

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/23/2021 3:56 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/23/2021	Time: 3:56 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL (14-0187) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	542,740	56,205	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	542,740	56,205	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: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 3:56 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1 SAINT ELIZABETH BLVD			PO Box:				1.00	
2.00	City: OFALLON			State: IL		Zip Code: 62269		County: ST. CLAIR 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			ST. ELIZABETH HOSPITAL OF THE HOSPIT	14U187	41180		12/02/2020	N P O
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			BELLEVILLE HHA	147506	41180		11/01/1991	N N N
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)						07/01/2020	06/30/2021	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	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 OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								
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.					1	Y		

Worksheet S-2
Part I
Date/Time Prepared:
11/23/2021 3:56 pm

MCRIF32 - 16.12.172.5

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 3:56 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05	
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	
62.01	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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	12.82	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 3:56 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	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			
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			
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				0 115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	791,838		1,045,000		3,821,345 118.01	
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

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		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				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: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 06101		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State:		Zip Code: 62707		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 3:56 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: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 3:56 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/19/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/12/2021	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	BKD LLP		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.	502-581-0435	LVCCOSTREPORTS@BKD.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 3:56 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.	BKD LLP		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: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 3:56 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	124	45,260	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)		124	45,260	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		144			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 3:56 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)	13,373	970	33,623			1.00
2.00	HMO and other (see instructions)	10,131	5,418				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)	13,373	970	33,623			7.00
8.00	INTENSIVE CARE UNIT	2,424	191	6,125			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		202	1,999			13.00
14.00	Total (see instructions)	15,797	1,363	41,747	12.82	826.23	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			356			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				12.82	826.23	27.00
28.00	Observation Bed Days		107	4,840			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			435			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	217	450			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: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 3:56 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	3,004	257	8,920	1.00
2.00 HMO and other (see instructions)			1,791	1,437		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,004	257	8,920	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	58,562,197	-2,565,738	55,996,459	1,718,555.72	32.58
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		334,364	0	334,364	2,080.00	160.75
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,594,594	0	1,594,594	30,829.02	51.72
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		446,199	-210	445,989	10,166.68	43.87
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,114,947	0	7,114,947	162,332.02	43.83
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		396,783	0	396,783	2,574.48	154.12
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		12,771,026	0	12,771,026	333,978.91	38.24
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,780,247	0	22,780,247		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		257,118	0	257,118		
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		89,375	0	89,375		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
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)		4,738,920	0	4,738,920		
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: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	4,615,732	-3,060,850	1,554,882	58,991.82	26.36	27.00
28.00	Administrative & General under contract (see inst.)		721,660	0	721,660	9,357.74	77.12	28.00
29.00	Maintenance & Repairs	6.00	298,457	0	298,457	8,997.90	33.17	29.00
30.00	Operation of Plant	7.00	1,139,669	0	1,139,669	44,775.23	25.45	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	984,159	0	984,159	71,171.20	13.83	32.00
33.00	Housekeeping under contract (see instructions)		562,234	0	562,234	6,327.00	88.86	33.00
34.00	Dietary	10.00	968,217	-396,382	571,835	32,091.99	17.82	34.00
35.00	Dietary under contract (see instructions)		265,339	0	265,339	6,757.00	39.27	35.00
36.00	Cafeteria	11.00	0	396,382	396,382	25,255.63	15.69	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,052,855	88,060	1,140,915	31,357.25	36.38	38.00
39.00	Central Services and Supply	14.00	444,592	0	444,592	24,255.15	18.33	39.00
40.00	Pharmacy	15.00	1,869,586	36,389	1,905,975	48,021.25	39.69	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,405,390	0	1,405,390	40,950.38	34.32	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/23/2021 3:56 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,516,836	-2,565,738	55,951,098	1,710,168.44	32.72	1.00
2.00	Excluded area salaries (see instructions)	446,199	-210	445,989	10,166.68	43.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,070,637	-2,565,528	55,505,109	1,700,001.76	32.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,282,756	0	20,282,756	498,885.41	40.66	4.00
5.00	Subtotal wage-related costs (see inst.)	27,608,542	0	27,608,542	0.00	49.74	5.00
6.00	Total (sum of lines 3 thru 5)	105,961,935	-2,565,528	103,396,407	2,198,887.17	47.02	6.00
7.00	Total overhead cost (see instructions)	14,327,890	-2,936,401	11,391,489	408,309.54	27.90	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/23/2021 3:56 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		470,546	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)		7,959,125	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)		0	8.02
8.03	Health Insurance (Purchased)		9,683,854	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)		71,962	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,127,114	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		4,581,656	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-960,808	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		193,291	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		23,126,740	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: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/23/2021 3:56 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	7,114,947	23,126,740	1.00
2.00	Hospital	7,114,947	23,126,740	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	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			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: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/23/2021 3:56 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)			0.205075 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	4,283,700		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	22,073,256		6.00
7.00	Medicaid cost (line 1 times line 6)	4,526,673		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	242,973		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	242,973		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,820,770	2,558,469	12,379,239 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,013,994	2,558,469	4,572,463 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	2,013,994	2,558,469	4,572,463 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	13,339,061		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	918,051		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,412,385		27.01
28.00	Non-Medicare bad debt expense (see instructions)	11,926,676		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,940,197		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,512,660		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,755,633		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,863,688	5,863,688	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,896,926	7,896,926	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,220,927	18,220,927	108,896	18,329,823	4.00
5.01	00540	NONPATIENT TELEPHONES	222,899	90,625	313,524	-87,799	225,725	5.01
5.02	00550	DATA PROCESSING	0	12,670,009	12,670,009	-1,119,255	11,550,754	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-8,374	-8,374	8,374	0	5.03
5.04	00570	ADMITTING	0	11,053	11,053	-11,053	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	7,953,180	7,953,180	0	7,953,180	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,392,833	41,119,345	45,512,178	-2,368,951	43,143,227	5.06
6.00	00600	MAINTENANCE & REPAIRS	298,457	3,250,241	3,548,698	-43,854	3,504,844	6.00
7.00	00700	OPERATION OF PLANT	1,139,669	8,137,243	9,276,912	-5,583,024	3,693,888	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	859,566	859,566	-601	858,965	8.00
9.00	00900	HOUSEKEEPING	984,159	657,901	1,642,060	-60,121	1,581,939	9.00
10.00	01000	DIETARY	968,217	772,041	1,740,258	-787,226	953,032	10.00
11.00	01100	CAFETERIA	0	0	0	765,660	765,660	11.00
13.00	01300	NURSING ADMINISTRATION	1,052,855	97,914	1,150,769	188,500	1,339,269	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	444,592	293,321	737,913	-83,062	654,851	14.00
15.00	01500	PHARMACY	1,869,586	12,255,900	14,125,486	-11,974,815	2,150,671	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,405,390	655,336	2,060,726	-3,873	2,056,853	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,519,759	1,519,759	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,120,388	1,120,388	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	443,221	11,405	454,626	571	455,197	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,433,491	3,788,725	18,222,216	-1,747,695	16,474,521	30.00
31.00	03100	INTENSIVE CARE UNIT	4,446,020	1,164,961	5,610,981	-744,773	4,866,208	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	707,348	843,327	1,550,675	-140,606	1,410,069	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,307,925	17,544,870	23,852,795	-15,284,915	8,567,880	50.00
51.00	05100	RECOVERY ROOM	936,908	83,499	1,020,407	-62,376	958,031	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,366,140	43,217	1,409,357	-26,030	1,383,327	52.00
53.00	05300	ANESTHESIOLOGY	79,245	718,544	797,789	-670,223	127,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,539,908	1,591,222	4,131,130	-935,282	3,195,848	54.00
56.00	05600	RADIOISOTOPE	796,644	2,076,648	2,873,292	-1,088,851	1,784,441	56.00
57.00	05700	CT SCAN	611,436	547,035	1,158,471	-418,241	740,230	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,224,592	13,243,164	15,467,756	-12,800,348	2,667,408	59.00
60.00	06000	LABORATORY	2,580,154	5,094,822	7,674,976	-1,548,633	6,126,343	60.00
64.00	06400	INTRAVENOUS THERAPY	194,094	595,346	789,440	-137,796	651,644	64.00
65.00	06500	RESPIRATORY THERAPY	1,043,399	472,138	1,515,537	-402,248	1,113,289	65.00
66.00	06600	PHYSICAL THERAPY	150,612	2,880,712	3,031,324	928,485	3,959,809	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,506	536,340	613,846	-144,147	469,699	67.00
68.00	06800	SPEECH PATHOLOGY	0	312,367	312,367	-4,528	307,839	68.00
69.00	06900	ELECTROCARDIOLOGY	831,459	591,185	1,422,644	-404,868	1,017,776	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,033,638	25,033,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,997,616	10,997,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,648,562	10,648,562	73.00
74.00	07400	RENAL DIALYSIS	0	670,086	670,086	-12,274	657,812	74.00
76.00	03952	PAIN MANAGEMENT	440,249	165,635	605,884	-22,074	583,810	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	223,228	89,287	312,515	14,758	327,273	76.03
76.04	03650	VASCULAR LAB	279,442	174,609	454,051	-172,654	281,397	76.04
76.97	07697	CARDIAC REHABILITATION	123,178	29,932	153,110	-21,492	131,618	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	322,257	27,013,231	27,335,488	-1,850,114	25,485,374	90.00
91.00	09100	EMERGENCY	4,118,263	2,316,785	6,435,048	-939,208	5,495,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	503,843	47,206	551,049	402,301	953,350	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,559,219	189,682,526	248,241,745	3,795,112	252,036,857	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	117	117	-117	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,978	6,288,371	6,291,349	-3,886,378	2,404,971	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	91,383	91,383	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	58,562,197	195,971,014	254,533,211	0	254,533,211	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A

Date/Time Prepared:
11/23/2021 3:56 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	755,338	6,619,026	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,987,725	9,884,651	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-10,385,988	7,943,835	4.00
5.01	00540	NONPATIENT TELEPHONES	0	225,725	5.01
5.02	00550	DATA PROCESSING	2,444,133	13,994,887	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMITTING	1,506,493	1,506,493	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-5,195,710	2,757,470	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-22,617,473	20,525,754	5.06
6.00	00600	MAINTENANCE & REPAIRS	-55,020	3,449,824	6.00
7.00	00700	OPERATION OF PLANT	-3,676	3,690,212	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-318,577	540,388	8.00
9.00	00900	HOUSEKEEPING	0	1,581,939	9.00
10.00	01000	DIETARY	0	953,032	10.00
11.00	01100	CAFETERIA	0	765,660	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,339,269	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	654,851	14.00
15.00	01500	PHARMACY	-144,521	2,006,150	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,736,468	2,736,468	16.00
17.00	01700	SOCIAL SERVICE	0	2,056,853	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,519,759	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-172,834	947,554	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	455,197	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,548	16,471,973	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,497	4,864,711	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,410,069	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-23,559	8,544,321	50.00
51.00	05100	RECOVERY ROOM	0	958,031	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,383,327	52.00
53.00	05300	ANESTHESIOLOGY	0	127,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,195,848	54.00
56.00	05600	RADIOISOTOPE	1,605	1,786,046	56.00
57.00	05700	CT SCAN	0	740,230	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,667,408	59.00
60.00	06000	LABORATORY	-79,477	6,046,866	60.00
64.00	06400	INTRAVENOUS THERAPY	0	651,644	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,113,289	65.00
66.00	06600	PHYSICAL THERAPY	-528	3,959,281	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,128	468,571	67.00
68.00	06800	SPEECH PATHOLOGY	0	307,839	68.00
69.00	06900	ELECTROCARDIOLOGY	-146,907	870,869	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,033,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,997,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,648,562	73.00
74.00	07400	RENAL DIALYSIS	0	657,812	74.00
76.00	03952	PAIN MANAGEMENT	0	583,810	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	76.02
76.03	03950	SLEEP LAB	-1,574	325,699	76.03
76.04	03650	VASCULAR LAB	0	281,397	76.04
76.97	07697	CARDIAC REHABILITATION	-96	131,522	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	25,485,374	90.00
91.00	09100	EMERGENCY	-1,013,480	4,482,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04950	OTHER OP	-640	952,710	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,733,471	221,303,386	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2,404,971	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	91,383	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,733,471	223,799,740	200.00

RECLASSIFICATIONS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES & IMPLANTS					
1.00	OPERATION OF PLANT	7.00	0	33,133		1.00
2.00	NURSING ADMINISTRATION	13.00	0	127,940		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,784		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,699,287		4.00
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,997,616		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
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	0		0	35,884,760		
	B - DRUGS CHARGED TO PATIENTS					
1.00	CARDIAC CATHETERIZATION	59.00	0	9,045		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,589,864		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	10,598,909		
	C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	420	90,963		1.00
	0		420	90,963		
	D - RENT EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	331,495		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,394,033		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

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 3:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
0			0	1,725,528		
E - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,532,193		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,499,743		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
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
0			0	12,031,936		
F - CAFETERIA						
1.00	CAFETERIA	11.00	396,382	369,278		1.00
0			396,382	369,278		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,519,759		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	259,810		2.00
0			0	1,779,569		
J - URGENT CARE/PT RECLASS						
1.00	PHYSICAL THERAPY	66.00	714	673,888		1.00
2.00	OTHER OP	93.00	408	385,557		2.00
0			1,122	1,059,445		
K - SLEEP LAB RECLASS						
1.00	SLEEP LAB	76.03	84	73,871		1.00
0			84	73,871		
L - NEW FACILITY/ADMIN RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	390,659		1.00
2.00	DATA PROCESSING	5.02	0	83,886		2.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

