0	93.00
93.10	04950	WOUND CARE CENTER	3,135	3,565	1,008	367	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	754,535	909,319	126,974	90,828	177,288	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	46	2,263	0	233	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	5,802	5,801	0	597	0	194.00
194.01	07951	CONVENT & SISTERS	53	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	74	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
202.00	TOTAL (sum lines 118 through 201)	760,510	917,383	126,974	91,658	177,288	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	114,358					11.00
13.00	01300	NURSING ADMINISTRATION	3,086	339,781				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,489	0	7,764			14.00
15.00	01500	PHARMACY	2,881	0	0	134,921		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	765	0	0	0	127,476	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,613	123,613	0	0	14,312	30.00
31.00	03100	INTENSIVE CARE UNIT	5,422	17,359	0	0	2,927	31.00
34.10	02060	NICU	1,289	4,127	0	0	404	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	921	2,947	0	0	375	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,332	26,671	0	0	7,949	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,911	9,319	0	0	2,652	52.00
53.00	05300	ANESTHESIOLOGY	223	713	0	0	2,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,460	14,280	0	0	5,199	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	900	2,880	0	0	1,316	55.00
56.00	05600	RADIOISOTOPE	464	1,486	0	0	1,184	56.00
56.10	03630	ULTRASOUND	1,705	5,457	0	0	2,501	56.10
57.00	05700	CT SCAN	1,867	5,979	0	0	10,419	57.00
58.00	05800	MRI	698	2,235	0	0	1,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	896	2,868	0	0	2,092	59.00
60.00	06000	LABORATORY	7,873	25,205	0	0	18,215	60.00
64.00	06400	INTRAVENOUS THERAPY	1,195	3,826	0	0	453	64.00
65.00	06500	RESPIRATORY THERAPY	3,585	11,475	0	0	4,708	65.00
65.01	03952	SLEEP LAB	316	1,010	0	0	213	65.01
66.00	06600	PHYSICAL THERAPY	2,103	6,735	0	0	1,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	326	1,041	0	0	186	67.00
68.00	06800	SPEECH PATHOLOGY	348	1,114	0	0	221	68.00
69.00	06900	ELECTROCARDIOLOGY	2,422	7,755	0	0	2,928	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	360	1,154	0	0	187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,875	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	134,921	20,009	73.00
74.00	07400	RENAL DIALYSIS	1,125	3,602	0	0	771	74.00
75.10	03340	GI LAB	1,717	5,496	0	0	2,249	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	864	2,765	0	0	95	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	2,117	6,778	0	0	202	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,455	4,659	0	0	3,551	90.03
91.00	09100	EMERGENCY	9,356	29,953	0	0	10,479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	1,489	4,768	0	0	219	93.00
93.10	04950	WOUND CARE CENTER	782	2,501	0	0	576	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,355	339,771	0	134,921	127,476	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	3	10	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

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

 Worksheet B
 Part II
 Date/Time Prepared:
 2/27/2022 2:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	7,764	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	114,358	339,781	7,764	134,921	127,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
						21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	21,690					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING PROGRAM	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				25,015	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,164					30.00
31.00	03100	INTENSIVE CARE UNIT	1,472					31.00
34.10	02060	NICU	496					34.10
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	558					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
56.10	03630	ULTRASOUND	0					56.10
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
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
65.01	03952	SLEEP LAB	0					65.01
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
75.10	03340	GI LAB	0					75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0					90.01
90.02	09002	CARE STATIONS	0					90.02
90.03	09003	OUPATIENT CARE CENTER	0					90.03
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04951	OUTPATIENT REHAB	0					93.00
93.10	04950	WOUND CARE CENTER	0					93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,690	0	0	0	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
194.00	07950	FUND DEVELOPMENT	0					194.00
194.01	07951	CONVENT & SISTERS	0					194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

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

 Worksheet B
 Part II
 Date/Time Prepared:
 2/27/2022 2:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
						21.00	22.00	
194.02	07952	COMMUNITY HEALTH EDUCATION	0					194.02
200.00		Cross Foot Adjustments		0	0	0	25,015	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,690	0	0	0	25,015	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	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
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		2,712,037	0	2,712,037	30.00
31.00	03100	INTENSIVE CARE UNIT		328,881	0	328,881	31.00
34.10	02060	NICU		259,767	0	259,767	34.10
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300	NURSERY		46,209	0	46,209	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,164,814	0	1,164,814	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		352,480	0	352,480	52.00
53.00	05300	ANESTHESIOLOGY		96,963	0	96,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,463,056	0	1,463,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,190,009	0	1,190,009	55.00
56.00	05600	RADIOISOTOPE		511,714	0	511,714	56.00
56.10	03630	ULTRASOUND		120,782	0	120,782	56.10
57.00	05700	CT SCAN		109,086	0	109,086	57.00
58.00	05800	MRI		53,670	0	53,670	58.00
59.00	05900	CARDIAC CATHETERIZATION		275,095	0	275,095	59.00
60.00	06000	LABORATORY		565,793	0	565,793	60.00
64.00	06400	INTRAVENOUS THERAPY		25,490	0	25,490	64.00
65.00	06500	RESPIRATORY THERAPY		310,591	0	310,591	65.00
65.01	03952	SLEEP LAB		48,258	0	48,258	65.01
66.00	06600	PHYSICAL THERAPY		139,526	0	139,526	66.00
67.00	06700	OCCUPATIONAL THERAPY		4,964	0	4,964	67.00
68.00	06800	SPEECH PATHOLOGY		9,712	0	9,712	68.00
69.00	06900	ELECTROCARDIOLOGY		87,282	0	87,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		32,129	0	32,129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		110,258	0	110,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		17,810	0	17,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		284,883	0	284,883	73.00
74.00	07400	RENAL DIALYSIS		64,710	0	64,710	74.00
75.10	03340	GI LAB		202,193	0	202,193	75.10
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		46,441	0	46,441	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		0	0	0	90.01
90.02	09002	CARE STATIONS		37,529	0	37,529	90.02
90.03	09003	OUTPATIENT CARE CENTER		70,938	0	70,938	90.03
91.00	09100	EMERGENCY		932,851	0	932,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
93.00	04951	OUTPATIENT REHAB		188,624	0	188,624	93.00
93.10	04950	WOUND CARE CENTER		45,826	0	45,826	93.10
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,910,371	0	11,910,371	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN		14,658	0	14,658	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES		0	0	0	192.00
194.00	07950	FUND DEVELOPMENT		43,255	0	43,255	194.00
194.01	07951	CONVENT & SISTERS		128	0	128	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.02	07952	COMMUNITY HEALTH EDUCATION		178	0	178		194.02
200.00		Cross Foot Adjustments	0	25,015	0	25,015		200.00
201.00		Negative Cost Centers	0	7,764	0	7,764		201.00
202.00		TOTAL (sum lines 118 through 201)	0	12,001,369	0	12,001,369		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES 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	529,276					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,330,159				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	380	283,818	92,395,668			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,986	107,213	4,087,211	-51,979,711	199,298,191	5.00
7.00	00700	OPERATION OF PLANT	56,217	80,364	2,694,507	0	12,009,514	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,080	565	116,423	0	452,394	8.00
9.00	00900	HOUSEKEEPING	3,699	5,886	1,971,017	0	3,818,447	9.00
10.00	01000	DIETARY	11,430	2,058	1,011,420	0	2,117,641	10.00
11.00	01100	CAFETERIA	7,920	0	455,466	0	529,213	11.00
13.00	01300	NURSING ADMINISTRATION	1,088	122,265	2,914,697	0	7,037,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	626,244	1,065,980	0	14.00
15.00	01500	PHARMACY	4,417	5,553	2,748,821	0	5,152,452	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,450	2,638	267,633	0	640,761	16.00
17.00	01700	SOCIAL SERVICE	638	0	0	0	3,379,495	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,730	0	0	0	305,929	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,232	60,378	26,292,379	0	40,131,608	30.00
31.00	03100	INTENSIVE CARE UNIT	12,500	18,280	4,289,404	0	6,459,969	31.00
34.10	02060	NICU	17,300	0	1,142,886	0	1,721,050	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,342	6,380	705,653	0	964,093	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,980	236,966	6,047,060	0	10,732,940	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,070	35,517	2,176,574	0	3,227,289	52.00
53.00	05300	ANESTHESIOLOGY	455	37,914	120,319	0	297,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,754	388,734	3,189,473	0	8,719,604	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,820	306,374	817,134	0	2,419,127	55.00
56.00	05600	RADIOISOTOPE	3,356	468	366,374	0	1,167,407	56.00
56.10	03630	ULTRASOUND	2,340	25,684	1,399,396	0	1,958,944	56.10
57.00	05700	CT SCAN	1,573	1,102	1,362,184	0	2,258,244	57.00
58.00	05800	MRI	1,676	8,965	425,945	0	685,163	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,460	61,526	950,643	0	1,849,262	59.00
60.00	06000	LABORATORY	12,380	114,875	4,702,760	0	13,918,826	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,888	892,753	0	1,249,800	64.00
65.00	06500	RESPIRATORY THERAPY	2,420	43,662	2,689,858	0	4,004,666	65.00
65.01	03952	SLEEP LAB	2,660	2,390	188,445	0	287,285	65.01
66.00	06600	PHYSICAL THERAPY	6,930	4,732	1,605,214	0	2,362,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	279,598	0	384,858	67.00
68.00	06800	SPEECH PATHOLOGY	225	352	335,170	0	473,987	68.00
69.00	06900	ELECTROCARDIOLOGY	1,619	12,977	1,727,938	0	2,205,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,560	2,581	236,154	0	324,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,772	0	0	0	14,495,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,913,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,293	0	0	16,225,559	73.00
74.00	07400	RENAL DIALYSIS	1,640	10,027	994,076	0	1,425,412	74.00
75.10	03340	GI LAB	7,710	29,934	1,382,805	0	2,048,929	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,110	3,079	536,103	0	738,045	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	6,854	1,123,184	0	1,268,285	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	20,505	1,025,293	0	1,642,013	90.03
91.00	09100	EMERGENCY	18,000	232,774	6,683,286	0	10,372,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	10,910	8,009	1,139,558	0	1,533,613	93.00
93.10	04950	WOUND CARE CENTER	1,670	4,579	650,742	0	821,548	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	525,499	2,330,159	92,371,800	-50,913,731	197,732,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,060	0	0	0	12,116	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES SALARIES))	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
194.00	07950	FUND DEVELOPMENT	2,717	0	0	0	1,520,424	194.00
194.01	07951	CONVENT & SISTERS	0	0	10,835	0	13,979	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	13,033	0	19,494	194.02
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)	6,049,589	5,233,366	26,809,390		51,979,711	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.429933	2.245927	0.290159		0.260814	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			641,778		760,510	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.006946		0.003816	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: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERV ED))	CAFETERIA (MEALS SERV ED))	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	429,693					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,080	996,572				8.00
9.00	00900	HOUSEKEEPING	3,699	0	416,914			9.00
10.00	01000	DIETARY	11,430	0	11,430	213,157		10.00
11.00	01100	CAFETERIA	7,920	0	7,920	0	83,234	11.00
13.00	01300	NURSING ADMINISTRATION	1,088	0	1,088	0	2,246	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,084	14.00
15.00	01500	PHARMACY	4,417	0	4,417	0	2,097	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,450	0	8,450	0	557	16.00
17.00	01700	SOCIAL SERVICE	638	0	638	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,730	0	1,730	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,232	343,507	133,232	197,948	28,104	30.00
31.00	03100	INTENSIVE CARE UNIT	12,500	37,524	12,500	15,209	3,946	31.00
34.10	02060	NICU	17,300	3,684	17,300	0	938	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,342	0	1,342	0	670	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,980	115,360	33,980	0	6,064	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,070	69,657	16,070	0	2,119	52.00
53.00	05300	ANESTHESIOLOGY	455	0	455	0	162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,754	31,256	36,754	0	3,246	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,820	15,121	34,820	0	655	55.00
56.00	05600	RADIOISOTOPE	3,356	10,828	3,356	0	338	56.00
56.10	03630	ULTRASOUND	2,340	24,708	2,340	0	1,241	56.10