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Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00	I&R SERVICES-OTHER PRGM	22.00	0	860,578	3.00
	COSTS APPRV				
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	159,748	4.00
5.00	LABORATORY	60.00	0	398,394	5.00
6.00	INTRAVENOUS THERAPY	64.00	0	87,608	6.00
7.00	PHYSICAL THERAPY	66.00	0	456,872	7.00
8.00	PAIN MANAGEMENT	76.00	0	130,907	8.00
9.00	CLINIC	90.00	0	183,204	9.00
	0		0	2,751,856	
M - COVID RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,150	1.00
2.00	NURSING ADMINISTRATION	13.00	88,060	0	2.00
3.00	PHARMACY	15.00	36,389	0	3.00
4.00	PHARMACY PARAMED ED PRGM	23.00	576	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	91,934	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	33,056	0	6.00
7.00	NURSERY	43.00	1,565	0	7.00
8.00	OPERATING ROOM	50.00	68,807	0	8.00
9.00	RECOVERY ROOM	51.00	13,284	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	11,916	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	3,268	0	11.00
12.00	RADIOISOTOPE	56.00	4,419	0	12.00
13.00	CT SCAN	57.00	339	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	36,122	0	14.00
15.00	LABORATORY	60.00	4,908	1,560,363	15.00
16.00	INTRAVENOUS THERAPY	64.00	372	0	16.00
17.00	PHYSICAL THERAPY	66.00	13,274	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	10,114	0	18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	334,351	19.00
20.00	DRUGS CHARGED TO PATIENTS	73.00	0	58,698	20.00
21.00	PAIN MANAGEMENT	76.00	2,409	0	21.00
22.00	VASCULAR LAB	76.04	801	0	22.00
23.00	EMERGENCY	91.00	20,177	0	23.00
24.00	OTHER OP	93.00	52,902	0	24.00
	0		494,692	1,956,562	
N - PURCHASING RECLASS					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	8,374	1.00
	0		0	8,374	
O - RELATED PARTY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	108,933	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,456,805	2.00
	0		0	2,565,738	
500.00	Grand Total: Increases		892,700	70,896,789	500.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 3:56 pm

		Decreases			Wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00				10.00
	A - SUPPLIES & IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37	0	1.00		
2.00	DATA PROCESSING	5.02	0	28	0	2.00		
3.00	ADMITTING	5.04	0	10	0	3.00		
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	831	0	4.00		
5.00	MAINTENANCE & REPAIRS	6.00	0	23,535	0	5.00		
6.00	HOUSEKEEPING	9.00	0	38,819	0	6.00		
7.00	PHARMACY	15.00	0	844,227	0	7.00		
8.00	SOCIAL SERVICE	17.00	0	20	0	8.00		
9.00	PHARMACY PARAMED ED PRGM	23.00	0	5	0	9.00		
10.00	ADULTS & PEDIATRICS	30.00	0	1,283,701	0	10.00		
11.00	INTENSIVE CARE UNIT	31.00	0	578,448	0	11.00		
12.00	NURSERY	43.00	0	142,171	0	12.00		
13.00	OPERATING ROOM	50.00	0	13,485,993	0	13.00		
14.00	RECOVERY ROOM	51.00	0	25,057	0	14.00		
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	37,946	0	15.00		
16.00	ANESTHESIOLOGY	53.00	0	629,949	0	16.00		
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	257,054	0	17.00		
18.00	RADIOISOTOPE	56.00	0	465,181	0	18.00		
19.00	CT SCAN	57.00	0	249,390	0	19.00		
20.00	CARDIAC CATHETERIZATION	59.00	0	12,480,956	0	20.00		
21.00	LABORATORY	60.00	0	3,177,428	0	21.00		
22.00	INTRAVENOUS THERAPY	64.00	0	221,325	0	22.00		
23.00	RESPIRATORY THERAPY	65.00	0	279,199	0	23.00		
24.00	PHYSICAL THERAPY	66.00	0	78,278	0	24.00		
25.00	OCCUPATIONAL THERAPY	67.00	0	4,096	0	25.00		
26.00	SPEECH PATHOLOGY	68.00	0	201	0	26.00		
27.00	ELECTROCARDIOLOGY	69.00	0	332,167	0	27.00		
28.00	RENAL DIALYSIS	74.00	0	8,703	0	28.00		
29.00	PAIN MANAGEMENT	76.00	0	135,428	0	29.00		
30.00	SLEEP LAB	76.03	0	22,719	0	30.00		
31.00	VASCULAR LAB	76.04	0	2,104	0	31.00		
32.00	CARDIAC REHABILITATION	76.97	0	1,231	0	32.00		
33.00	CLINIC	90.00	0	225,316	0	33.00		
34.00	EMERGENCY	91.00	0	817,103	0	34.00		
35.00	OTHER OP	93.00	0	36,104	0	35.00		
0			0	35,884,760				
B - DRUGS CHARGED TO PATIENTS								
1.00	MAINTENANCE & REPAIRS	6.00	0	2	0	1.00		
2.00	DIETARY	10.00	0	16,135	0	2.00		
3.00	NURSING ADMINISTRATION	13.00	0	31	0	3.00		
4.00	PHARMACY	15.00	0	10,555,022	0	4.00		
5.00	ADULTS & PEDIATRICS	30.00	0	1,821	0	5.00		
6.00	OPERATING ROOM	50.00	0	626	0	6.00		
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	58	0	7.00		
8.00	RADIOISOTOPE	56.00	0	121	0	8.00		
9.00	CT SCAN	57.00	0	3,047	0	9.00		
10.00	RENAL DIALYSIS	74.00	0	3,368	0	10.00		
11.00	CLINIC	90.00	0	18,663	0	11.00		
12.00	OTHER OP	93.00	0	15	0	12.00		
0			0	10,598,909				
C - COMMUNITY RELATIONS								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	420	90,963	0	1.00		
0			420	90,963				
D - RENT EXPENSE								
1.00	NONPATIENT TELEPHONES	5.01	0	113	10	1.00		
2.00	DATA PROCESSING	5.02	0	10,433	10	2.00		
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	22,941	0	3.00		
4.00	MAINTENANCE & REPAIRS	6.00	0	541	0	4.00		
5.00	OPERATION OF PLANT	7.00	0	9,914	0	5.00		
6.00	HOUSEKEEPING	9.00	0	6,102	0	6.00		
7.00	NURSING ADMINISTRATION	13.00	0	7,082	0	7.00		
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,852	0	8.00		
9.00	PHARMACY	15.00	0	592,294	0	9.00		
10.00	ADULTS & PEDIATRICS	30.00	0	118,104	0	10.00		
11.00	INTENSIVE CARE UNIT	31.00	0	28,504	0	11.00		
12.00	OPERATING ROOM	50.00	0	402,521	0	12.00		
13.00	ANESTHESIOLOGY	53.00	0	50	0	13.00		
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,388	0	14.00		
15.00	RADIOISOTOPE	56.00	0	113,352	0	15.00		
16.00	CT SCAN	57.00	0	113	0	16.00		

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 3:56 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	CARDIAC CATHETERIZATION	59.00	0	3,118	0		17.00
18.00	LABORATORY	60.00	0	32,751	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	1,822	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	60,413	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	104,108	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	133,210	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	113	0		23.00
24.00	PAIN MANAGEMENT	76.00	0	1,824	0		24.00
25.00	SLEEP LAB	76.03	0	10,256	0		25.00
26.00	VASCULAR LAB	76.04	0	1,823	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	1,824	0		27.00
28.00	CLINIC	90.00	0	6,844	0		28.00
29.00	EMERGENCY	91.00	0	6,118	0		29.00
			0	1,725,528			
E - DEPRECIATION EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	87,686	9		1.00
2.00	DATA PROCESSING	5.02	0	1,192,680	9		2.00
3.00	ADMITTING	5.04	0	11,043	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	75,894	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	19,776	0		5.00
6.00	OPERATION OF PLANT	7.00	0	5,606,243	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	601	0		7.00
8.00	HOUSEKEEPING	9.00	0	15,200	0		8.00
9.00	DIETARY	10.00	0	5,431	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	20,387	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	93,994	0		11.00
12.00	PHARMACY	15.00	0	19,661	0		12.00
13.00	SOCIAL SERVICE	17.00	0	3,853	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	436,003	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	170,877	0		15.00
16.00	OPERATING ROOM	50.00	0	1,464,582	0		16.00
17.00	RECOVERY ROOM	51.00	0	50,603	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	40,224	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	807,798	0		19.00
20.00	RADIOISOTOPE	56.00	0	514,616	0		20.00
21.00	CT SCAN	57.00	0	166,030	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	361,441	0		22.00
23.00	LABORATORY	60.00	0	302,119	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	2,629	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	62,636	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	33,877	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	6,841	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	4,327	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	82,702	0		29.00
30.00	RENAL DIALYSIS	74.00	0	203	0		30.00
31.00	PAIN MANAGEMENT	76.00	0	18,138	0		31.00
32.00	SLEEP LAB	76.03	0	26,222	0		32.00
33.00	VASCULAR LAB	76.04	0	169,528	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	18,437	0		34.00
35.00	CLINIC	90.00	0	2,926	0		35.00
36.00	EMERGENCY	91.00	0	136,164	0		36.00
37.00	OTHER OP	93.00	0	447	0		37.00
38.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	117	0		38.00
			0	12,031,936			
F - CAFETERIA							
1.00	DIETARY	10.00	396,382	369,278	0		1.00
			396,382	369,278			
H - INTERNS AND RESIDENTS							
1.00	CLINIC	90.00	0	1,779,569	0		1.00
2.00		0.00	0	0	0		2.00
			0	1,779,569			
J - URGENT CARE/PT RECLASS							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	1,122	1,059,445	0		1.00
2.00		0.00	0	0	0		2.00
			1,122	1,059,445			
K - SLEEP LAB RECLASS							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	84	73,871	0		1.00
			84	73,871			
L - NEW FACILITY/ADMIN RECLASS							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	2,751,856	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 3:56 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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
0			0	2,751,856		
M - COVID RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	494,692	1,956,562	10	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
0			494,692	1,956,562		
N - PURCHASING RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	8,374	0	1.00
0			0	8,374		
O - RELATED PARTY RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	2,565,738	0	0	1.00
2.00		0.00	0	0	0	2.00
0			2,565,738	0		
500.00	Grand Total: Decreases		3,458,438	68,331,051		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/23/2021 3:56 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	22,869,134	0	0	0	0	1.00	
2.00	Land Improvements	15,706,625	2,972	0	2,972	0	2.00	
3.00	Buildings and Fixtures	81,057,233	492,773	0	492,773	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	98,927,184	0	0	0	151,487	5.00	
6.00	Movable Equipment	104,502,798	2,470,426	0	2,470,426	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	323,062,974	2,966,171	0	2,966,171	151,487	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	323,062,974	2,966,171	0	2,966,171	151,487	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,869,134	0				1.00	
2.00	Land Improvements	15,709,597	0				2.00	
3.00	Buildings and Fixtures	81,550,006	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	98,775,697	0				5.00	
6.00	Movable Equipment	106,973,224	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	325,877,658	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	325,877,658	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/23/2021 3:56 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	218,904,434	0	218,904,434	0.671738	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	106,973,224	0	106,973,224	0.328262	0	2.00
3.00	Total (sum of lines 1-2)	325,877,658	0	325,877,658	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,901,304	331,495	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,487,468	1,397,183	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,388,772	1,728,678	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-613,773	0	0	0	6,619,026	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,884,651	2.00
3.00	Total (sum of lines 1-2)	-613,773	0	0	0	16,503,677	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-613,773	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,686,536			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	-3,903,778			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others	B	-539,351	CAP REL COSTS-BLDG & FIXT	1.00	9	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS DATA PROCESSING	B	-26,341	DATA PROCESSING	5.02	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 3:56 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 MISCELLANEOUS A&G	B	-182,180	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02 MISCELLANEOUS PLANT OPERATIONS	B	-3,676	OPERATION OF PLANT	7.00	0	33.02
33.03 MISCELLANEOUS NURSING LAUNDRY	B	-20,932	LAUNDRY & LINEN SERVICE	8.00	0	33.03
33.04 MISCELLANEOUS A&P	B	0	ADULTS & PEDIATRICS	30.00	0	33.04
33.05 MISCELLANEOUS PHARMACY	B	-9,750	PHARMACY	15.00	0	33.05
33.06 MISCELLANEOUS A&P	B	-2,548	ADULTS & PEDIATRICS	30.00	0	33.06
33.07 MISCELLANEOUS LAB	B	-79,477	LABORATORY	60.00	0	33.07
33.08 MISCELLANEOUS CARDIAC REHAB	B	-96	CARDIAC REHABILITATION	76.97	0	33.08
33.09 MISCELLANEOUS ER	B	-38,995	EMERGENCY	91.00	0	33.09
33.10 LOBBYING DUES OFFSET	A	-47,651	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.10
33.11 ALCOHOL	A	-2,712	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.11
33.12 CABLE TV	A	-1,128	OCCUPATIONAL THERAPY	67.00	0	33.12
33.13 CABLE TV	A	-528	PHYSICAL THERAPY	66.00	0	33.13
33.14 CABLE TV	A	-1,680	RADIOISOTOPE	56.00	0	33.14
33.15 CABLE TV	A	-1,574	SLEEP LAB	76.03	0	33.15
33.16 CABLE TV	A	-55,020	MAINTENANCE & REPAIRS	6.00	0	33.16
33.17 MISC. DONATIONS	A	-13,878	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.17
33.18 MISC. DONATIONS	A	-50,000	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.18
33.19 SELF INSURANCE	A	-8,710,464	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20 ADVERTISING - A&G	A	-667,917	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.20
33.21 ADVERTISING - URGENT CARE	A	-640	OTHER OP	93.00	0	33.21
33.22 ADVERTISING - RADIOISOTOPE	A	3,285	RADIOISOTOPE	56.00	0	33.22
33.23 LEGAL SETTLEMENTS	A	-50,513	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.23
33.24 GIFTS	A	0	MAINTENANCE & REPAIRS	6.00	0	33.24
33.25 SPECIAL EVENTS - A&G	A	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.25
33.26 SPECIAL EVENTS - ENGINEERING	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.26
33.27 PROFESSIONAL LIABILITY	A	-172,834	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.27
33.28 PROVIDER TAX	A	-9,777,171	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.28
33.29 TRANSFER TO FOUNDATION - A&G	A	0	ADULTS & PEDIATRICS	30.00	0	33.29
33.30 TRANSFER TO FOUNDATION - A&P	A	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.30
33.31 TRANSFER TO FOUNDATION - RADIOLOGY	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.31
33.32 DONATED SERVICES	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.32
33.33 RESTRUCTURING - THRIVE	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.33
33.34 MEDICARE DEPRECIATION-BLDG	A	1,908,462	CAP REL COSTS-BLDG & FIXT	1.00	9	33.34
33.35 MEDICARE DEPRECIATION-MME	A	2,015,925	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.35
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,733,471				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: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 3:56 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE TRUST FUND	12,099,852	12,113,875	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENER	SHHS - SSC MANAGEMENT FEE	4,820,868	9,015,849	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENER	SHHS - PURCHASED SERVICE	0	377,448	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENER	SHHS - PURCHASED SERVICE	0	153,670	4.00
4.01	5.02	DATA PROCESSING	SHHS-INFORMATION SYSTEMS - I	13,950,012	11,479,538	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHHS - HUMAN RESOURCES	383,636	1,056,588	4.02
4.03	5.04	ADMITTING	SBO FEE - ADMITTING	1,506,493	0	4.03
4.04	5.05	CASHIERING/ACCOUNTS RECEIVAB	SBO FEE - CASHIERING	2,757,470	7,953,180	4.04
4.05	16.00	MEDICAL RECORDS & LIBRARY	SBO FEE - MEDICAL RECORDS	2,736,468	0	4.05
4.06	2.00	CAP REL COSTS-MVBLE EQUIP	SHHS IL REGIONAL - EQUIPMENT	0	28,200	4.06
4.07	5.06	OTHER ADMINISTRATIVE & GENER	SHHS IL REGIONAL - A&G	2,199,621	725,043	4.07
4.08	15.00	PHARMACY	SHHS IL REGIONAL - SHARED PH	297,679	432,450	4.08
4.09	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHHS IL REGIONAL - BENEFITS	0	988,549	4.09
4.10	8.00	LAUNDRY & LINEN SERVICE	SHHS IL REGIONAL - LAUNDRY	329,431	627,076	4.10
4.11	5.06	OTHER ADMINISTRATIVE & GENER	SHHS IL REGIONAL - LIBRARY	73,569	107,411	4.11
4.12	0.00			0	0	4.12
4.13	0.00			0	0	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			41,155,099	45,058,877	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	A	SHHS	100.00		0.00	6.00
7.00	A	SHHS - CORP	100.00		0.00	7.00
8.00	A	SHHS - SID	100.00		0.00	8.00
9.00	A	SHHS - CID	100.00		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: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 3:56 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	-14,023	0		1.00
2.00	-4,194,981	0		2.00
3.00	-377,448	0		3.00
4.00	-153,670	0		4.00
4.01	2,470,474	0		4.01
4.02	-672,952	0		4.02
4.03	1,506,493	0		4.03
4.04	-5,195,710	0		4.04
4.05	2,736,468	0		4.05
4.06	-28,200	9		4.06
4.07	1,474,578	0		4.07
4.08	-134,771	0		4.08
4.09	-988,549	0		4.09
4.10	-297,645	0		4.10
4.11	-33,842	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
5.00	-3,903,778			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			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: 14-0187