57.00	05700	CT SCAN	1,573	33,900	1,573	0	1,359	57.00
58.00	05800	MRI	1,676	5,658	1,676	0	508	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,460	6,097	8,460	0	652	59.00
60.00	06000	LABORATORY	12,380	502	12,380	0	5,730	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,464	0	0	870	64.00
65.00	06500	RESPIRATORY THERAPY	2,420	0	2,420	0	2,609	65.00
65.01	03952	SLEEP LAB	2,660	1,825	2,660	0	230	65.01
66.00	06600	PHYSICAL THERAPY	6,930	24,651	6,930	0	1,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	237	67.00
68.00	06800	SPEECH PATHOLOGY	225	0	225	0	253	68.00
69.00	06900	ELECTROCARDIOLOGY	1,619	18,014	1,619	0	1,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,560	1,944	1,560	0	262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,772	0	3,772	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,640	3,827	1,640	0	819	74.00
75.10	03340	GI LAB	7,710	14,097	7,710	0	1,250	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,110	1,382	2,110	0	629	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	3,109	0	0	1,541	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	14,382	0	0	1,059	90.03
91.00	09100	EMERGENCY	18,000	205,166	18,000	0	6,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	10,910	0	10,910	0	1,084	93.00
93.10	04950	WOUND CARE CENTER	1,670	7,909	1,670	0	569	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	425,916	996,572	413,137	213,157	83,232	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,060	0	1,060	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	2,717	0	2,717	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	0	0	2	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERV ED))	CAFETERIA (MEALS SERV ED))	
		7.00	8.00	9.00	10.00	11.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	15,141,763	890,351	4,944,698	3,208,290	1,040,261	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	35.238561	0.893414	11.860235	15.051300	12.498030	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	917,383	126,974	91,658	177,288	114,358	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.134973	0.127411	0.219849	0.831725	1.373934	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: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			NURSING ADMINISTRATIO N (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	2,030,107					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,365,981				14.00
15.00	01500	PHARMACY	0	0	16,157,523			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,162,720,746		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	61,341	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	738,572	0	0	130,107,395	54,195	30.00
31.00	03100	INTENSIVE CARE UNIT	103,714	0	0	26,610,868	4,164	31.00
34.10	02060	NICU	24,659	0	0	3,670,772	1,403	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	17,607	0	0	3,407,996	1,579	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	159,353	0	0	72,263,019	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,679	0	0	24,107,901	0	52.00
53.00	05300	ANESTHESIOLOGY	4,258	0	0	23,936,644	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,318	0	0	47,261,536	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,210	0	0	11,963,539	0	55.00
56.00	05600	RADIOISOTOPE	8,876	0	0	10,759,281	0	56.00
56.10	03630	ULTRASOUND	32,603	0	0	22,735,681	0	56.10
57.00	05700	CT SCAN	35,722	0	0	94,722,718	0	57.00
58.00	05800	MRI	13,355	0	0	10,942,139	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,133	0	0	19,016,685	0	59.00
60.00	06000	LABORATORY	150,591	0	0	165,593,396	0	60.00
64.00	06400	INTRAVENOUS THERAPY	22,859	0	0	4,116,111	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,558	0	0	42,801,043	0	65.00
65.01	03952	SLEEP LAB	6,033	0	0	1,934,071	0	65.01
66.00	06600	PHYSICAL THERAPY	40,241	0	0	11,137,627	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,219	0	0	1,695,250	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,656	0	0	2,009,498	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,333	0	0	26,615,896	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,896	0	0	1,695,794	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,452,303	0	26,790,515	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,913,678	0	26,132,563	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,157,523	185,768,517	0	73.00
74.00	07400	RENAL DIALYSIS	21,521	0	0	7,006,936	0	74.00
75.10	03340	GI LAB	32,838	0	0	20,444,090	0	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,519	0	0	860,236	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	40,498	0	0	1,840,034	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	27,835	0	0	32,281,519	0	90.03
91.00	09100	EMERGENCY	178,962	0	0	95,261,945	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	28,485	0	0	1,991,771	0	93.00
93.10	04950	WOUND CARE CENTER	14,945	0	0	5,237,760	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,030,048	18,365,981	16,157,523	1,162,720,746	61,341	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			NURSING ADMINISTRATIO N (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
194.02	07952	COMMUNITY HEALTH EDUCATION	59	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,951,890	-1,052,432	6,730,528	1,212,826	4,290,964	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.409566	0.000000	0.416557	0.001043	69.952625	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	339,781	7,764	134,921	127,476	21,690	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.167371	0.000423	0.008350	0.000110	0.353597	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: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING PROGRAM		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				13,800		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.10	02060	NICU	0	0	0	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	4,984	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,872	0	65.00
65.01	03952	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340	GI LAB	0	0	0	0	0	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	6,944	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	13,800	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	467,201	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	33.855145	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	25,015	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1.812681	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,694,599		67,694,599	174,503	67,869,102
31.00	03100	INTENSIVE CARE UNIT	9,821,682		9,821,682	0	9,821,682
34.10	02060	NICU	3,210,455		3,210,455	0	3,210,455
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
43.00	04300	NURSERY	1,478,771		1,478,771	0	1,478,771
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,089,558		16,089,558	0	16,089,558
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,185,270		5,185,270	0	5,185,270
53.00	05300	ANESTHESIOLOGY	441,732		441,732	0	441,732
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,218,871		13,218,871	0	13,218,871
55.00	05500	RADIOLOGY-THERAPEUTIC	4,800,111		4,800,111	0	4,800,111
56.00	05600	RADIOISOTOPE	1,694,206		1,694,206	0	1,694,206
56.10	03630	ULTRASOUND	2,785,137		2,785,137	0	2,785,137
57.00	05700	CT SCAN	3,224,899		3,224,899	0	3,224,899
58.00	05800	MRI	1,024,508		1,024,508	0	1,024,508
59.00	05900	CARDIAC CATHETERIZATION	2,839,010		2,839,010	81,873	2,920,883
60.00	06000	LABORATORY	19,040,951		19,040,951	0	19,040,951
64.00	06400	INTRAVENOUS THERAPY	1,693,930		1,693,930	0	1,693,930
65.00	06500	RESPIRATORY THERAPY	5,542,677	0	5,542,677	0	5,542,677
65.01	03952	SLEEP LAB	520,621	0	520,621	0	520,621
66.00	06600	PHYSICAL THERAPY	3,535,609	0	3,535,609	0	3,535,609
67.00	06700	OCCUPATIONAL THERAPY	517,387	0	517,387	0	517,387
68.00	06800	SPEECH PATHOLOGY	642,815	0	642,815	0	642,815
69.00	06900	ELECTROCARDIOLOGY	3,127,471		3,127,471	0	3,127,471
70.00	07000	ELECTROENCEPHALOGRAPHY	519,642		519,642	12,231	531,873
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,481,625		18,481,625	0	18,481,625
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,961,676		4,961,676	0	4,961,676
73.00	07300	DRUGS CHARGED TO PATIENTS	27,381,805		27,381,805	0	27,381,805
74.00	07400	RENAL DIALYSIS	1,990,282		1,990,282	8,214	1,998,496
75.10	03340	GI LAB	3,140,790		3,140,790	0	3,140,790
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,112,750		1,112,750	0	1,112,750
90.01	09001	PALOS DIAGNOSTIC CENTER	0		0	0	0
90.02	09002	CARE STATIONS	1,801,606		1,801,606	6,422	1,808,028
90.03	09003	OUTPATIENT CARE CENTER	2,252,767		2,252,767	0	2,252,767
91.00	09100	EMERGENCY	15,082,617		15,082,617	0	15,082,617
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,769,565		7,769,565		7,769,565
93.00	04951	OUTPATIENT REHAB	2,588,680		2,588,680	17,075	2,605,755
93.10	04950	WOUND CARE CENTER	1,200,015		1,200,015	0	1,200,015
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0		0		0
200.00		Subtotal (see instructions)	256,414,090	0	256,414,090	300,318	256,714,408
201.00		Less Observation Beds	7,769,565		7,769,565		7,769,565
202.00		Total (see instructions)	248,644,525	0	248,644,525	300,318	248,944,843

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 2:08 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	118,208,273		118,208,273		30.00
31.00	03100	INTENSIVE CARE UNIT	24,177,140		24,177,140		31.00
34.10	02060	NICU	3,335,057		3,335,057		34.10
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	3,096,314		3,096,314		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,615,825	45,647,194	72,263,019	0.222653	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,522,198	1,585,703	24,107,901	0.215086	0.000000
53.00	05300	ANESTHESIOLOGY	10,068,604	13,868,040	23,936,644	0.018454	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,693,445	28,568,091	47,261,536	0.279696	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	605,275	11,358,264	11,963,539	0.401228	0.000000
56.00	05600	RADIOISOTOPE	4,379,632	6,379,649	10,759,281	0.157465	0.000000
56.10	03630	ULTRASOUND	7,213,245	15,522,436	22,735,681	0.122501	0.000000
57.00	05700	CT SCAN	41,715,556	53,007,162	94,722,718	0.034046	0.000000
58.00	05800	MRI	6,241,210	4,700,929	10,942,139	0.093630	0.000000
59.00	05900	CARDIAC CATHETERIZATION	13,544,408	5,472,277	19,016,685	0.149290	0.000000
60.00	06000	LABORATORY	91,534,843	74,058,553	165,593,396	0.114986	0.000000
64.00	06400	INTRAVENOUS THERAPY	30,207	4,085,904	4,116,111	0.411537	0.000000
65.00	06500	RESPIRATORY THERAPY	39,692,931	3,108,112	42,801,043	0.129499	0.000000
65.01	03952	SLEEP LAB	0	1,934,071	1,934,071	0.269184	0.000000
66.00	06600	PHYSICAL THERAPY	3,456,520	7,681,107	11,137,627	0.317447	0.000000
67.00	06700	OCCUPATIONAL THERAPY	719,083	976,167	1,695,250	0.305198	0.000000
68.00	06800	SPEECH PATHOLOGY	1,865,795	143,703	2,009,498	0.319888	0.000000
69.00	06900	ELECTROCARDIOLOGY	14,542,570	12,073,326	26,615,896	0.117504	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	823,198	872,596	1,695,794	0.306430	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,617,703	8,172,812	26,790,515	0.689857	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,032,949	13,099,614	26,132,563	0.189866	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	93,632,397	92,136,120	185,768,517	0.147397	0.000000
74.00	07400	RENAL DIALYSIS	6,291,962	714,974	7,006,936	0.284045	0.000000
75.10	03340	GI LAB	5,631,354	14,812,736	20,444,090	0.153628	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,975	855,261	860,236	1.293540	0.000000
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0.000000	0.000000
90.02	09002	CARE STATIONS	10,655	1,829,379	1,840,034	0.979116	0.000000
90.03	09003	OUTPATIENT CARE CENTER	128,583	32,152,936	32,281,519	0.069785	0.000000
91.00	09100	EMERGENCY	36,505,737	58,756,208	95,261,945	0.158328	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,613,967	10,366,280	14,980,247	0.518654	0.000000
93.00	04951	OUTPATIENT REHAB	0	1,991,771	1,991,771	1.299688	0.000000
93.10	04950	WOUND CARE CENTER	22,089	5,215,671	5,237,760	0.229108	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	631,573,700	531,147,046	1,162,720,746		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	631,573,700	531,147,046	1,162,720,746		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.10	02060	NICU				34.10
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.222653			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215086			52.00
53.00	05300	ANESTHESIOLOGY	0.018454			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.279696			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.401228			55.00
56.00	05600	RADIOISOTOPE	0.157465			56.00
56.10	03630	ULTRASOUND	0.122501			56.10
57.00	05700	CT SCAN	0.034046			57.00
58.00	05800	MRI	0.093630			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153596			59.00
60.00	06000	LABORATORY	0.114986			60.00
64.00	06400	INTRAVENOUS THERAPY	0.411537			64.00
65.00	06500	RESPIRATORY THERAPY	0.129499			65.00
65.01	03952	SLEEP LAB	0.269184			65.01
66.00	06600	PHYSICAL THERAPY	0.317447			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305198			67.00
68.00	06800	SPEECH PATHOLOGY	0.319888			68.00
69.00	06900	ELECTROCARDIOLOGY	0.117504			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.313642			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.689857			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.189866			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147397			73.00
74.00	07400	RENAL DIALYSIS	0.285217			74.00
75.10	03340	GI LAB	0.153628			75.10
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.293540			90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000			90.01
90.02	09002	CARE STATIONS	0.982606			90.02
90.03	09003	OUTPATIENT CARE CENTER	0.069785			90.03
91.00	09100	EMERGENCY	0.158328			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518654			92.00
93.00	04951	OUTPATIENT REHAB	1.308260			93.00
93.10	04950	WOUND CARE CENTER	0.229108			93.10
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,694,599		67,694,599	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,821,682		9,821,682	0	0	31.00
34.10	02060	NICU	3,210,455		3,210,455	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	1,478,771		1,478,771	0	0	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,258,292		16,258,292	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,185,270		5,185,270	0	0	52.00
53.00	05300	ANESTHESIOLOGY	441,732		441,732	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,218,871		13,218,871	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,800,111		4,800,111	0	0	55.00
56.00	05600	RADIOISOTOPE	1,694,206		1,694,206	0	0	56.00
56.10	03630	ULTRASOUND	2,785,137		2,785,137	0	0	56.10
57.00	05700	CT SCAN	3,224,899		3,224,899	0	0	57.00
58.00	05800	MRI	1,024,508		1,024,508	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,839,010		2,839,010	0	0	59.00
60.00	06000	LABORATORY	19,040,951		19,040,951	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,693,930		1,693,930	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,606,054	0	5,606,054	0	0	65.00