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

Worksheet A-8-2

Date/Time Prepared:
11/23/2021 3:56 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	OTHER ADMINISTRATIVE & GENERAL	8,751,588	8,312,300	439,288	211,500	2,080	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,497	1,497	0	211,500	0	2.00
3.00	50.00	OPERATING ROOM	54,596	2,246	52,350	246,400	262	3.00
4.00	57.00	CT SCAN	0	0	0	271,900	0	4.00
5.00	60.00	LABORATORY	4,500	0	4,500	260,300	36	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	211,500	0	6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	211,500	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	146,907	146,907	0	211,500	0	8.00
9.00	91.00	EMERGENCY	974,485	974,485	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,933,573	9,437,435	496,138		2,378	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	OTHER ADMINISTRATIVE & GENERAL	211,500	10,575	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	31,037	1,552	0	0	0	3.00
4.00	57.00	CT SCAN	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	4,505	225	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			247,042	12,352	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	OTHER ADMINISTRATIVE & GENERAL	0	211,500	227,788	8,540,088		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,497		2.00
3.00	50.00	OPERATING ROOM	0	31,037	21,313	23,559		3.00
4.00	57.00	CT SCAN	0	0	0	0		4.00
5.00	60.00	LABORATORY	0	4,505	0	0		5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0		6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	0		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	146,907		8.00
9.00	91.00	EMERGENCY	0	0	0	974,485		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	247,042	249,101	9,686,536		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,619,026	6,619,026			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,884,651		9,884,651		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,943,835	0	0	7,943,835	4.00
5.01	00540	NONPATIENT TELEPHONES	225,725	1,723	119,310	31,621	5.01
5.02	00550	DATA PROCESSING	13,994,887	78,823	1,316,947	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	1,506,493	15,062	12,672	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,757,470	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	20,525,754	1,053,033	164,442	188,959	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,449,824	2,900	23,516	42,340	6.00
7.00	00700	OPERATION OF PLANT	3,690,212	528,154	120,588	161,677	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	540,388	21,919	665	0	8.00
9.00	00900	HOUSEKEEPING	1,581,939	24,955	8,084	139,616	9.00
10.00	01000	DIETARY	953,032	192,375	6,780	81,122	10.00
11.00	01100	CAFETERIA	765,660	0	0	56,232	11.00
13.00	01300	NURSING ADMINISTRATION	1,339,269	0	22,689	161,854	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	654,851	0	124,447	63,071	14.00
15.00	01500	PHARMACY	2,006,150	0	22,165	270,387	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,736,468	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,056,853	10,644	4,261	199,373	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,519,759	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	947,554	406,158	0	0	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	455,197	0	0	62,958	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,471,973	1,561,587	598,804	2,060,629	30.00
31.00	03100	INTENSIVE CARE UNIT	4,864,711	180,725	300,416	635,415	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1,410,069	25,518	0	100,569	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,544,321	819,344	1,989,941	904,622	50.00
51.00	05100	RECOVERY ROOM	958,031	50,780	98,871	134,797	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,383,327	0	0	195,495	52.00
53.00	05300	ANESTHESIOLOGY	127,566	6,226	39,062	11,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,195,848	230,738	1,536,115	360,783	54.00
56.00	05600	RADIOISOTOPE	1,786,046	30,124	962,213	113,641	56.00
57.00	05700	CT SCAN	740,230	16,512	405,348	86,788	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,667,408	212,060	517,569	320,712	59.00
60.00	06000	LABORATORY	6,046,866	205,356	509,602	366,725	60.00
64.00	06400	INTRAVENOUS THERAPY	651,644	41,348	3,307	27,588	64.00
65.00	06500	RESPIRATORY THERAPY	1,113,289	30,806	77,258	148,020	65.00
66.00	06600	PHYSICAL THERAPY	3,959,281	215,625	68,286	23,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	468,571	0	5,857	10,995	67.00
68.00	06800	SPEECH PATHOLOGY	307,839	0	4,785	0	68.00
69.00	06900	ELECTROCARDIOLOGY	870,869	64,222	117,794	119,388	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,033,638	73,092	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,997,616	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,648,562	49,962	0	0	73.00
74.00	07400	RENAL DIALYSIS	657,812	0	226	0	74.00
76.00	03952	PAIN MANAGEMENT	583,810	61,783	28,469	62,797	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	325,699	0	31,788	31,680	76.03
76.04	03650	VASCULAR LAB	281,397	14,977	444,960	39,756	76.04
76.97	07697	CARDIAC REHABILITATION	131,522	0	0	17,474	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	25,485,374	86,465	125	45,716	90.00
91.00	09100	EMERGENCY	4,482,360	293,663	196,649	587,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04950	OTHER OP	952,710	0	494	79,039	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,303,386	6,606,659	9,884,505	7,943,524	352,694
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	12,367	146	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,404,971	0	0	251	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	91,383	0	0	60	193.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	223,799,740	6,619,026	9,884,651	7,943,835	378,379	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	15,412,634					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00570	ADMITTING	0	0	1,536,610			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,757,735		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	15,412,634	0	0	0	37,417,107	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,520,169	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	4,506,456	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	562,972	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,754,859	9.00
10.00	01000	DIETARY	0	0	0	0	1,238,870	10.00
11.00	01100	CAFETERIA	0	0	0	0	821,892	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,529,637	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	845,811	14.00
15.00	01500	PHARMACY	0	0	0	0	2,304,527	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,736,468	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,281,722	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,519,759	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,353,712	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	0	0	0	518,155	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	102,391	183,734	21,042,931	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	29,681	53,261	6,068,710	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	4,362	7,827	1,549,934	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	170,385	306,131	12,777,375	50.00
51.00	05100	RECOVERY ROOM	0	0	14,137	25,368	1,283,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,084	16,301	1,607,120	52.00
53.00	05300	ANESTHESIOLOGY	0	0	54,357	97,541	338,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100,657	180,623	5,622,505	54.00
56.00	05600	RADIOISOTOPE	0	0	30,726	55,136	2,985,830	56.00
57.00	05700	CT SCAN	0	0	117,172	210,257	1,576,837	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	141,214	253,400	4,117,659	59.00
60.00	06000	LABORATORY	0	0	169,878	304,836	7,618,885	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	7,499	13,456	744,842	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	32,208	57,796	1,460,966	65.00
66.00	06600	PHYSICAL THERAPY	0	0	30,512	54,752	4,363,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,653	10,144	501,485	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,750	4,934	320,573	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	70,884	127,197	1,372,208	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	49,595	88,994	25,245,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	66,740	119,760	11,184,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	131,994	236,855	11,067,373	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,634	8,315	671,781	74.00
76.00	03952	PAIN MANAGEMENT	0	0	22,255	39,936	801,433	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	4,189	7,517	401,403	76.03
76.04	03650	VASCULAR LAB	0	0	12,121	21,751	817,080	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	964	1,730	151,690	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	13,315	23,892	25,659,653	90.00
91.00	09100	EMERGENCY	0	0	126,025	226,143	5,931,526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04950	OTHER OP	0	0	11,228	20,148	1,068,120	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,412,634	0	1,536,610	2,757,735	221,264,877	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	13,043	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	2,430,377	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	91,443	193.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,412,634	0	1,536,610	2,757,735	223,799,740	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	37,417,107					5.06
6.00	00600	MAINTENANCE & REPAIRS	706,688	4,226,857				6.00
7.00	00700	OPERATION OF PLANT	904,689	408,311	5,819,456			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,019	16,945	25,825	718,761		8.00
9.00	00900	HOUSEKEEPING	352,295	19,293	29,402	7,498	2,163,347	9.00
10.00	01000	DIETARY	248,708	148,724	226,654	0	23,451	10.00
11.00	01100	CAFETERIA	164,998	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	307,081	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169,800	0	0	0	3,908	14.00
15.00	01500	PHARMACY	462,643	0	0	0	13,680	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	549,357	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	458,065	8,229	12,541	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	305,098	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	271,763	313,997	478,530	0	0	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	104,022	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,224,453	1,207,248	1,839,845	319,371	1,098,285	30.00
31.00	03100	INTENSIVE CARE UNIT	1,218,318	139,717	212,928	52,785	177,836	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	311,155	19,728	30,065	6,588	7,817	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,565,109	633,427	965,341	104,600	461,201	50.00
51.00	05100	RECOVERY ROOM	257,576	39,258	59,829	4,993	15,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	322,636	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	67,931	4,813	7,335	0	1,954	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,128,740	178,381	271,852	50,695	46,902	54.00
56.00	05600	RADIOISOTOPE	599,417	23,288	35,491	4,744	7,817	56.00
57.00	05700	CT SCAN	316,556	12,765	19,454	3,098	7,817	57.00
59.00	05900	CARDIAC CATHETERIZATION	826,637	163,941	249,846	27,579	25,405	59.00
60.00	06000	LABORATORY	1,529,522	158,759	241,948	0	5,863	60.00
64.00	06400	INTRAVENOUS THERAPY	149,530	31,965	48,715	2,602	0	64.00
65.00	06500	RESPIRATORY THERAPY	293,295	23,816	36,295	0	7,817	65.00
66.00	06600	PHYSICAL THERAPY	876,088	166,697	254,047	18,100	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,675	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	64,356	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	275,476	49,649	75,665	27,331	29,314	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,068,099	56,506	86,116	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,245,256	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,221,819	38,625	58,864	0	0	73.00
74.00	07400	RENAL DIALYSIS	134,863	0	0	452	0	74.00
76.00	03952	PAIN MANAGEMENT	160,891	47,763	72,791	7,182	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	80,583	0	0	286	0	76.03
76.04	03650	VASCULAR LAB	164,032	11,578	17,645	919	5,863	76.04
76.97	07697	CARDIAC REHABILITATION	30,452	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,151,325	66,845	101,872	3,991	0	90.00
91.00	09100	EMERGENCY	1,190,778	227,028	345,990	69,873	220,829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	214,429	0	0	6,074	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,908,223	4,217,296	5,804,886	718,761	2,161,393	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,618	9,561	14,570	0	1,954	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	487,908	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	18,358	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,417,107	4,226,857	5,819,456	718,761	2,163,347	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,886,407					10.00
11.00	01100	CAFETERIA	0	986,890				11.00
13.00	01300	NURSING ADMINISTRATION	0	20,954	1,857,672			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,202	0	1,035,721		14.00
15.00	01500	PHARMACY	0	32,084	0	0	2,812,934	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	27,360	0	0	0	17.00
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	PHARMACY PARAMED ED PRGM	0	6,656	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,517,308	286,851	865,984	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	163,339	73,366	221,474	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	11,602	35,022	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,834	122,917	371,104	0	0	50.00
51.00	05100	RECOVERY ROOM	0	15,576	47,042	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,441	26,540	80,127	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,085	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,969	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	14,076	0	0	0	56.00
57.00	05700	CT SCAN	0	11,394	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,283	0	0	0	59.00
60.00	06000	LABORATORY	0	60,680	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,754	3,293	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,274	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,238	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,348	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,924	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	716,636	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	319,085	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,812,934	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	9,115	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	4,780	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	4,627	0	0	0	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,156	0	0	0	90.00
91.00	09100	EMERGENCY	171,731	78,480	236,919	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	0	9,018	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,886,407	986,848	1,857,672	1,035,721	2,812,934	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	42	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,886,407	986,890	1,857,672	1,035,721	2,812,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PHARMACY PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			16.00	17.00	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,285,825					16.00
17.00	01700	SOCIAL SERVICE	0	2,787,917				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,824,857			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		2,418,002		22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	0			628,833	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,299,041	2,556,633	1,490,347	1,974,764	0	30.00
31.00	03100	INTENSIVE CARE UNIT	236,189	207,218	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	341	0	125,263	165,978	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	244,039	4,063	35,586	47,153	0	50.00
51.00	05100	RECOVERY ROOM	18,772	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,120	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	62,119	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,249	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	37,544	0	0	0	0	56.00
57.00	05700	CT SCAN	182,944	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	256,326	0	0	0	0	59.00
60.00	06000	LABORATORY	180,555	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	6,826	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,922	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	55,293	0	46,974	62,242	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,826	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,048	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	98,981	0	18,505	24,520	0	69.00
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	628,833	73.00
74.00	07400	RENAL DIALYSIS	1,365	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	76,113	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	11,946	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	18,090	0	0	0	0	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,107	0	0	0	0	90.00
91.00	09100	EMERGENCY	203,423	20,003	108,182	143,345	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	27,646	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,285,825	2,787,917	1,824,857	2,418,002	628,833	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
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Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PHARMACY PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
202.00	TOTAL (sum lines 118 through 201)	16.00 3,285,825	17.00 2,787,917	21.00 1,824,857	22.00 2,418,002	23.00 628,833	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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	PHARMACY PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,723,061	-3,465,111	36,257,950	30.00
31.00	03100	INTENSIVE CARE UNIT	8,771,880	0	8,771,880	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	2,263,493	-291,241	1,972,252	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,347,749	-82,739	18,265,010	50.00
51.00	05100	RECOVERY ROOM	1,741,723	0	1,741,723	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,055,984	0	2,055,984	52.00
53.00	05300	ANESTHESIOLOGY	485,614	0	485,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,563,293	0	7,563,293	54.00
56.00	05600	RADIOISOTOPE	3,708,207	0	3,708,207	56.00
57.00	05700	CT SCAN	2,130,865	0	2,130,865	57.00
59.00	05900	CARDIAC CATHETERIZATION	5,709,676	0	5,709,676	59.00
60.00	06000	LABORATORY	9,796,212	0	9,796,212	60.00
64.00	06400	INTRAVENOUS THERAPY	991,527	0	991,527	64.00
65.00	06500	RESPIRATORY THERAPY	1,855,385	0	1,855,385	65.00
66.00	06600	PHYSICAL THERAPY	5,848,666	-109,216	5,739,450	66.00
67.00	06700	OCCUPATIONAL THERAPY	610,334	0	610,334	67.00
68.00	06800	SPEECH PATHOLOGY	386,977	0	386,977	68.00
69.00	06900	ELECTROCARDIOLOGY	1,987,573	-43,025	1,944,548	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,172,676	0	31,172,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,748,457	0	13,748,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,828,448	0	16,828,448	73.00
74.00	07400	RENAL DIALYSIS	808,461	0	808,461	74.00
76.00	03952	PAIN MANAGEMENT	1,175,288	0	1,175,288	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	498,998	0	498,998	76.03
76.04	03650	VASCULAR LAB	1,039,834	0	1,039,834	76.04
76.97	07697	CARDIAC REHABILITATION	182,142	0	182,142	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	31,023,949	0	31,023,949	90.00
91.00	09100	EMERGENCY	8,948,107	-251,527	8,696,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
93.00	04950	OTHER OP	1,325,287	0	1,325,287	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	220,729,866	-4,242,859	216,487,007	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	41,746	0	41,746	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,918,327	0	2,918,327	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	109,801	0	109,801	193.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
202.00	TOTAL (sum lines 118 through 201)	223,799,740	-4,242,859	219,556,881		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,723	119,310	121,033	0 5.01
5.02	00550	DATA PROCESSING	79,832	78,823	1,316,947	1,475,602	0 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04	00570	ADMITTING	0	15,062	12,672	27,734	0 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0 5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	371,780	1,053,033	164,442	1,589,255	0 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,900	23,516	26,416	0 6.00
7.00	00700	OPERATION OF PLANT	0	528,154	120,588	648,742	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	21,919	665	22,584	0 8.00
9.00	00900	HOUSEKEEPING	0	24,955	8,084	33,039	0 9.00
10.00	01000	DIETARY	0	192,375	6,780	199,155	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,689	22,689	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	124,447	124,447	0 14.00
15.00	01500	PHARMACY	0	0	22,165	22,165	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	10,644	4,261	14,905	0 17.00
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	818,988	406,158	0	1,225,146	0 22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,561,587	598,804	2,160,391	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	180,725	300,416	481,141	0 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00	04300	NURSERY	0	25,518	0	25,518	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	819,344	1,989,941	2,809,285	0 50.00
51.00	05100	RECOVERY ROOM	0	50,780	98,871	149,651	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	6,226	39,062	45,288	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	388,972	230,738	1,536,115	2,155,825	0 54.00
56.00	05600	RADIOISOTOPE	351,160	30,124	962,213	1,343,497	0 56.00
57.00	05700	CT SCAN	0	16,512	405,348	421,860	0 57.00
59.00	05900	CARDIAC CATHETERIZATION	0	212,060	517,569	729,629	0 59.00
60.00	06000	LABORATORY	379,140	205,356	509,602	1,094,098	0 60.00
64.00	06400	INTRAVENOUS THERAPY	83,374	41,348	3,307	128,029	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	30,806	77,258	108,064	0 65.00
66.00	06600	PHYSICAL THERAPY	497,192	215,625	68,286	781,103	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,857	5,857	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,785	4,785	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	64,222	117,794	182,016	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	73,092	0	73,092	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	49,962	0	49,962	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	226	226	0 74.00
76.00	03952	PAIN MANAGEMENT	124,580	61,783	28,469	214,832	0 76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0 76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0 76.02
76.03	03950	SLEEP LAB	69,503	0	31,788	101,291	0 76.03
76.04	03650	VASCULAR LAB	0	14,977	444,960	459,937	0 76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	174,350	86,465	125	260,940	0 90.00
91.00	09100	EMERGENCY	0	293,663	196,649	490,312	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
93.00	04950	OTHER OP	597,273	0	494	597,767	0 93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,936,144	6,606,659	9,884,505	20,427,308	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	12,367	146	12,513	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,489,702	0	0	1,489,702	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0 193.01
200.00		Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,425,846	6,619,026	9,884,651	21,929,523	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	121,033					5.01
5.02	00550	DATA PROCESSING	7,030	1,482,632				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	762	0	0	28,496		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	85	0	0	0	85	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	23,123	1,482,632	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	508	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,863	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	85	0	0	0	0	9.00
10.00	01000	DIETARY	1,779	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,863	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,101	0	0	0	0	14.00
15.00	01500	PHARMACY	1,863	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,388	0	0	0	0	17.00
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	PHARMACY PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,412	0	0	1,876	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,440	0	0	544	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	508	0	0	80	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,636	0	0	3,468	85	50.00
51.00	05100	RECOVERY ROOM	339	0	0	259	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	932	0	0	166	0	52.00
53.00	05300	ANESTHESIOLOGY	762	0	0	996	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,675	0	0	1,844	0	54.00
56.00	05600	RADIOISOTOPE	2,541	0	0	563	0	56.00
57.00	05700	CT SCAN	169	0	0	2,146	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,694	0	0	2,587	0	59.00
60.00	06000	LABORATORY	4,997	0	0	3,112	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	137	0	64.00
65.00	06500	RESPIRATORY THERAPY	508	0	0	590	0	65.00
66.00	06600	PHYSICAL THERAPY	3,896	0	0	559	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	85	0	0	104	0	67.00
68.00	06800	SPEECH PATHOLOGY	85	0	0	50	0	68.00
69.00	06900	ELECTROCARDIOLOGY	593	0	0	1,298	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	908	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,223	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,418	0	73.00
74.00	07400	RENAL DIALYSIS	254	0	0	85	0	74.00
76.00	03952	PAIN MANAGEMENT	762	0	0	408	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	169	0	0	77	0	76.03
76.04	03650	VASCULAR LAB	678	0	0	222	0	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	18	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,525	0	0	244	0	90.00
91.00	09100	EMERGENCY	6,268	0	0	2,308	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	1,440	0	0	206	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		112,818	1,482,632	0	28,496	85	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	169	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,046	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	121,033	1,482,632	0	28,496	85	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,095,010					5.06
6.00	00600	MAINTENANCE & REPAIRS	58,456	85,380				6.00
7.00	00700	OPERATION OF PLANT	74,834	8,248	733,687			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,349	342	3,256	35,531		8.00
9.00	00900	HOUSEKEEPING	29,141	390	3,707	371	66,733	9.00
10.00	01000	DIETARY	20,573	3,004	28,575	0	723	10.00
11.00	01100	CAFETERIA	13,648	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,401	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,046	0	0	0	121	14.00
15.00	01500	PHARMACY	38,269	0	0	0	422	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45,442	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	37,890	166	1,581	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	25,237	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,480	6,343	60,331	0	0	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	8,604	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	349,439	24,386	231,957	15,788	33,879	30.00
31.00	03100	INTENSIVE CARE UNIT	100,777	2,822	26,845	2,609	5,486	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	25,738	398	3,790	326	241	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	212,181	12,795	121,705	5,171	14,227	50.00
51.00	05100	RECOVERY ROOM	21,306	793	7,543	247	482	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,688	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,619	97	925	0	60	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	93,367	3,603	34,274	2,506	1,447	54.00
56.00	05600	RADIOISOTOPE	49,583	470	4,475	235	241	56.00
57.00	05700	CT SCAN	26,185	258	2,453	153	241	57.00
59.00	05900	CARDIAC CATHETERIZATION	68,378	3,312	31,499	1,363	784	59.00
60.00	06000	LABORATORY	126,519	3,207	30,504	0	181	60.00
64.00	06400	INTRAVENOUS THERAPY	12,369	646	6,142	129	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,261	481	4,576	0	241	65.00
66.00	06600	PHYSICAL THERAPY	72,468	3,367	32,029	895	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,328	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,323	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,787	1,003	9,539	1,351	904	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	419,224	1,141	10,857	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	185,723	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	183,785	780	7,421	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,156	0	0	22	0	74.00
76.00	03952	PAIN MANAGEMENT	13,309	965	9,177	355	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	6,666	0	0	14	0	76.03
76.04	03650	VASCULAR LAB	13,568	234	2,225	45	181	76.04
76.97	07697	CARDIAC REHABILITATION	2,519	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	426,043	1,350	12,843	197	0	90.00
91.00	09100	EMERGENCY	98,499	4,586	43,621	3,454	6,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	17,737	0	0	300	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		3,052,915	85,187	731,850	35,531	66,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	217	193	1,837	0	60	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	40,359	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	1,519	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,095,010	85,380	733,687	35,531	66,733	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	253,809					10.00
11.00	01100	CAFETERIA	0	13,648				11.00
13.00	01300	NURSING ADMINISTRATION	0	290	50,243			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	224	0	139,939		14.00
15.00	01500	PHARMACY	0	444	0	0	63,163	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	378	0	0	0	17.00
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	PHARMACY PARAMED ED PRGM	0	92	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	204,148	3,966	23,422	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,977	1,015	5,990	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	160	947	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,130	1,700	10,037	0	0	50.00
51.00	05100	RECOVERY ROOM	0	215	1,272	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,943	367	2,167	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	43	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	746	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	195	0	0	0	56.00
57.00	05700	CT SCAN	0	158	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	585	0	0	0	59.00
60.00	06000	LABORATORY	0	839	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	505	46	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	308	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	72	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	220	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	96,828	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,111	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	63,163	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	126	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	66	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	64	0	0	0	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	99	0	0	0	90.00
91.00	09100	EMERGENCY	23,106	1,085	6,408	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	0	125	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		253,809	13,647	50,243	139,939	63,163	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	1	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	253,809	13,648	50,243	139,939	63,163	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PHARMACY PARAMED ED PRGM	
				SERVICES-SALAR	SERVICES-OTHER		
				Y & FRINGES APPRV	PRGM COSTS APPRV		
		16.00	17.00	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45,442				16.00
17.00	01700	SOCIAL SERVICE	0	58,308			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	25,237		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		1,314,300	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,966	53,471			30.00
31.00	03100	INTENSIVE CARE UNIT	3,266	4,334			31.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	5	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,375	85			50.00
51.00	05100	RECOVERY ROOM	260	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71	0			52.00
53.00	05300	ANESTHESIOLOGY	859	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,908	0			54.00
56.00	05600	RADIOISOTOPE	519	0			56.00
57.00	05700	CT SCAN	2,530	0			57.00
59.00	05900	CARDIAC CATHETERIZATION	3,545	0			59.00
60.00	06000	LABORATORY	2,497	0			60.00
64.00	06400	INTRAVENOUS THERAPY	94	0			64.00
65.00	06500	RESPIRATORY THERAPY	151	0			65.00
66.00	06600	PHYSICAL THERAPY	765	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	94	0			67.00
68.00	06800	SPEECH PATHOLOGY	28	0			68.00
69.00	06900	ELECTROCARDIOLOGY	1,369	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400	RENAL DIALYSIS	19	0			74.00
76.00	03952	PAIN MANAGEMENT	1,053	0			76.00
76.01	03951	OP CARDIO VASCULAR	0	0			76.01
76.02	03953	ANCILLARY PSYCH	0	0			76.02
76.03	03950	SLEEP LAB	165	0			76.03
76.04	03650	VASCULAR LAB	250	0			76.04
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	458	0			90.00
91.00	09100	EMERGENCY	2,813	418			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04950	OTHER OP	382	0			93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,442	58,308	0	0	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
193.00	19300	NONPAID WORKERS	0	0			193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0			193.01
200.00		Cross Foot Adjustments			25,237	1,314,300	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PHARMACY PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					16.00	17.00	21.00	22.00
202.00		TOTAL (sum lines 118 through 201)	45,442	58,308	25,237	1,314,300	8,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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	PHARMACY PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,141,101	0	3,141,101	30.00
31.00	03100	INTENSIVE CARE UNIT	658,246	0	658,246	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	57,711	0	57,711	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,209,880	0	3,209,880	50.00
51.00	05100	RECOVERY ROOM	182,367	0	182,367	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,334	0	32,334	52.00
53.00	05300	ANESTHESIOLOGY	54,649	0	54,649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,302,195	0	2,302,195	54.00
56.00	05600	RADIOISOTOPE	1,402,319	0	1,402,319	56.00
57.00	05700	CT SCAN	456,153	0	456,153	57.00
59.00	05900	CARDIAC CATHETERIZATION	843,376	0	843,376	59.00
60.00	06000	LABORATORY	1,265,954	0	1,265,954	60.00
64.00	06400	INTRAVENOUS THERAPY	148,097	0	148,097	64.00
65.00	06500	RESPIRATORY THERAPY	139,180	0	139,180	65.00
66.00	06600	PHYSICAL THERAPY	895,154	0	895,154	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,487	0	14,487	67.00
68.00	06800	SPEECH PATHOLOGY	10,271	0	10,271	68.00
69.00	06900	ELECTROCARDIOLOGY	221,080	0	221,080	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	602,050	0	602,050	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,057	0	230,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	307,529	0	307,529	73.00
74.00	07400	RENAL DIALYSIS	11,762	0	11,762	74.00
76.00	03952	PAIN MANAGEMENT	240,987	0	240,987	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	108,448	0	108,448	76.03
76.04	03650	VASCULAR LAB	477,404	0	477,404	76.04
76.97	07697	CARDIAC REHABILITATION	2,537	0	2,537	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	703,699	0	703,699	90.00
91.00	09100	EMERGENCY	689,690	0	689,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
93.00	04950	OTHER OP	617,957	0	617,957	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,026,674	0	19,026,674	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	14,989	0	14,989	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,538,108	0	1,538,108	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	1,519	0	1,519	193.01
200.00		Cross Foot Adjustments	1,348,233	0	1,348,233	200.00
201.00		Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