65.01	03952	SLEEP LAB	520,621	0	520,621	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,535,609	0	3,535,609	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	517,387	0	517,387	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	642,815	0	642,815	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,127,471		3,127,471	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	519,642		519,642	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,481,625		18,481,625	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,961,676		4,961,676	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,381,805		27,381,805	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,990,282		1,990,282	0	0	74.00
75.10	03340	GI LAB	3,140,790		3,140,790	0	0	75.10
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,112,750		1,112,750	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0		0	0	0	90.01
90.02	09002	CARE STATIONS	1,801,606		1,801,606	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	2,252,767		2,252,767	0	0	90.03
91.00	09100	EMERGENCY	15,317,707		15,317,707	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,749,607		7,749,607	0	0	92.00
93.00	04951	OUTPATIENT REHAB	2,588,680		2,588,680	0	0	93.00
93.10	04950	WOUND CARE CENTER	1,200,015		1,200,015	0	0	93.10
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	256,861,333	0	256,861,333	0	0	200.00
201.00		Less Observation Beds	7,749,607		7,749,607			201.00
202.00		Total (see instructions)	249,111,726	0	249,111,726	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 2:08 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	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
34.10	02060	NICU	0		0			34.10
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.10	03630	ULTRASOUND	0	0	0	0.000000	0.000000	56.10
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
65.01	03952	SLEEP LAB	0	0	0	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.10	03340	GI LAB	0	0	0	0.000000	0.000000	75.10
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0.000000	0.000000	90.01
90.02	09002	CARE STATIONS	0	0	0	0.000000	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	0.000000	0.000000	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0.000000	0.000000	93.10
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.10	02060	NICU				34.10
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.10	03630	ULTRASOUND	0.000000			56.10
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
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03952	SLEEP LAB	0.000000			65.01
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
75.10	03340	GI LAB	0.000000			75.10
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000			90.01
90.02	09002	CARE STATIONS	0.000000			90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04951	OUTPATIENT REHAB	0.000000			93.00
93.10	04950	WOUND CARE CENTER	0.000000			93.10
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,712,037	0	2,712,037	60,745	44.65	30.00
31.00	INTENSIVE CARE UNIT	328,881		328,881	4,164	78.98	31.00
34.10	NICU	259,767		259,767	1,403	185.15	34.10
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	46,209		46,209	1,579	29.26	43.00
200.00	Total (lines 30 through 199)	3,346,894		3,346,894	67,891		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	18,352	819,417				
31.00	INTENSIVE CARE UNIT	1,338	105,675				
34.10	NICU	0	0				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,690	925,092				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,164,814	72,263,019	0.016119	10,887,314	175,493
52.00	05200	DELIVERY ROOM & LABOR ROOM	352,480	24,107,901	0.014621	19,090	279
53.00	05300	ANESTHESIOLOGY	96,963	23,936,644	0.004051	2,250,509	9,117
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,463,056	47,261,536	0.030957	2,957,135	91,544
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,009	11,963,539	0.009470	152,834	15,202
56.00	05600	RADIOISOTOPE	511,714	10,759,281	0.047560	1,676,163	79,718
56.10	03630	ULTRASOUND	120,782	22,735,681	0.005312	2,394,630	12,720
57.00	05700	CT SCAN	109,086	94,722,718	0.001152	14,353,014	16,535
58.00	05800	MRI	53,670	10,942,139	0.004905	2,035,318	9,983
59.00	05900	CARDIAC CATHETERIZATION	275,095	19,016,685	0.014466	3,527,692	51,032
60.00	06000	LABORATORY	565,793	165,593,396	0.003417	28,627,142	97,819
64.00	06400	INTRAVENOUS THERAPY	25,490	4,116,111	0.006193	9,794	61
65.00	06500	RESPIRATORY THERAPY	310,591	42,801,043	0.007257	12,755,422	92,566
65.01	03952	SLEEP LAB	48,258	1,934,071	0.024952	0	0
66.00	06600	PHYSICAL THERAPY	139,526	11,137,627	0.012527	1,332,500	16,692
67.00	06700	OCCUPATIONAL THERAPY	4,964	1,695,250	0.002928	232,857	682
68.00	06800	SPEECH PATHOLOGY	9,712	2,009,498	0.004833	768,200	3,713
69.00	06900	ELECTROCARDIOLOGY	87,282	26,615,896	0.003279	5,138,232	16,848
70.00	07000	ELECTROENCEPHALOGRAPHY	32,129	1,695,794	0.018946	275,690	5,223
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	110,258	26,790,515	0.004116	4,288,085	17,650
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,810	26,132,563	0.000682	4,478,417	3,054
73.00	07300	DRUGS CHARGED TO PATIENTS	284,883	185,768,517	0.001534	28,277,540	43,378
74.00	07400	RENAL DIALYSIS	64,710	7,006,936	0.009235	2,745,652	25,356
75.10	03340	GI LAB	202,193	20,444,090	0.009890	2,119,623	20,963
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	46,441	860,236	0.053986	1,677	91
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0.000000	0	0
90.02	09002	CARE STATIONS	37,529	1,840,034	0.020396	4,358	89
90.03	09003	OUTPATIENT CARE CENTER	70,938	32,281,519	0.002197	0	0
91.00	09100	EMERGENCY	932,851	95,261,945	0.009792	12,757,356	124,920
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	310,472	14,980,247	0.020725	1,280,199	26,532
93.00	04951	OUTPATIENT REHAB	188,624	1,991,771	0.094702	0	0
93.10	04950	WOUND CARE CENTER	45,826	5,237,760	0.008749	22,089	193
200.00		Total (lines 50 through 199)	8,873,949	1,013,903,962		145,368,532	957,453