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To 06/30/2021Worksheet B
Part II
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
202.00	TOTAL (sum lines 118 through 201)	21,929,523	0	21,929,523		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	NONPATIENT TELEPHONES (# OF TELEPHONE)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	388,040					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,937,921				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	55,996,459			4.00
5.01	00540	NONPATIENT TELEPHONES	101	107,883	222,899	1,429		5.01
5.02	00550	DATA PROCESSING	4,621	1,190,813	0	83	1,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	883	11,458	0	9	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	61,734	148,692	1,331,983	273	1,000	5.06
6.00	00600	MAINTENANCE & REPAIRS	170	21,264	298,457	6	0	6.00
7.00	00700	OPERATION OF PLANT	30,963	109,038	1,139,669	22	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,285	601	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,463	7,310	984,159	1	0	9.00
10.00	01000	DIETARY	11,278	6,131	571,835	21	0	10.00
11.00	01100	CAFETERIA	0	0	396,382	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	20,516	1,140,915	22	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	112,528	444,592	13	0	14.00
15.00	01500	PHARMACY	0	20,042	1,905,975	22	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	624	3,853	1,405,390	40	0	17.00
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	23,811	0	0	0	0	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	0	443,797	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,548	541,452	14,525,425	241	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,595	271,643	4,479,076	17	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,496	0	708,913	6	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,034	1,799,350	6,376,732	161	0	50.00
51.00	05100	RECOVERY ROOM	2,977	89,401	950,192	4	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,378,056	11	0	52.00
53.00	05300	ANESTHESIOLOGY	365	35,321	79,245	9	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,527	1,388,989	2,543,176	67	0	54.00
56.00	05600	RADIOISOTOPE	1,766	870,054	801,063	30	0	56.00
57.00	05700	CT SCAN	968	366,525	611,775	2	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,432	467,997	2,260,714	20	0	59.00
60.00	06000	LABORATORY	12,039	460,793	2,585,062	59	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,424	2,990	194,466	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,806	69,858	1,043,399	6	0	65.00
66.00	06600	PHYSICAL THERAPY	12,641	61,746	164,600	46	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,296	77,506	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,327	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,765	106,512	841,573	7	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,285	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	2,929	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	204	0	3	0	74.00
76.00	03952	PAIN MANAGEMENT	3,622	25,742	442,658	9	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	28,743	223,312	2	0	76.03
76.04	03650	VASCULAR LAB	878	402,343	280,243	8	0	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	123,178	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,069	113	322,257	18	0	90.00
91.00	09100	EMERGENCY	17,216	177,814	4,138,440	74	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	0	447	557,153	17	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	387,315	8,937,789	55,994,267	1,332	1,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	725	132	0	2	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	1,772	95	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	420	0	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (# OF TELEP HO)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
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)	6,619,026	9,884,651	7,943,835	378,379	15,412,634	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.057587	1.105923	0.141863	264.785864	15,412.634000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	121,033	1,482,632	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	84.697691	1,482.632000	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHAR GES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCU. COST)	
			5.03	5.04	5.05	5A.06	5.06	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	877,450					5.03
5.04	00570	ADMITTING	0	1,042,571,804				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,042,571,804			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	19,904	0	0	-37,417,107	186,382,633	5.06
6.00	00600	MAINTENANCE & REPAIRS	149,954	0	0	0	3,520,169	6.00
7.00	00700	OPERATION OF PLANT	229,839	0	0	0	4,506,456	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	562,972	8.00
9.00	00900	HOUSEKEEPING	19,717	0	0	0	1,754,859	9.00
10.00	01000	DIETARY	1,684	0	0	0	1,238,870	10.00
11.00	01100	CAFETERIA	1,567	0	0	0	821,892	11.00
13.00	01300	NURSING ADMINISTRATION	29,362	0	0	0	1,529,637	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,165	0	0	0	845,811	14.00
15.00	01500	PHARMACY	22,104	0	0	0	2,304,527	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,736,468	16.00
17.00	01700	SOCIAL SERVICE	441	0	0	0	2,281,722	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,519,759	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,353,712	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	0	0	0	518,155	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,026	69,464,661	69,464,661	0	21,042,931	30.00
31.00	03100	INTENSIVE CARE UNIT	8,806	20,136,515	20,136,515	0	6,068,710	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	619	2,959,139	2,959,139	0	1,549,934	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,528	115,689,801	115,689,801	0	12,777,375	50.00
51.00	05100	RECOVERY ROOM	1,438	9,591,061	9,591,061	0	1,283,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,782	6,162,782	6,162,782	0	1,607,120	52.00
53.00	05300	ANESTHESIOLOGY	204	36,877,347	36,877,347	0	338,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,488	68,288,650	68,288,650	0	5,622,505	54.00
56.00	05600	RADIOISOTOPE	22,826	20,845,329	20,845,329	0	2,985,830	56.00
57.00	05700	CT SCAN	167	79,492,390	79,492,390	0	1,576,837	57.00
59.00	05900	CARDIAC CATHETERIZATION	16,502	95,803,385	95,803,385	0	4,117,659	59.00
60.00	06000	LABORATORY	95,827	115,249,802	115,249,802	0	7,618,885	60.00
64.00	06400	INTRAVENOUS THERAPY	201	5,087,229	5,087,229	0	744,842	64.00
65.00	06500	RESPIRATORY THERAPY	3,166	21,850,954	21,850,954	0	1,460,966	65.00
66.00	06600	PHYSICAL THERAPY	8,541	20,700,098	20,700,098	0	4,363,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,835,018	3,835,018	0	501,485	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,865,356	1,865,356	0	320,573	68.00
69.00	06900	ELECTROCARDIOLOGY	888	48,089,431	48,089,431	0	1,372,208	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,646,285	33,646,285	0	25,245,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,277,869	45,277,869	0	11,184,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,548,336	89,548,336	0	11,067,373	73.00
74.00	07400	RENAL DIALYSIS	311	3,143,671	3,143,671	0	671,781	74.00
76.00	03952	PAIN MANAGEMENT	2,646	15,098,619	15,098,619	0	801,433	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	9,691	2,841,929	2,841,929	0	401,403	76.03
76.04	03650	VASCULAR LAB	922	8,223,458	8,223,458	0	817,080	76.04
76.97	07697	CARDIAC REHABILITATION	0	653,999	653,999	0	151,690	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,012	9,033,025	9,033,025	0	25,659,653	90.00
91.00	09100	EMERGENCY	26,530	85,498,388	85,498,388	0	5,931,526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	2,782	7,617,277	7,617,277	0	1,068,120	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	874,640	1,042,571,804	1,042,571,804	-37,417,107	183,847,770	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	13,043	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,879	0	0	0	2,430,377	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	931	0	0	0	91,443	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	1,536,610	2,757,735		37,417,107	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001474	0.002645		0.200754	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	28,496	85		3,095,010	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000027	0.000000		0.016606	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	320,531					6.00
7.00	00700	OPERATION OF PLANT	30,963	289,568				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,285	1,285	1,192,177			8.00
9.00	00900	HOUSEKEEPING	1,463	1,463	12,436	1,107		9.00
10.00	01000	DIETARY	11,278	11,278	0	12	115,086	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2	0	14.00
15.00	01500	PHARMACY	0	0	0	7	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	624	624	0	0	0	17.00
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	23,811	23,811	0	0	0	22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,548	91,548	529,725	562	92,568	30.00
31.00	03100	INTENSIVE CARE UNIT	10,595	10,595	87,552	91	9,965	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,496	1,496	10,928	4	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,034	48,034	173,496	236	966	50.00
51.00	05100	RECOVERY ROOM	2,977	2,977	8,281	8	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	881	52.00
53.00	05300	ANESTHESIOLOGY	365	365	0	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,527	13,527	84,085	24	0	54.00
56.00	05600	RADIOISOTOPE	1,766	1,766	7,869	4	0	56.00
57.00	05700	CT SCAN	968	968	5,139	4	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,432	12,432	45,744	13	0	59.00
60.00	06000	LABORATORY	12,039	12,039	0	3	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,424	2,424	4,316	0	229	64.00
65.00	06500	RESPIRATORY THERAPY	1,806	1,806	0	4	0	65.00
66.00	06600	PHYSICAL THERAPY	12,641	12,641	30,021	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	3,765	3,765	45,333	15	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,285	4,285	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	2,929	2,929	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	749	0	0	74.00
76.00	03952	PAIN MANAGEMENT	3,622	3,622	11,913	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	475	0	0	76.03
76.04	03650	VASCULAR LAB	878	878	1,525	3	0	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,069	5,069	6,620	0	0	90.00
91.00	09100	EMERGENCY	17,216	17,216	115,895	113	10,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	0	0	10,075	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	319,806	288,843	1,192,177	1,106	115,086	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	725	725	0	1	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	4,226,857	5,819,456	718,761	2,163,347	1,886,407	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.187046	20.097027	0.602898	1,954.242999	16.391281	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	85,380	733,687	35,531	66,733	253,809	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.266370	2.533730	0.029803	60.282746	2.205386	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	71,024					11.00
13.00	01300	NURSING ADMINISTRATION	1,508	921,102				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,166	0	35,696,903			14.00
15.00	01500	PHARMACY	2,309	0	0	1,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	9,627	16.00
17.00	01700	SOCIAL SERVICE	1,969	0	0	0	0	17.00
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	PHARMACY PARAMED ED PRGM	479	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,644	429,387	0	0	3,806	30.00
31.00	03100	INTENSIVE CARE UNIT	5,280	109,815	0	0	692	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	835	17,365	0	0	1	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,846	184,007	0	0	715	50.00
51.00	05100	RECOVERY ROOM	1,121	23,325	0	0	55	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,910	39,730	0	0	15	52.00
53.00	05300	ANESTHESIOLOGY	222	0	0	0	182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,884	0	0	0	616	54.00
56.00	05600	RADIOISOTOPE	1,013	0	0	0	110	56.00
57.00	05700	CT SCAN	820	0	0	0	536	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,043	0	0	0	751	59.00
60.00	06000	LABORATORY	4,367	0	0	0	529	60.00
64.00	06400	INTRAVENOUS THERAPY	237	0	0	0	20	64.00
65.00	06500	RESPIRATORY THERAPY	1,603	0	0	0	32	65.00
66.00	06600	PHYSICAL THERAPY	377	0	0	0	162	66.00
67.00	06700	OCCUPATIONAL THERAPY	97	0	0	0	20	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	1,146	0	0	0	290	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	24,699,287	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,997,616	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4	74.00
76.00	03952	PAIN MANAGEMENT	656	0	0	0	223	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	344	0	0	0	35	76.03
76.04	03650	VASCULAR LAB	333	0	0	0	53	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	515	0	0	0	97	90.00
91.00	09100	EMERGENCY	5,648	117,473	0	0	596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	649	0	0	0	81	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,021	921,102	35,696,903	1,000	9,627	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	3	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	986,890	1,857,672	1,035,721	2,812,934	3,285,825	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.895162	2.016793	0.029014	2,812.934000	341.313493	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	13,648	50,243	139,939	63,163	45,442	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.192160	0.054547	0.003920	63.163000	4.720266	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR	SERVICES-OTHER	PHARMACY PARAMED ED PRGM (TIME SPENT)		
				Y & FRINGES	PRGM COSTS			
				APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)			
			17.00	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	17,840					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,282				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,282			22.00
23.00	02300	PHARMACY PARAMED ED PRGM	0			1,000		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,360	1,047	1,047	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,326	0	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	0	88	88	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26	25	25	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	33	33	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	13	13	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	0		76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0		76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0		76.02
76.03	03950	SLEEP LAB	0	0	0	0		76.03
76.04	03650	VASCULAR LAB	0	0	0	0		76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
91.00	09100	EMERGENCY	128	76	76	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OP	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,840	1,282	1,282	1,000		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0		193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PHARMACY PARAMED ED PRGM (TIME SPENT)		
			17.00	21.00	22.00	23.00		
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)	2,787,917	1,824,857	2,418,002	628,833		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	156.273374	1,423.445398	1,886.117005	628.833000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	58,308	25,237	1,314,300	8,696		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.268386	19.685647	1,025.195008	8.696000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 3:56 pm
					Title XVIII	Hospital	PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs	Total Costs
						RCE Disallowance	
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,257,950		36,257,950	0	36,257,950
31.00	03100	INTENSIVE CARE UNIT	8,771,880		8,771,880	0	8,771,880
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
43.00	04300	NURSERY	1,972,252		1,972,252	0	1,972,252
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,265,010		18,265,010	21,313	18,286,323
51.00	05100	RECOVERY ROOM	1,741,723		1,741,723	0	1,741,723
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,055,984		2,055,984	0	2,055,984
53.00	05300	ANESTHESIOLOGY	485,614		485,614	0	485,614
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,563,293		7,563,293	0	7,563,293
56.00	05600	RADIOISOTOPE	3,708,207		3,708,207	0	3,708,207
57.00	05700	CT SCAN	2,130,865		2,130,865	0	2,130,865
59.00	05900	CARDIAC CATHETERIZATION	5,709,676		5,709,676	0	5,709,676
60.00	06000	LABORATORY	9,796,212		9,796,212	0	9,796,212
64.00	06400	INTRAVENOUS THERAPY	991,527		991,527	0	991,527
65.00	06500	RESPIRATORY THERAPY	1,855,385	0	1,855,385	0	1,855,385
66.00	06600	PHYSICAL THERAPY	5,739,450	0	5,739,450	0	5,739,450
67.00	06700	OCCUPATIONAL THERAPY	610,334	0	610,334	0	610,334
68.00	06800	SPEECH PATHOLOGY	386,977	0	386,977	0	386,977
69.00	06900	ELECTROCARDIOLOGY	1,944,548		1,944,548	0	1,944,548
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,172,676		31,172,676	0	31,172,676
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,748,457		13,748,457	0	13,748,457
73.00	07300	DRUGS CHARGED TO PATIENTS	16,828,448		16,828,448	0	16,828,448
74.00	07400	RENAL DIALYSIS	808,461		808,461	0	808,461
76.00	03952	PAIN MANAGEMENT	1,175,288		1,175,288	0	1,175,288
76.01	03951	OP CARDIO VASCULAR	0		0	0	0
76.02	03953	ANCILLARY PSYCH	0		0	0	0
76.03	03950	SLEEP LAB	498,998		498,998	0	498,998
76.04	03650	VASCULAR LAB	1,039,834		1,039,834	0	1,039,834
76.97	07697	CARDIAC REHABILITATION	182,142		182,142	0	182,142
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	31,023,949		31,023,949	0	31,023,949
91.00	09100	EMERGENCY	8,696,580		8,696,580	0	8,696,580
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,562,523		4,562,523	0	4,562,523
93.00	04950	OTHER OP	1,325,287		1,325,287	0	1,325,287
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0		0		0
200.00		Subtotal (see instructions)	221,049,530	0	221,049,530	21,313	221,070,843
201.00		Less Observation Beds	4,562,523		4,562,523		4,562,523
202.00		Total (see instructions)	216,487,007	0	216,487,007	21,313	216,508,320

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 3:56 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	69,464,661		69,464,661		30.00
31.00	03100	INTENSIVE CARE UNIT	20,136,515		20,136,515		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	2,959,139		2,959,139		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,455,291	78,234,510	115,689,801	0.157879	50.00
51.00	05100	RECOVERY ROOM	2,661,083	6,929,978	9,591,061	0.181599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,583,774	1,579,008	6,162,782	0.333613	52.00
53.00	05300	ANESTHESIOLOGY	13,400,330	23,477,017	36,877,347	0.013168	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,324,211	55,964,439	68,288,650	0.110755	54.00
56.00	05600	RADIOISOTOPE	1,684,990	19,160,339	20,845,329	0.177892	56.00
57.00	05700	CT SCAN	25,593,649	53,898,741	79,492,390	0.026806	57.00
59.00	05900	CARDIAC CATHETERIZATION	33,117,846	62,685,539	95,803,385	0.059598	59.00
60.00	06000	LABORATORY	61,080,356	54,169,446	115,249,802	0.085000	60.00
64.00	06400	INTRAVENOUS THERAPY	3,864,690	1,222,539	5,087,229	0.194905	64.00
65.00	06500	RESPIRATORY THERAPY	18,644,044	3,206,910	21,850,954	0.084911	65.00
66.00	06600	PHYSICAL THERAPY	4,693,409	16,006,689	20,700,098	0.277267	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,730,717	2,104,301	3,835,018	0.159148	67.00
68.00	06800	SPEECH PATHOLOGY	1,259,098	606,258	1,865,356	0.207455	68.00
69.00	06900	ELECTROCARDIOLOGY	18,248,782	29,840,649	48,089,431	0.040436	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,555,744	23,090,541	33,646,285	0.926482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,873,229	19,404,640	45,277,869	0.303646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,641,194	45,907,142	89,548,336	0.187926	73.00
74.00	07400	RENAL DIALYSIS	2,948,764	194,907	3,143,671	0.257171	74.00
76.00	03952	PAIN MANAGEMENT	569,414	14,529,205	15,098,619	0.077841	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	180,642	2,661,287	2,841,929	0.175584	76.03
76.04	03650	VASCULAR LAB	2,358,258	5,865,200	8,223,458	0.126447	76.04
76.97	07697	CARDIAC REHABILITATION	335	653,664	653,999	0.278505	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	31,992	9,001,033	9,033,025	3.434503	90.00
91.00	09100	EMERGENCY	28,133,896	57,364,492	85,498,388	0.101716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,751,389	8,324,019	13,075,408	0.348939	92.00
93.00	04950	OTHER OP	249,862	7,367,415	7,617,277	0.173984	93.00
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	452,197,304	603,449,908	1,055,647,212		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	452,197,304	603,449,908	1,055,647,212		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 3:56 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158063		50.00
51.00	05100	RECOVERY ROOM	0.181599		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333613		52.00
53.00	05300	ANESTHESIOLOGY	0.013168		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110755		54.00
56.00	05600	RADIOISOTOPE	0.177892		56.00
57.00	05700	CT SCAN	0.026806		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.059598		59.00
60.00	06000	LABORATORY	0.085000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.194905		64.00
65.00	06500	RESPIRATORY THERAPY	0.084911		65.00
66.00	06600	PHYSICAL THERAPY	0.277267		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159148		67.00
68.00	06800	SPEECH PATHOLOGY	0.207455		68.00
69.00	06900	ELECTROCARDIOLOGY	0.040436		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.926482		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303646		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187926		73.00
74.00	07400	RENAL DIALYSIS	0.257171		74.00
76.00	03952	PAIN MANAGEMENT	0.077841		76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		76.01
76.02	03953	ANCILLARY PSYCH	0.000000		76.02
76.03	03950	SLEEP LAB	0.175584		76.03
76.04	03650	VASCULAR LAB	0.126447		76.04
76.97	07697	CARDIAC REHABILITATION	0.278505		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.434503		90.00
91.00	09100	EMERGENCY	0.101716		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.348939		92.00
93.00	04950	OTHER OP	0.173984		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 3:56 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	36,257,950		36,257,950	0	36,257,950	30.00	
31.00	03100	INTENSIVE CARE UNIT	8,771,880		8,771,880	0	8,771,880	31.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
43.00	04300	NURSERY	1,972,252		1,972,252	0	1,972,252	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,265,010		18,265,010	21,313	18,286,323	50.00	
51.00	05100	RECOVERY ROOM	1,741,723		1,741,723	0	1,741,723	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,055,984		2,055,984	0	2,055,984	52.00	
53.00	05300	ANESTHESIOLOGY	485,614		485,614	0	485,614	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,563,293		7,563,293	0	7,563,293	54.00	
56.00	05600	RADIOISOTOPE	3,708,207		3,708,207	0	3,708,207	56.00	
57.00	05700	CT SCAN	2,130,865		2,130,865	0	2,130,865	57.00	
59.00	05900	CARDIAC CATHETERIZATION	5,709,676		5,709,676	0	5,709,676	59.00	
60.00	06000	LABORATORY	9,796,212		9,796,212	0	9,796,212	60.00	
64.00	06400	INTRAVENOUS THERAPY	991,527		991,527	0	991,527	64.00	
65.00	06500	RESPIRATORY THERAPY	1,855,385	0	1,855,385	0	1,855,385	65.00	
66.00	06600	PHYSICAL THERAPY	5,739,450	0	5,739,450	0	5,739,450	66.00	
67.00	06700	OCCUPATIONAL THERAPY	610,334	0	610,334	0	610,334	67.00	
68.00	06800	SPEECH PATHOLOGY	386,977	0	386,977	0	386,977	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,944,548		1,944,548	0	1,944,548	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,172,676		31,172,676	0	31,172,676	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,748,457		13,748,457	0	13,748,457	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	16,828,448		16,828,448	0	16,828,448	73.00	
74.00	07400	RENAL DIALYSIS	808,461		808,461	0	808,461	74.00	
76.00	03952	PAIN MANAGEMENT	1,175,288		1,175,288	0	1,175,288	76.00	
76.01	03951	OP CARDIO VASCULAR	0		0	0	0	76.01	
76.02	03953	ANCILLARY PSYCH	0		0	0	0	76.02	
76.03	03950	SLEEP LAB	498,998		498,998	0	498,998	76.03	
76.04	03650	VASCULAR LAB	1,039,834		1,039,834	0	1,039,834	76.04	
76.97	07697	CARDIAC REHABILITATION	182,142		182,142	0	182,142	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	31,023,949		31,023,949	0	31,023,949	90.00	
91.00	09100	EMERGENCY	8,696,580		8,696,580	0	8,696,580	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,562,523		4,562,523	0	4,562,523	92.00	
93.00	04950	OTHER OP	1,325,287		1,325,287	0	1,325,287	93.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00	
200.00		Subtotal (see instructions)	221,049,530	0	221,049,530	21,313	221,070,843	200.00	
201.00		Less Observation Beds	4,562,523		4,562,523	0	4,562,523	201.00	
202.00		Total (see instructions)	216,487,007	0	216,487,007	21,313	216,508,320	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 3:56 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	69,464,661		69,464,661		30.00
31.00	03100	INTENSIVE CARE UNIT	20,136,515		20,136,515		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	2,959,139		2,959,139		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,455,291	78,234,510	115,689,801	0.157879	0.000000
51.00	05100	RECOVERY ROOM	2,661,083	6,929,978	9,591,061	0.181599	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,583,774	1,579,008	6,162,782	0.333613	0.000000
53.00	05300	ANESTHESIOLOGY	13,400,330	23,477,017	36,877,347	0.013168	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,324,211	55,964,439	68,288,650	0.110755	0.000000
56.00	05600	RADIOISOTOPE	1,684,990	19,160,339	20,845,329	0.177892	0.000000
57.00	05700	CT SCAN	25,593,649	53,898,741	79,492,390	0.026806	0.000000
59.00	05900	CARDIAC CATHETERIZATION	33,117,846	62,685,539	95,803,385	0.059598	0.000000
60.00	06000	LABORATORY	61,080,356	54,169,446	115,249,802	0.085000	0.000000
64.00	06400	INTRAVENOUS THERAPY	3,864,690	1,222,539	5,087,229	0.194905	0.000000
65.00	06500	RESPIRATORY THERAPY	18,644,044	3,206,910	21,850,954	0.084911	0.000000
66.00	06600	PHYSICAL THERAPY	4,693,409	16,006,689	20,700,098	0.277267	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,730,717	2,104,301	3,835,018	0.159148	0.000000
68.00	06800	SPEECH PATHOLOGY	1,259,098	606,258	1,865,356	0.207455	0.000000
69.00	06900	ELECTROCARDIOLOGY	18,248,782	29,840,649	48,089,431	0.040436	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,555,744	23,090,541	33,646,285	0.926482	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,873,229	19,404,640	45,277,869	0.303646	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	43,641,194	45,907,142	89,548,336	0.187926	0.000000
74.00	07400	RENAL DIALYSIS	2,948,764	194,907	3,143,671	0.257171	0.000000
76.00	03952	PAIN MANAGEMENT	569,414	14,529,205	15,098,619	0.077841	0.000000
76.01	03951	OP CARDIO VASCULAR	0	0	0	0.000000	0.000000
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	0.000000
76.03	03950	SLEEP LAB	180,642	2,661,287	2,841,929	0.175584	0.000000
76.04	03650	VASCULAR LAB	2,358,258	5,865,200	8,223,458	0.126447	0.000000
76.97	07697	CARDIAC REHABILITATION	335	653,664	653,999	0.278505	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	31,992	9,001,033	9,033,025	3.434503	0.000000
91.00	09100	EMERGENCY	28,133,896	57,364,492	85,498,388	0.101716	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,751,389	8,324,019	13,075,408	0.348939	0.000000
93.00	04950	OTHER OP	249,862	7,367,415	7,617,277	0.173984	0.000000
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	452,197,304	603,449,908	1,055,647,212		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	452,197,304	603,449,908	1,055,647,212		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 3:56 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
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
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03952	PAIN MANAGEMENT	0.000000		76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		76.01
76.02	03953	ANCILLARY PSYCH	0.000000		76.02
76.03	03950	SLEEP LAB	0.000000		76.03
76.04	03650	VASCULAR LAB	0.000000		76.04
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04950	OTHER OP	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/23/2021 3:56 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,141,101	0	3,141,101	38,463	81.67	30.00
31.00	INTENSIVE CARE UNIT	658,246		658,246	6,125	107.47	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	57,711		57,711	1,999	28.87	43.00
200.00	Total (lines 30 through 199)	3,857,058		3,857,058	46,587		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	13,373	1,092,173				
31.00	INTENSIVE CARE UNIT	2,424	260,507				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	15,797	1,352,680				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,209,880	115,689,801	0.027746	14,187,780	393,654	50.00
51.00	05100	RECOVERY ROOM	182,367	9,591,061	0.019014	949,600	18,056	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,334	6,162,782	0.005247	8,494	45	52.00
53.00	05300	ANESTHESIOLOGY	54,649	36,877,347	0.001482	5,271,383	7,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,302,195	68,288,650	0.033713	4,830,189	162,840	54.00
56.00	05600	RADIOISOTOPE	1,402,319	20,845,329	0.067273	664,863	44,727	56.00
57.00	05700	CT SCAN	456,153	79,492,390	0.005738	9,800,058	56,233	57.00
59.00	05900	CARDIAC CATHETERIZATION	843,376	95,803,385	0.008803	12,825,737	112,905	59.00
60.00	06000	LABORATORY	1,265,954	115,249,802	0.010984	24,043,006	264,088	60.00
64.00	06400	INTRAVENOUS THERAPY	148,097	5,087,229	0.029112	1,062,272	30,925	64.00
65.00	06500	RESPIRATORY THERAPY	139,180	21,850,954	0.006370	7,446,682	47,435	65.00
66.00	06600	PHYSICAL THERAPY	895,154	20,700,098	0.043244	2,208,920	95,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,487	3,835,018	0.003778	825,054	3,117	67.00
68.00	06800	SPEECH PATHOLOGY	10,271	1,865,356	0.005506	390,608	2,151	68.00
69.00	06900	ELECTROCARDIOLOGY	221,080	48,089,431	0.004597	7,639,868	35,120	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	602,050	33,646,285	0.017894	3,743,533	66,987	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,057	45,277,869	0.005081	10,813,077	54,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	307,529	89,548,336	0.003434	16,291,198	55,944	73.00
74.00	07400	RENAL DIALYSIS	11,762	3,143,671	0.003741	1,563,615	5,849	74.00
76.00	03952	PAIN MANAGEMENT	240,987	15,098,619	0.015961	569,414	9,088	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	108,448	2,841,929	0.038160	71,995	2,747	76.03
76.04	03650	VASCULAR LAB	477,404	8,223,458	0.058054	993,831	57,696	76.04
76.97	07697	CARDIAC REHABILITATION	2,537	653,999	0.003879	335	1	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	703,699	9,033,025	0.077903	164	13	90.00
91.00	09100	EMERGENCY	689,690	85,498,388	0.008067	9,450,615	76,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	395,260	13,075,408	0.030229	2,094,736	63,322	92.00
93.00	04950	OTHER OP	617,957	7,617,277	0.081126	72,206	5,858	93.00
200.00		Total (lines 50 through 199)	15,564,876	963,086,897		137,819,233	1,673,315	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/23/2021 3:56 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	38,463	0.00	13,373	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	6,125	0.00	2,424	31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0.00	0	41.00	
43.00	04300	NURSERY			0	1,999	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	46,587		15,797	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
41.00	04100	SUBPROVIDER - IRF		0						41.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/23/2021 3:56 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
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
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
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
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
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	628,833	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB		0	0	0	0	0	76.04
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.00	04950	OTHER OP		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	628,833	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0187