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/27/2022 2:08 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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
34.10	02060	NICU	0	0	0	0	0	0	34.10	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	60,745	0.00	18,352	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	4,164	0.00	1,338	31.00		
34.10	02060	NICU		0	1,403	0.00	0	34.10		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY		0	1,579	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	67,891		19,690	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
34.10	02060	NICU	0						34.10	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 2:08 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
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
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
56.10	03630	ULTRASOUND	0	0	0	0	0	0	56.10
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
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
65.01	03952	SLEEP LAB	0	0	0	0	0	0	65.01
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
75.10	03340	GI LAB	0	0	0	0	0	0	75.10
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	0	90.03
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
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	0	93.10
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: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 2:08 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	72,263,019	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,107,901	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	23,936,644	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	47,261,536	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,963,539	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	10,759,281	0.000000	56.00
56.10	03630	ULTRASOUND	0	0	0	22,735,681	0.000000	56.10
57.00	05700	CT SCAN	0	0	0	94,722,718	0.000000	57.00
58.00	05800	MRI	0	0	0	10,942,139	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	19,016,685	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	165,593,396	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,116,111	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	42,801,043	0.000000	65.00
65.01	03952	SLEEP LAB	0	0	0	1,934,071	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	11,137,627	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,695,250	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,009,498	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,615,896	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,695,794	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,790,515	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,132,563	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	185,768,517	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,006,936	0.000000	74.00
75.10	03340	GI LAB	0	0	0	20,444,090	0.000000	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	860,236	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0.000000	90.01
90.02	09002	CARE STATIONS	0	0	0	1,840,034	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	32,281,519	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	95,261,945	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,980,247	0.000000	92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	1,991,771	0.000000	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	5,237,760	0.000000	93.10
200.00		Total (lines 50 through 199)	0	0	0	1,013,903,962		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/27/2022 2:08 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	10,887,314	0	10,022,466	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	19,090	0	248	0
53.00	05300	ANESTHESIOLOGY	0.000000	2,250,509	0	2,889,290	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,957,135	0	5,144,337	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	152,834	0	3,062,759	0
56.00	05600	RADIOISOTOPE	0.000000	1,676,163	0	1,332,359	0
56.10	03630	ULTRASOUND	0.000000	2,394,630	0	1,265,631	0
57.00	05700	CT SCAN	0.000000	14,353,014	0	7,949,994	0
58.00	05800	MRI	0.000000	2,035,318	0	365,355	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,527,692	0	1,850,104	0
60.00	06000	LABORATORY	0.000000	28,627,142	0	4,758,734	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	9,794	0	1,313,380	0
65.00	06500	RESPIRATORY THERAPY	0.000000	12,755,422	0	438,188	0
65.01	03952	SLEEP LAB	0.000000	0	0	339,325	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,332,500	0	34,853	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	232,857	0	2,394	0
68.00	06800	SPEECH PATHOLOGY	0.000000	768,200	0	6,866	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,138,232	0	2,029,488	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	275,690	0	148,992	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,288,085	0	2,177,304	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,478,417	0	3,293,093	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,277,540	0	31,033,751	0
74.00	07400	RENAL DIALYSIS	0.000000	2,745,652	0	108,927	0
75.10	03340	GI LAB	0.000000	2,119,623	0	3,372,476	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	1,677	0	279,959	0
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000	0	0	0	0
90.02	09002	CARE STATIONS	0.000000	4,358	0	10,272	0
90.03	09003	OUTPATIENT CARE CENTER	0.000000	0	0	4,527,056	0
91.00	09100	EMERGENCY	0.000000	12,757,356	0	6,176,860	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,280,199	0	514,513	0
93.00	04951	OUTPATIENT REHAB	0.000000	0	0	117,236	0
93.10	04950	WOUND CARE CENTER	0.000000	22,089	0	1,840,104	0
200.00		Total (lines 50 through 199)		145,368,532	0	96,406,314	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/27/2022 2:08 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	0.222653	10,022,466	0	0	2,231,532	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215086	248	0	0	53	52.00
53.00	05300	ANESTHESIOLOGY	0.018454	2,889,290	0	0	53,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.279696	5,144,337	0	0	1,438,850	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.401228	3,062,759	0	0	1,228,865	55.00
56.00	05600	RADIOISOTOPE	0.157465	1,332,359	0	0	209,800	56.00
56.10	03630	ULTRASOUND	0.122501	1,265,631	0	0	155,041	56.10
57.00	05700	CT SCAN	0.034046	7,949,994	1	0	270,665	57.00
58.00	05800	MRI	0.093630	365,355	0	0	34,208	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149290	1,850,104	0	0	276,202	59.00
60.00	06000	LABORATORY	0.114986	4,758,734	3,769	0	547,188	60.00
64.00	06400	INTRAVENOUS THERAPY	0.411537	1,313,380	0	5	540,504	64.00
65.00	06500	RESPIRATORY THERAPY	0.129499	438,188	0	0	56,745	65.00
65.01	03952	SLEEP LAB	0.269184	339,325	0	0	91,341	65.01
66.00	06600	PHYSICAL THERAPY	0.317447	34,853	0	0	11,064	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305198	2,394	0	0	731	67.00
68.00	06800	SPEECH PATHOLOGY	0.319888	6,866	0	0	2,196	68.00
69.00	06900	ELECTROCARDIOLOGY	0.117504	2,029,488	0	7	238,473	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.306430	148,992	0	0	45,656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.689857	2,177,304	0	0	1,502,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.189866	3,293,093	0	0	625,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147397	31,033,751	0	80,733	4,574,282	73.00
74.00	07400	RENAL DIALYSIS	0.284045	108,927	0	0	30,940	74.00
75.10	03340	GI LAB	0.153628	3,372,476	0	0	518,107	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.293540	279,959	0	0	362,138	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0.979116	10,272	0	7	10,057	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.069785	4,527,056	1,331	0	315,921	90.03
91.00	09100	EMERGENCY	0.158328	6,176,860	0	3	977,970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518654	514,513	0	0	266,854	92.00
93.00	04951	OUTPATIENT REHAB	1.299688	117,236	0	0	152,370	93.00
93.10	04950	WOUND CARE CENTER	0.229108	1,840,104	0	0	421,583	93.10
200.00		Subtotal (see instructions)		96,406,314	5,101	80,755	17,189,929	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		96,406,314	5,101	80,755	17,189,929	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/27/2022 2:08 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.10	03630	ULTRASOUND	0	0		56.10
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	433	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	2		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03952	SLEEP LAB	0	0		65.01
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	1		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	11,900		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.10	03340	GI LAB	0	0		75.10
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0		90.01
90.02	09002	CARE STATIONS	0	7		90.02
90.03	09003	OUTPATIENT CARE CENTER	93	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	OUTPATIENT REHAB	0	0		93.00
93.10	04950	WOUND CARE CENTER	0	0		93.10
200.00		Subtotal (see instructions)	526	11,910		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	526	11,910		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/27/2022 2:08 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,712,037	0	2,712,037	60,745	44.65	30.00
31.00	INTENSIVE CARE UNIT	328,881		328,881	4,164	78.98	31.00
34.10	NICU	259,767		259,767	1,403	185.15	34.10
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	46,209		46,209	1,579	29.26	43.00
200.00	Total (lines 30 through 199)	3,346,894		3,346,894	67,891		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	1,346	60,099				
31.00	INTENSIVE CARE UNIT	181	14,295				
34.10	NICU	194	35,919				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	56	1,639				
200.00	Total (lines 30 through 199)	1,777	111,952				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,164,814	0	0.000000	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	352,480	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	96,963	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,463,056	0	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,009	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	511,714	0	0.000000	0	56.00
56.10	03630	ULTRASOUND	120,782	0	0.000000	0	56.10
57.00	05700	CT SCAN	109,086	0	0.000000	0	57.00
58.00	05800	MRI	53,670	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	275,095	0	0.000000	0	59.00
60.00	06000	LABORATORY	565,793	0	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	25,490	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	310,591	0	0.000000	0	65.00
65.01	03952	SLEEP LAB	48,258	0	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	139,526	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,964	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,712	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	87,282	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,129	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	110,258	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,810	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	284,883	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	64,710	0	0.000000	0	74.00
75.10	03340	GI LAB	202,193	0	0.000000	0	75.10
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	46,441	0	0.000000	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0.000000	0	90.01
90.02	09002	CARE STATIONS	37,529	0	0.000000	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	70,938	0	0.000000	0	90.03
91.00	09100	EMERGENCY	932,851	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	310,473	0	0.000000	0	92.00
93.00	04951	OUTPATIENT REHAB	188,624	0	0.000000	0	93.00
93.10	04950	WOUND CARE CENTER	45,826	0	0.000000	0	93.10
200.00		Total (lines 50 through 199)	8,873,950	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/27/2022 2:08 pm		
					Title XIX		Hospital		Cost		
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	30.00
31.00	03100	INTENSIVE CARE UNIT		0		0		0		0	31.00
34.10	02060	NICU		0		0		0		0	34.10
40.00	04000	SUBPROVIDER - IPF		0		0		0		0	40.00
43.00	04300	NURSERY		0		0		0		0	43.00
200.00		Total (lines 30 through 199)		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	60,745	0.00		1,346	30.00
31.00	03100	INTENSIVE CARE UNIT				0	4,164	0.00		181	31.00
34.10	02060	NICU				0	1,403	0.00		194	34.10
40.00	04000	SUBPROVIDER - IPF		0		0	0	0.00		0	40.00
43.00	04300	NURSERY				0	1,579	0.00		56	43.00
200.00		Total (lines 30 through 199)				0	67,891			1,777	200.00
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0							30.00
31.00	03100	INTENSIVE CARE UNIT		0							31.00
34.10	02060	NICU		0							34.10
40.00	04000	SUBPROVIDER - IPF		0							40.00
43.00	04300	NURSERY		0							43.00
200.00		Total (lines 30 through 199)		0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340	GI LAB	0	0	0	0	0	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	93.10
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/27/2022 2:08 pm	
				Title XIX		Hospital		Cost	
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	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
56.10	03630	ULTRASOUND		0	0	0	0	0.000000	56.10
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
65.01	03952	SLEEP LAB		0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.10	03340	GI LAB		0	0	0	0	0.000000	75.10
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		0	0	0	0	0.000000	90.01
90.02	09002	CARE STATIONS		0	0	0	0	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER		0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.00	04951	OUTPATIENT REHAB		0	0	0	0	0.000000	93.00
93.10	04950	WOUND CARE CENTER		0	0	0	0	0.000000	93.10
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0.000000	0	0	0	0	56.10
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.10	03340	GI LAB	0.000000	0	0	0	0	75.10
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0.000000	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0.000000	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0.000000	0	0	0	0	93.10
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/27/2022 2:08 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,745	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)		53,791	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)		18,352	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)		67,869,102	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)		67,869,102	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)		67,869,102	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)		1,117.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,504,323	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)		20,504,323	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:
2/27/2022 2:08 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,821,682	4,164	2,358.71	1,338	3,155,954
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
46.10	NICU	3,210,455	1,403	2,288.28	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,294,669
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,954,946
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					925,092
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					957,453
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,882,545
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,072,401
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)					6,954
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,117.28
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,769,565

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/27/2022 2:08 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	2,712,037	67,869,102	0.039960	7,769,565	310,472		90.00	
91.00	Nursing Program cost	0	67,869,102	0.000000	7,769,565	0		91.00	
92.00	Allied health cost	0	67,869,102	0.000000	7,769,565	0		92.00	
93.00	All other Medical Education	0	67,869,102	0.000000	7,769,565	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:

2/27/2022 2:08 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	60,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	60,745	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)	53,791	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)	1,346	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)	1,579	15.00
16.00	Nursery days (title V or XIX only)	56	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)	67,694,599	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)	67,694,599	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)	67,694,599	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)	1,114.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,499,996	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)	1,499,996	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:
2/27/2022 2:08 pm

			Title XIX		Hospital	Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,478,771	1,579	936.52	56	52,445	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,821,682	4,164	2,358.71	181	426,927	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	
46.10	NICU	3,210,455	1,403	2,288.28	194	443,926	46.10	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,423,294	49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						6,954	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,114.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						7,749,607	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/27/2022 2:08 pm	
		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,712,037	67,694,599	0.040063	7,749,607	310,473	90.00
91.00	Nursing Program cost	0	67,694,599	0.000000	7,749,607	0	91.00
92.00	Allied health cost	0	67,694,599	0.000000	7,749,607	0	92.00
93.00	All other Medical Education	0	67,694,599	0.000000	7,749,607	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/27/2022 2:08 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		39,003,538	30.00
31.00	03100	INTENSIVE CARE UNIT		6,580,947	31.00
34.10	02060	NICU		0	34.10
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222653	10,887,314	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215086	19,090	52.00
53.00	05300	ANESTHESIOLOGY	0.018454	2,250,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.279696	2,957,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.401228	152,834	55.00
56.00	05600	RADIOISOTOPE	0.157465	1,676,163	56.00
56.10	03630	ULTRASOUND	0.122501	2,394,630	56.10
57.00	05700	CT SCAN	0.034046	14,353,014	57.00
58.00	05800	MRI	0.093630	2,035,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.153596	3,527,692	59.00
60.00	06000	LABORATORY	0.114986	28,627,142	60.00
64.00	06400	INTRAVENOUS THERAPY	0.411537	9,794	64.00
65.00	06500	RESPIRATORY THERAPY	0.129499	12,755,422	65.00
65.01	03952	SLEEP LAB	0.269184	0	65.01
66.00	06600	PHYSICAL THERAPY	0.317447	1,332,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305198	232,857	67.00
68.00	06800	SPEECH PATHOLOGY	0.319888	768,200	68.00
69.00	06900	ELECTROCARDIOLOGY	0.117504	5,138,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.313642	275,690	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.689857	4,288,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.189866	4,478,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147397	28,277,540	73.00
74.00	07400	RENAL DIALYSIS	0.285217	2,745,652	74.00
75.10	03340	GI LAB	0.153628	2,119,623	75.10
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.293540	1,677	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000	0	90.01
90.02	09002	CARE STATIONS	0.982606	4,358	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.069785	0	90.03
91.00	09100	EMERGENCY	0.158328	12,757,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518654	1,280,199	92.00
93.00	04951	OUTPATIENT REHAB	1.308260	0	93.00
93.10	04950	WOUND CARE CENTER	0.229108	22,089	93.10
200.00		Total (sum of lines 50 through 94 and 96 through 98)		145,368,532	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)		145,368,532	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/27/2022 2:08 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)			35,828,753	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)			678,471	2.04
3.00	Managed Care Simulated Payments			27,518,679	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			200.95	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)			4.02	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)			0.25	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).			1.87	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			5.64	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			4.62	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.08	11.00
12.00	Current year allowable FTE (see instructions)			4.70	12.00
13.00	Total allowable FTE count for the prior year.			2.71	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.			1.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.			3.07	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			3.07	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.015277	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.013218	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.013218	21.00
22.00	IME payment adjustment (see instructions)			257,895	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			198,079	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)			-1.02	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)			257,895	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			198,079	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.48	31.00
32.00	Sum of lines 30 and 31			30.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.74	33.00
34.00	Disproportionate share adjustment (see instructions)			1,320,290	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/27/2022 2:08 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
35.01	Factor 3 (see instructions)	0.000000000	0.000812895	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	6,738,911	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	6,738,911	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,738,911		
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	44,824,320		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		45,022,399	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,803,646	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		187,790	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		250,205	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	
59.00	Total (sum of amounts on lines 49 through 58)		48,264,040	
60.00	Primary payer payments		10,981	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,253,059	
62.00	Deductibles billed to program beneficiaries		3,310,300	
63.00	Coinsurance billed to program beneficiaries		209,256	
64.00	Allowable bad debts (see instructions)		994,295	
65.00	Adjusted reimbursable bad debts (see instructions)		646,292	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		994,295	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,379,795	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		146,396	
70.94	HRR adjustment amount (see instructions)		-285,023	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/27/2022 2:08 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)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,241,168	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		43,544,583	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)		1,696,585	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		1,727,590	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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2022 2:08 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	35,828,753	0		35,828,753	35,828,753
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	678,471	0		678,471	678,471
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	27,518,679	0	0	27,518,679	27,518,679
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.013218	0.013218	0.013218	0.013218	
6.00	IME payment adjustment (see instructions)	22.00	257,895	0	0	257,895	257,895
6.01	IME payment adjustment for managed care (see instructions)	22.01	198,079	0	0	198,079	198,079
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	257,895	0	0	257,895	257,895
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	198,079	0	0	198,079	198,079
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1474	0.1474	0.1474	0.1474	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,320,290	0	0	1,320,290	1,320,290
11.01	Uncompensated care payments	36.00	6,738,911	0	0	6,738,911	6,738,911
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	44,824,320	0	0	44,824,320	44,824,320
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	45,022,399	0	0	45,022,399	45,022,399