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

Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 3:56 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	115,689,801	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,591,061	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,162,782	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,877,347	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,288,650	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	20,845,329	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	79,492,390	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	95,803,385	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	115,249,802	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,087,229	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,850,954	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,700,098	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,835,018	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,865,356	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	48,089,431	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,646,285	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,277,869	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	628,833	628,833	89,548,336	0.007022	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,143,671	0.000000	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	15,098,619	0.000000	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	0	0	0	2,841,929	0.000000	76.03
76.04	03650	VASCULAR LAB	0	0	0	8,223,458	0.000000	76.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	653,999	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	9,033,025	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	85,498,388	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,075,408	0.000000	92.00
93.00	04950	OTHER OP	0	0	0	7,617,277	0.000000	93.00
200.00		Total (lines 50 through 199)	0	628,833	628,833	963,086,897		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 3:56 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	14,187,780	0	17,531,081	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	949,600	0	1,591,805	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	8,494	0	4,528	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,271,383	0	5,484,923	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,830,189	0	9,936,747	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	664,863	0	7,292,528	0	56.00
57.00	05700	CT SCAN	0.000000	9,800,058	0	12,070,602	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	12,825,737	0	26,351,095	0	59.00
60.00	06000	LABORATORY	0.000000	24,043,006	0	7,599,327	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,062,272	0	481,928	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,446,682	0	783,747	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,208,920	0	517,338	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	825,054	0	9,888	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	390,608	0	16,860	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,639,868	0	8,733,396	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,743,533	0	7,231,361	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,813,077	0	7,280,859	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.007022	16,291,198	114,397	16,025,586	112,532	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,563,615	0	95,851	0	74.00
76.00	03952	PAIN MANAGEMENT	0.000000	569,414	0	5,101,775	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.000000	71,995	0	53,025	0	76.03
76.04	03650	VASCULAR LAB	0.000000	993,831	0	2,153,682	0	76.04
76.97	07697	CARDIAC REHABILITATION	0.000000	335	0	255,940	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	164	0	2,958,911	0	90.00
91.00	09100	EMERGENCY	0.000000	9,450,615	0	8,214,756	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,094,736	0	2,894,016	0	92.00
93.00	04950	OTHER OP	0.000000	72,206	0	554,367	0	93.00
200.00		Total (lines 50 through 199)		137,819,233	114,397	151,225,922	112,532	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/23/2021 3:56 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		0.157879	17,531,081	0	0	2,767,790	50.00
51.00	05100	RECOVERY ROOM		0.181599	1,591,805	0	0	289,070	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.333613	4,528	0	0	1,511	52.00
53.00	05300	ANESTHESIOLOGY		0.013168	5,484,923	0	0	72,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.110755	9,936,747	0	0	1,100,544	54.00
56.00	05600	RADIOISOTOPE		0.177892	7,292,528	0	0	1,297,282	56.00
57.00	05700	CT SCAN		0.026806	12,070,602	0	0	323,565	57.00
59.00	05900	CARDIAC CATHETERIZATION		0.059598	26,351,095	0	0	1,570,473	59.00
60.00	06000	LABORATORY		0.085000	7,599,327	0	1,760	645,943	60.00
64.00	06400	INTRAVENOUS THERAPY		0.194905	481,928	0	0	93,930	64.00
65.00	06500	RESPIRATORY THERAPY		0.084911	783,747	0	0	66,549	65.00
66.00	06600	PHYSICAL THERAPY		0.277267	517,338	0	0	143,441	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.159148	9,888	0	0	1,574	67.00
68.00	06800	SPEECH PATHOLOGY		0.207455	16,860	0	0	3,498	68.00
69.00	06900	ELECTROCARDIOLOGY		0.040436	8,733,396	0	0	353,144	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.926482	7,231,361	0	0	6,699,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.303646	7,280,859	0	0	2,210,804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.187926	16,025,586	0	42,776	3,011,624	73.00
74.00	07400	RENAL DIALYSIS		0.257171	95,851	0	0	24,650	74.00
76.00	03952	PAIN MANAGEMENT		0.077841	5,101,775	0	0	397,127	76.00
76.01	03951	OP CARDIO VASCULAR		0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0.175584	53,025	0	0	9,310	76.03
76.04	03650	VASCULAR LAB		0.126447	2,153,682	0	0	272,327	76.04
76.97	07697	CARDIAC REHABILITATION		0.278505	255,940	0	0	71,281	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		3.434503	2,958,911	0	0	10,162,389	90.00
91.00	09100	EMERGENCY		0.101716	8,214,756	0	0	835,572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.348939	2,894,016	0	0	1,009,835	92.00
93.00	04950	OTHER OP		0.173984	554,367	0	0	96,451	93.00
200.00		Subtotal (see instructions)			151,225,922	0	44,536	33,531,635	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			151,225,922	0	44,536	33,531,635	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/23/2021 3:56 pm		
			Title XVIII		Hospital		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	150					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
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	8,039					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03952	PAIN MANAGEMENT	0	0					76.00
76.01	03951	OP CARDIO VASCULAR	0	0					76.01
76.02	03953	ANCILLARY PSYCH	0	0					76.02
76.03	03950	SLEEP LAB	0	0					76.03
76.04	03650	VASCULAR LAB	0	0					76.04
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.00	04950	OTHER OP	0	0					93.00
200.00		Subtotal (see instructions)	0	8,189					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	8,189					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/23/2021 3:56 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
						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		0.157879	0	1,019,293	0	0	50.00
51.00	05100	RECOVERY ROOM		0.181599	0	365,577	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.333613	0	8,489	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.013168	0	310,529	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.110755	0	847,935	0	0	54.00
56.00	05600	RADIOISOTOPE		0.177892	0	158,384	0	0	56.00
57.00	05700	CT SCAN		0.026806	0	1,505,150	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION		0.059598	0	361,963	0	0	59.00
60.00	06000	LABORATORY		0.085000	0	1,458,642	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.194905	0	22,716	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.084911	0	83,679	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.277267	0	81,054	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.159148	0	22,288	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.207455	0	16,922	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.040436	0	531,639	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.926482	0	423,562	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.303646	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.187926	0	1,517,615	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.257171	0	2,894	0	0	74.00
76.00	03952	PAIN MANAGEMENT		0.077841	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR		0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0.175584	0	2,618	0	0	76.03
76.04	03650	VASCULAR LAB		0.126447	0	0	0	0	76.04
76.97	07697	CARDIAC REHABILITATION		0.278505	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		3.434503	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.101716	0	2,782,872	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.348939	0	452,968	0	0	92.00
93.00	04950	OTHER OP		0.173984	0	0	0	0	93.00
200.00		Subtotal (see instructions)			0	11,976,789	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			0	11,976,789	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/23/2021 3:56 pm

			Title XIX		Hospital	Cost
	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	160,925	0		50.00
51.00	05100	RECOVERY ROOM	66,388	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,832	0		52.00
53.00	05300	ANESTHESIOLOGY	4,089	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	93,913	0		54.00
56.00	05600	RADIOISOTOPE	28,175	0		56.00
57.00	05700	CT SCAN	40,347	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	21,572	0		59.00
60.00	06000	LABORATORY	123,985	0		60.00
64.00	06400	INTRAVENOUS THERAPY	4,427	0		64.00
65.00	06500	RESPIRATORY THERAPY	7,105	0		65.00
66.00	06600	PHYSICAL THERAPY	22,474	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,547	0		67.00
68.00	06800	SPEECH PATHOLOGY	3,511	0		68.00
69.00	06900	ELECTROCARDIOLOGY	21,497	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	392,423	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	285,199	0		73.00
74.00	07400	RENAL DIALYSIS	744	0		74.00
76.00	03952	PAIN MANAGEMENT	0	0		76.00
76.01	03951	OP CARDIO VASCULAR	0	0		76.01
76.02	03953	ANCILLARY PSYCH	0	0		76.02
76.03	03950	SLEEP LAB	460	0		76.03
76.04	03650	VASCULAR LAB	0	0		76.04
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	283,063	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	158,058	0		92.00
93.00	04950	OTHER OP	0	0		93.00
200.00		Subtotal (see instructions)	1,724,734	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,724,734	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 3:56 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,463	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,463	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)		33,623	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)		13,373	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)		36,257,950	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)		36,257,950	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)		36,257,950	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)		942.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,606,326	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)		12,606,326	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/23/2021 3:56 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	8,771,880	6,125	1,432.14	2,424	3,471,507
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,287,702
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,365,535
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,352,680
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,787,712
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,140,392
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,225,143
	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)					4,840
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					942.67
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,562,523

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,141,101	36,257,950	0.086632	4,562,523	395,260
91.00	Nursing School cost	0	36,257,950	0.000000	4,562,523	0
92.00	Allied health cost	0	36,257,950	0.000000	4,562,523	0
93.00	All other Medical Education	0	36,257,950	0.000000	4,562,523	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 3:56 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,463	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,463	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)		33,623	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)		970	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)		1,999	15.00
16.00	Nursery days (title V or XIX only)		202	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)		36,257,950	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)		36,257,950	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)		36,257,950	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)		942.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		914,390	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)		914,390	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/23/2021 3:56 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)	1,972,252	1,999	986.62	202	199,297	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,771,880	6,125	1,432.14	191	273,539	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,462,725	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,849,951	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)					4,840	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					942.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,562,523	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,141,101	36,257,950	0.086632	4,562,523	395,260	90.00
91.00	Nursing School cost	0	36,257,950	0.000000	4,562,523	0	91.00
92.00	Allied health cost	0	36,257,950	0.000000	4,562,523	0	92.00
93.00	All other Medical Education	0	36,257,950	0.000000	4,562,523	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 3:56 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		29,379,275		30.00
31.00	03100	INTENSIVE CARE UNIT		6,987,310		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.158063	14,187,780	2,242,563	50.00
51.00	05100	RECOVERY ROOM	0.181599	949,600	172,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333613	8,494	2,834	52.00
53.00	05300	ANESTHESIOLOGY	0.013168	5,271,383	69,414	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110755	4,830,189	534,968	54.00
56.00	05600	RADIOISOTOPE	0.177892	664,863	118,274	56.00
57.00	05700	CT SCAN	0.026806	9,800,058	262,700	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.059598	12,825,737	764,388	59.00
60.00	06000	LABORATORY	0.085000	24,043,006	2,043,656	60.00
64.00	06400	INTRAVENOUS THERAPY	0.194905	1,062,272	207,042	64.00
65.00	06500	RESPIRATORY THERAPY	0.084911	7,446,682	632,305	65.00
66.00	06600	PHYSICAL THERAPY	0.277267	2,208,920	612,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159148	825,054	131,306	67.00
68.00	06800	SPEECH PATHOLOGY	0.207455	390,608	81,034	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040436	7,639,868	308,926	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.926482	3,743,533	3,468,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303646	10,813,077	3,283,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187926	16,291,198	3,061,540	73.00
74.00	07400	RENAL DIALYSIS	0.257171	1,563,615	402,116	74.00
76.00	03952	PAIN MANAGEMENT	0.077841	569,414	44,324	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	0.175584	71,995	12,641	76.03
76.04	03650	VASCULAR LAB	0.126447	993,831	125,667	76.04
76.97	07697	CARDIAC REHABILITATION	0.278505	335	93	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.434503	164	563	90.00
91.00	09100	EMERGENCY	0.101716	9,450,615	961,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.348939	2,094,736	730,935	92.00
93.00	04950	OTHER OP	0.173984	72,206	12,563	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		137,819,233	20,287,702	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)		137,819,233		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 3:56 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		2,867,937	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.157879	847,513	50.00
51.00	05100	RECOVERY ROOM	0.181599	149,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333613	236,495	52.00
53.00	05300	ANESTHESIOLOGY	0.013168	310,779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110755	325,010	54.00
56.00	05600	RADIOISOTOPE	0.177892	23,993	56.00
57.00	05700	CT SCAN	0.026806	688,109	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.059598	378,397	59.00
60.00	06000	LABORATORY	0.085000	2,188,992	60.00
64.00	06400	INTRAVENOUS THERAPY	0.194905	4,820	64.00
65.00	06500	RESPIRATORY THERAPY	0.084911	346,652	65.00
66.00	06600	PHYSICAL THERAPY	0.277267	72,486	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159148	26,657	67.00
68.00	06800	SPEECH PATHOLOGY	0.207455	66,480	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040436	419,424	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.926482	555,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303646	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187926	1,347,147	73.00
74.00	07400	RENAL DIALYSIS	0.257171	89,714	74.00
76.00	03952	PAIN MANAGEMENT	0.077841	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	76.02
76.03	03950	SLEEP LAB	0.175584	6,545	76.03
76.04	03650	VASCULAR LAB	0.126447	0	76.04
76.97	07697	CARDIAC REHABILITATION	0.278505	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.434503	0	90.00
91.00	09100	EMERGENCY	0.101716	593,162	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.348939	38,549	92.00
93.00	04950	OTHER OP	0.173984	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,716,327	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)		8,716,327	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0187 Component CCN: 14-U187	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 3:56 pm	
Cost Center Description			Title XIX	Swing Beds - SNF	Cost	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.157879	0	0	50.00
51.00	05100	RECOVERY ROOM	0.181599	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.333613	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013168	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110755	0	0	54.00
56.00	05600	RADIOISOTOPE	0.177892	0	0	56.00
57.00	05700	CT SCAN	0.026806	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.059598	0	0	59.00
60.00	06000	LABORATORY	0.085000	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.194905	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.084911	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.277267	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159148	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.207455	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040436	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.926482	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303646	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187926	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.257171	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.077841	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	0.175584	0	0	76.03
76.04	03650	VASCULAR LAB	0.126447	0	0	76.04
76.97	07697	CARDIAC REHABILITATION	0.278505	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.434503	0	0	90.00
91.00	09100	EMERGENCY	0.101716	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.348939	0	0	92.00
93.00	04950	OTHER OP	0.173984	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 3:56 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)		8,503,542	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		24,821,071	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)		152,001	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		361,596	2.04
3.00	Managed Care Simulated Payments		20,554,357	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		129.76	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)		8.67	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.82	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		8.67	12.00
13.00	Total allowable FTE count for the prior year.		8.67	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67	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		8.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.066816	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.068935	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.066816	21.00
22.00	IME payment adjustment (see instructions)		1,194,021	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		736,463	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)		4.15	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)		1,194,021	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		736,463	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.41	31.00
32.00	Sum of lines 30 and 31		20.87	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.43	33.00
34.00	Disproportionate share adjustment (see instructions)		535,694	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 3:56 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)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000137390	0.000244816	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,147,288	2,029,524	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		288,389	1,517,972	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,806,361		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		37,374,286		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			38,110,749	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,840,554	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			436,423	52.00
53.00	Nursing and Allied Health Managed Care payment			56,123	53.00
54.00	Special add-on payments for new technologies			169,962	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			114,397	58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,728,208	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,728,208	61.00
62.00	Deductibles billed to program beneficiaries			3,006,548	62.00
63.00	Coinsurance billed to program beneficiaries			132,012	63.00
64.00	Allowable bad debts (see instructions)			808,198	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			525,329	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			735,944	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,114,977	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			281,825	70.93
70.94	HRR adjustment amount (see instructions)			-135,367	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 3:56 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)		39,261,435	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		38,718,695	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)		542,740	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		1,362,579	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/23/2021 3:56 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,189	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,419,103	2.00
3.00	OPPS payments		23,081,099	3.00
4.00	Outlier payment (see instructions)		672,435	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		112,532	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,189	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		44,536	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)		44,536	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)		44,536	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,347	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)		8,189	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)		23,866,066	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)		3,947,055	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)		19,927,200	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		402,481	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)		20,329,681	30.00
31.00	Primary payer payments		2,602	31.00
32.00	Subtotal (line 30 minus line 31)		20,327,079	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)		604,187	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		392,722	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		501,890	36.00
37.00	Subtotal (see instructions)		20,719,801	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		20,719,801	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		20,663,596	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)		56,205	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/23/2021 3:56 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		38,921,895		20,546,044	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	03/10/2021	117,552	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	03/10/2021	203,200		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)		-203,200		117,552	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)		38,718,695		20,663,596	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		542,740		56,205	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,261,435		20,719,801	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: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/23/2021 3:56 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 14-0187

Period:

Worksheet E-2

Component CCN: 14-U187

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/23/2021 3:56 pm

		Title XIX	Swing Beds - SNF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration		0	16.99
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	19.25
20.00	Interim payments		0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)		0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/23/2021 3:56 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,849,951		1.00
2.00	Medical and other services			1,724,734	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,849,951	1,724,734	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,849,951	1,724,734	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		8,716,327	11,976,789	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		8,716,327	11,976,789	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		8,716,327	11,976,789	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,866,376	10,252,055	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,849,951	1,724,734	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,849,951	1,724,734	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,849,951	1,724,734	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,849,951	1,724,734	36.00
37.00	TO ZERO OUT MEDICAID		-2,849,951	-1,724,734	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0		40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0187		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/23/2021 3:56 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.					14.41	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))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					12.82	6.00
7.00	Enter the lesser of line 5 or line 6					12.82	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	12.82	0.00	12.82		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.	12.82	0.00	12.82		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	12.82	0.00	12.82		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.25	0.00	14.25		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.41	0.00	14.41		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	13.83	0.00	13.83		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	13.83	0.00	13.83		17.00	
18.00	Per resident amount	95,562.40	95,562.40	191,124.80		18.00	
19.00	Approved amount for resident costs	1,321,628	0	1,321,628		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)			1,321,628		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,797	4,931	5,200			26.00
27.00	Total Inpatient Days (see instructions)	40,198	40,198	40,198			27.00
28.00	Ratio of inpatient days to total inpatient days	0.392980	0.122668	0.129360			28.00
29.00	Program direct GME amount	519,373	162,121	170,966	852,460		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		6,598	6,958	13,556		30.00
31.00	Net Program direct GME amount				838,904		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/23/2021 3:56 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL 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)			3,143,671	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)			36,365,535	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)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			36,365,535	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			33,539,824	42.00
43.00	Primary payer payments (see instructions)			2,602	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			33,537,222	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			69,902,757	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.520230	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.479770	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			838,904	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			436,423	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			402,481	50.00

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

Provider CCN: 14-0187

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

Worksheet G

Date/Time Prepared:
11/23/2021 3:56 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	-460	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	87,523,813	0	0	0	4.00
5.00	Other receivable	2,706,111	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-51,251,642	0	0	0	6.00
7.00	Inventory	5,317,457	0	0	0	7.00
8.00	Prepaid expenses	1,754,174	0	0	0	8.00
9.00	Other current assets	32,884,736	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	78,934,189	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,869,134	0	0	0	12.00
13.00	Land improvements	15,709,597	0	0	0	13.00
14.00	Accumulated depreciation	-3,324,188	0	0	0	14.00
15.00	Buildings	76,266,010	0	0	0	15.00
16.00	Accumulated depreciation	-12,078,552	0	0	0	16.00
17.00	Leasehold improvements	5,283,996	0	0	0	17.00
18.00	Accumulated depreciation	-593,036	0	0	0	18.00
19.00	Fixed equipment	98,775,697	0	0	0	19.00
20.00	Accumulated depreciation	-19,469,976	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	106,973,224	0	0	0	23.00
24.00	Accumulated depreciation	-65,288,861	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	225,123,045	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,740,006	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	49,479,857	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	51,219,863	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	355,277,097	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,268,208	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,523,393	0	0	0	38.00
39.00	Payroll taxes payable	3,452,071	0	0	0	39.00
40.00	Notes and loans payable (short term)	18,965,226	0	0	0	40.00
41.00	Deferred income	29,017,042	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	12,776,357	0	0	0	43.00
44.00	Other current liabilities	24,748,306	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	105,750,603	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	129,998,015	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	447,206,405	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	577,204,420	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	682,955,023	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-327,677,926	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)	-327,677,926	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	355,277,097	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0187

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

Worksheet G-1

Date/Time Prepared:
11/23/2021 3:56 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		-340,995,657		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		2,825,970				2.00
3.00	Total (sum of line 1 and line 2)		-338,169,687		0		3.00
4.00	Additions IDENTIFIED ON TRIAL BALANCE	10,491,761		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)		10,491,761		0		10.00
11.00	Subtotal (line 3 plus line 10)		-327,677,926		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-327,677,926		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 IDENTIFIED ON TRIAL BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			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: 14-0187

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/23/2021 3:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	93,403,449		93,403,449	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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)	93,403,449		93,403,449	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,938,517		21,938,517	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,938,517		21,938,517	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	115,341,966		115,341,966	17.00
18.00	Ancillary services	321,509,999	529,447,073	850,957,072	18.00
19.00	Outpatient services	28,340,312	74,872,277	103,212,589	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				26.00
27.00	OTHER	4,260,406	46,387	4,306,793	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	469,452,683	604,365,737	1,073,818,420	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		254,533,211		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)		254,533,211		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0187

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

Worksheet G-3

Date/Time Prepared:
11/23/2021 3:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,073,818,420	1.00
2.00	Less contractual allowances and discounts on patients' accounts	817,168,507	2.00
3.00	Net patient revenues (line 1 minus line 2)	256,649,913	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	254,533,211	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,116,702	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	1,107,259	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER IDENTIFIED ON TRIAL BALANCE	-397,991	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	709,268	25.00
26.00	Total (line 5 plus line 25)	2,825,970	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,825,970	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0187	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/23/2021 3:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,543,342	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		130,878	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)		111.32	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.22	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)		56,462	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.41	8.00
9.00	Sum of lines 7 and 8		20.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.32	10.00
11.00	Disproportionate share adjustment (see instructions)		109,872	11.00
12.00	Total prospective capital payments (see instructions)		2,840,554	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