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2022 2:08 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
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,803,646	0	0	2,803,646	2,803,646
17.00	Special add-on payments for new technologies	54.00	250,205	0	0	250,205	250,205
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	0	48,076,250	48,076,250
		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	2,737,251	0	0	2,737,251	2,737,251
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	51,888	0	0	51,888	51,888
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0053	0.0053	0.0053	0.0053	
23.00	Indirect medical education adjustment (see instructions)	6.00	14,507	0	0	14,507	14,507
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	2,803,646	0	0	2,803,646	2,803,646
		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	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0179		Period: From 10/01/2020 To 09/30/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/27/2022 2:08 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	35,828,753		35,828,753	35,828,753	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	678,471		678,471	678,471	2.03
3.00	Operating outlier reconciliation		2.01	0	0	0	0	3.00
4.00	Managed care simulated payments		3.00	27,518,679	0	27,518,679	27,518,679	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)		21.00	0.013218	0.013218	0.013218		5.00
6.00	IME payment adjustment (see instructions)		22.00	257,895	0	257,895	257,895	6.00
6.01	IME payment adjustment for managed care (see instructions)		22.01	198,079	0	198,079	198,079	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	257,895	0	257,895	257,895	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)		29.01	198,079	0	198,079	198,079	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)		33.00	0.1474	0.1474	0.1474		10.00
11.00	Disproportionate share adjustment (see instructions)		34.00	1,320,290	0	1,320,290	1,320,290	11.00
11.01	Uncompensated care payments		36.00	6,738,911	0	6,738,911	6,738,911	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	44,824,320	0	44,824,320	44,824,320	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	45,022,399	0	45,022,399	45,022,399	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)		50.00	2,803,646	0	2,803,646	2,803,646	16.00
17.00	Special add-on payments for new technologies		54.00	250,205	0	250,205	250,205	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	48,076,250	48,076,250	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2022 2:08 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	2,737,251	0	2,737,251	2,737,251	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	51,888	0	51,888	51,888	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	0.0053	0.0053	0.0053		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	14,507	0	14,507	14,507	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,803,646	0	2,803,646	2,803,646	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	146,396	0	146,396	146,396	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	-285,023	0	-285,023	-285,023	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/27/2022 2:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,436	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,189,929	2.00
3.00	OPPS payments		12,882,205	3.00
4.00	Outlier payment (see instructions)		22,406	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)		12,436	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		85,856	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)		85,856	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)		85,856	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		73,420	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)		12,436	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)		12,904,611	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,417,364	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)		10,499,683	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		68,808	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)		10,568,491	30.00
31.00	Primary payer payments		1,546	31.00
32.00	Subtotal (line 30 minus line 31)		10,566,945	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)		433,950	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		282,068	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		433,950	36.00
37.00	Subtotal (see instructions)		10,849,013	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-18	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)		10,849,031	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		10,494,061	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)		354,970	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		130,000	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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/27/2022 2:08 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		43,422,539		10,494,061	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	06/17/2021	122,044		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)		122,044		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)		43,544,583		10,494,061	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		1,696,585		354,970	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		45,241,168		10,849,031	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/27/2022 2:08 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/27/2022 2:08 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			3.09	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			2.12	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			5.21	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.62	6.00
7.00	Enter the lesser of line 5 or line 6			4.62	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	4.45	4.45	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	4.45	4.45	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.08		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	4.53		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.32	0.61		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.44	2.31		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.44	2.31		17.00
18.00	Per resident amount	158,582.39	160,313.02		18.00
19.00	Approved amount for resident costs	69,776	370,323	440,099	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			440,099	25.00
		Inpatient Part A 1.00	Managed Care Prior to 1/1 2.00	Managed Care On or after 1/1 2.01	Total 3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	19,690	3,970	11,827	26.00
27.00	Total Inpatient Days (see instructions)	59,762	59,762	59,762	27.00
28.00	Ratio of inpatient days to total inpatient days	0.329474	0.066430	0.197902	28.00
29.00	Program direct GME amount	145,001	29,236	87,096	29.00
29.01	Percent reduction for MA DGME		4.07	4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		1,190	3,545	30.00
31.00	Net Program direct GME amount			256,598	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/27/2022 2:08 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		7,006,936	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		46,954,946	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		10,981	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,943,965	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,202,365	42.00
43.00	Primary payer payments (see instructions)		1,546	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,200,819	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		64,144,784	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.731844	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.268156	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		256,598	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		187,790	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		68,808	50.00

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

Provider CCN: 14-0179

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

Worksheet G

Date/Time Prepared:
2/27/2022 2:08 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	-113,890	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	226,809,488	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-196,203,037	0	0	0	6.00
7.00	Inventory	5,035,973	0	0	0	7.00
8.00	Prepaid expenses	496,558	0	0	0	8.00
9.00	Other current assets	2,662,928	0	0	0	9.00
10.00	Due from other funds	4,066,077	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,754,097	0	0	0	11.00
FIXED ASSETS						
12.00	Land	27,440,000	0	0	0	12.00
13.00	Land improvements	442,191	0	0	0	13.00
14.00	Accumulated depreciation	-73,699	0	0	0	14.00
15.00	Buildings	90,852,638	0	0	0	15.00
16.00	Accumulated depreciation	-4,802,485	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	12,201,598	0	0	0	23.00
24.00	Accumulated depreciation	-2,692,202	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	10,194,796	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	133,562,837	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	364,785,902	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	3,744,723	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	368,530,625	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	544,847,559	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,403,116	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,060,661	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	47,360,587	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	60,824,364	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	9,740,216	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,740,216	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	70,564,580	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	474,282,979	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)	474,282,979	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	544,847,559	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0179

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

Worksheet G-1

Date/Time Prepared:
2/27/2022 2:08 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		536,878,300		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-59,385,143				2.00
3.00	Total (sum of line 1 and line 2)		477,493,157		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		477,493,157		0		11.00
12.00	TEMPORARILY RESTRICTED ASSETS	3,210,178		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)		3,210,178		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		474,282,979		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	Additions (credit adjustments) (specify)		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	TEMPORARILY RESTRICTED ASSETS		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: 14-0179

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2022 2:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	121,304,587		121,304,587	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	121,304,587		121,304,587	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,177,140		24,177,140	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
14.10	NICU	3,335,057		3,335,057	14.10
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	27,512,197		27,512,197	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	148,816,784		148,816,784	17.00
18.00	Ancillary services	441,470,910	419,979,540	861,450,450	18.00
19.00	Outpatient services	41,286,006	111,167,506	152,453,512	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PROFESSIONAL SERVICES	9,926,637	21,228,255	31,154,892	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	641,500,337	552,375,301	1,193,875,638	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		281,302,917		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)		281,302,917		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0179

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

Worksheet G-3

Date/Time Prepared:
2/27/2022 2:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,193,875,638	1.00
2.00	Less contractual allowances and discounts on patients' accounts	968,689,682	2.00
3.00	Net patient revenues (line 1 minus line 2)	225,185,956	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	281,302,917	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-56,116,961	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	120,603	6.00
7.00	Income from investments	2,384,512	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	465,865	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,558,900	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	7,366,521	24.00
24.01	GAIN ON DISPOSAL OF ASSETS	4,294,005	24.01
24.02	340B REVENUE	549,503	24.02
24.50	COVID-19 PHE Funding	-7,732,602	24.50
25.00	Total other income (sum of lines 6-24)	9,007,307	25.00
26.00	Total (line 5 plus line 25)	-47,109,654	26.00
27.00	EQUITY XFER	12,275,489	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	12,275,489	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-59,385,143	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0179	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/27/2022 2:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,737,251	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		51,888	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)		163.73	3.00
4.00	Number of interns & residents (see instructions)		3.07	4.00
5.00	Indirect medical education percentage (see instructions)		0.53	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)		14,507	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,803,646	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