

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: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 11:24 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/29/2021	Time: 11:24 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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 ELMHURST MEMORIAL HOSPITAL (14-0200) 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) DENISE CHAMBERLAIN

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	925,728	207,508	0	-694	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	925,728	207,508	0	-694	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: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:24 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 155 E BRUSH HILL ROAD			PO Box:				1.00	
2.00	City: ELMHURST			State: IL		Zip Code: 60126		County: DUPAGE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ELMHURST MEMORIAL HOSPITAL	140200	16974	1	07/01/1966	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 11:24 am

MCRIF32 - 16.12.172.6

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:24 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0200

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:24 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		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.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	3.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		0		8,940,256118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

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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		14H131		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: EDWARD ELMHURST HEALTH	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 4201 WINFIELD RD	PO Box:				142.00	
143.00	City: WARRENVILLE	State: IL		Zip Code: 60555		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: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:24 am
			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: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 11:24 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/11/2021	Y	10/11/2021
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)	N		N	
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: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/29/2021 11:24 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 11:24 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT		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: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 11:24 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	219	79,935	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)		219	79,935	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	39	14,235	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)		258	94,170	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		258			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: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 11:24 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,985	1,498	56,895			1.00
2.00	HMO and other (see instructions)	12,257	7,625				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)	24,985	1,498	56,895			7.00
8.00	INTENSIVE CARE UNIT	1,900	392	10,910			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		92	6,966			13.00
14.00	Total (see instructions)	26,885	1,982	74,771	0.00	2,004.07	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			880			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,004.07	27.00
28.00	Observation Bed Days		0	5,894			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	63	1,946			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: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 11:24 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,395	489	17,048	1.00
2.00 HMO and other (see instructions)			2,163	2,385		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	5,395	489	17,048	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 11:24 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	141,162,778	0	141,162,778	4,093,191.00	34.49
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		227,494	0	227,494	1,592.00	142.90
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		852,356	0	852,356	5,206.00	163.73
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,442,627	139,652	3,582,279	132,238.00	27.09
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,206,332	0	2,206,332	26,110.00	84.50
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		1,425,299	0	1,425,299	5,183.00	274.99
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		32,403,109	0	32,403,109	750,181.00	43.19
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)		36,674,119	0	36,674,119		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		303,515	0	303,515		
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		18,145	0	18,145		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		59,432	0	59,432		
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)		7,523,470	0	7,523,470		
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: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 11:24 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,312,300	0	1,312,300	24,158.00	54.32	26.00
27.00	Administrative & General	5.00	8,456,135	-227,494	8,228,641	242,251.00	33.97	27.00
28.00	Administrative & General under contract (see inst.)		3,266,726	0	3,266,726	32,702.00	99.89	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,936,303	-42,696	1,893,607	51,148.00	37.02	30.00
31.00	Laundry & Linen Service	8.00	1,269,495	0	1,269,495	65,576.00	19.36	31.00
32.00	Housekeeping	9.00	4,485,806	-96,956	4,388,850	240,918.00	18.22	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,070,199	-1,448,736	1,621,463	79,499.00	20.40	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,448,736	1,448,736	71,030.00	20.40	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,469,665	0	2,469,665	33,653.00	73.39	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,756,326	0	3,756,326	81,579.00	46.05	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 11:24 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	143,577,148	0	143,577,148	4,120,687.00	34.84	1.00
2.00	Excluded area salaries (see instructions)	3,442,627	139,652	3,582,279	132,238.00	27.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	140,134,521	-139,652	139,994,869	3,988,449.00	35.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,034,740	0	36,034,740	781,474.00	46.11	4.00
5.00	Subtotal wage-related costs (see inst.)	44,215,734	0	44,215,734	0.00	31.58	5.00
6.00	Total (sum of lines 3 thru 5)	220,384,995	-139,652	220,245,343	4,769,923.00	46.17	6.00
7.00	Total overhead cost (see instructions)	30,022,955	-367,146	29,655,809	922,514.00	32.15	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2021 11:24 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,000,340	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)		2,000,000	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)		17,088,715	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		497,072	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		94,983	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)		1,019,244	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		950,400	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		10,131,356	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		73,192	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		199,910	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		37,055,212	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0200

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/29/2021 11:24 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,206,332	37,055,212	1.00
2.00	Hospital	2,206,332	36,674,119	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	381,093	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0200

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

Worksheet S-5

Date/Time Prepared:
11/29/2021 11:24 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	0	0					5.00	
6.00	Number of stations	0	0	0	0			6.00	
7.00	Treatment capacity per day per station	0	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	4	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable								21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		0	0	0	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0200

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

Worksheet S-5

Date/Time Prepared:
11/29/2021 11:24 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 11:24 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.156485		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		28,719,841		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		292,746,913		6.00
7.00	Medicaid cost (line 1 times line 6)		45,810,501		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)		17,090,660		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)		17,090,660		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)	25,841,450	6,394,348	32,235,798	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,043,799	6,394,348	10,438,147	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)	4,043,799	6,394,348	10,438,147	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)		24,042,110		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,599,517		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,460,795		27.01
28.00	Non-Medicare bad debt expense (see instructions)		21,581,315		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,238,430		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,676,577		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		31,767,237		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0200

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

Worksheet A

Date/Time Prepared:

11/29/2021 11:24 am

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		14,121,724	14,121,724	-315,246	13,806,478	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,650,564	10,650,564	0	10,650,564	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,312,300	20,088,704	21,401,004	0	21,401,004	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,456,135	127,754,381	136,210,516	5,200,644	141,411,160	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,936,303	14,133,968	16,070,271	-5,828,857	10,241,414	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,269,495	798,728	2,068,223	0	2,068,223	8.00
9.00	00900	HOUSEKEEPING	4,485,806	1,304,112	5,789,918	-103,112	5,686,806	9.00
10.00	01000	DIETARY	3,070,199	1,818,509	4,888,708	-2,306,836	2,581,872	10.00
11.00	01100	CAFETERIA	0	0	0	2,306,836	2,306,836	11.00
13.00	01300	NURSING ADMINISTRATION	2,469,665	78,103	2,547,768	0	2,547,768	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,756,326	47,244,845	51,001,171	-51,306,382	-305,211	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	430,687	9,331	440,018	0	440,018	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,330,339	3,551,482	30,881,821	-3,733,644	27,148,177	30.00
31.00	03100	INTENSIVE CARE UNIT	7,636,152	1,968,618	9,604,770	-1,071,588	8,533,182	31.00
43.00	04300	NURSERY	1,527,369	121,354	1,648,723	1,537,050	3,185,773	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,004,768	52,962,920	66,967,688	-49,053,593	17,914,095	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,396,743	828,477	5,225,220	-704,171	4,521,049	52.00
53.00	05300	ANESTHESIOLOGY	233,047	708,783	941,830	-471,174	470,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,908,465	3,129,287	8,037,752	-3,331,416	4,706,336	54.00
54.01	03630	ULTRASOUND	1,483,288	283,813	1,767,101	-111,871	1,655,230	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,411,132	394,316	2,805,448	-96,535	2,708,913	55.00
55.01	05501	CYBERKNIFE	534,595	1,475,674	2,010,269	51,049	2,061,318	55.01
56.00	05600	RADIOISOTOPE	639,175	2,685,326	3,324,501	60,335	3,384,836	56.00
57.00	05700	CT SCAN	1,190,441	1,161,734	2,352,175	-458,556	1,893,619	57.00
58.00	05800	MRI	889,412	232,951	1,122,363	-98,792	1,023,571	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,462,181	10,068,756	12,530,937	-9,416,716	3,114,221	59.00
60.00	06000	LABORATORY	6,678,606	19,527,127	26,205,733	-11,636,583	14,569,150	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,968,824	942,274	2,911,098	-395,267	2,515,831	65.00
65.01	03610	SLEEP LAB	480,999	139,446	620,445	-60,345	560,100	65.01
66.00	06600	PHYSICAL THERAPY	3,622,354	38,976	3,661,330	-23,549	3,637,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	912,439	3,039	915,478	-2,430	913,048	67.00
68.00	06800	SPEECH PATHOLOGY	377,946	1,686	379,632	3	379,635	68.00
69.00	06900	ELECTROCARDIOLOGY	912,676	1,972,527	2,885,203	-272,052	2,613,151	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	341,529	410,646	752,175	-393,901	358,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,460,858	42,460,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,590,821	40,590,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,992,509	48,992,509	73.00
74.00	07400	RENAL DIALYSIS	0	1,040,086	1,040,086	-631	1,039,455	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	496,011	11,923	507,934	-7,570	500,364	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,452,369	5,332,411	20,784,780	-491,149	20,293,631	90.00
90.01	09001	OUTPATIENT CLINICS	2,774,966	1,025,876	3,800,842	-389,172	3,411,670	90.01
90.02	09003	OUTPATIENT SERVICES	0	0	0	1,232,748	1,232,748	90.02
91.00	09100	EMERGENCY	7,298,096	2,066,375	9,364,471	-845,642	8,518,829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	138,150,838	350,088,852	488,239,690	-493,927	487,745,763	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	379,233	570,411	949,644	0	949,644	190.00
190.01	19001	FOUNDATION	532,654	10,126	542,780	0	542,780	190.01
191.00	19100	RESEARCH	114,365	17,915	132,280	0	132,280	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	950,807	950,807	493,927	1,444,734	192.00
192.01	19201	SCHOOL NURSES	1,985,688	419	1,986,107	0	1,986,107	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	141,162,778	351,638,530	492,801,308	0	492,801,308	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0200

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

Worksheet A

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	13,806,478	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,131,170	13,781,734	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,147,885	27,548,889	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-21,090,394	120,320,766	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,872,595	8,368,819	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,117,104	951,119	8.00
9.00	00900	HOUSEKEEPING	-20,129	5,666,677	9.00
10.00	01000	DIETARY	0	2,581,872	10.00
11.00	01100	CAFETERIA	-1,387,777	919,059	11.00
13.00	01300	NURSING ADMINISTRATION	-161,979	2,385,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	389,012	83,801	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,563,943	2,563,943	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	-2,400	437,618	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	360	27,148,537	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,022	8,531,160	31.00
43.00	04300	NURSERY	0	3,185,773	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	17,914,095	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-288,989	4,232,060	52.00
53.00	05300	ANESTHESIOLOGY	0	470,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-74,082	4,632,254	54.00
54.01	03630	ULTRASOUND	-500	1,654,730	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,708,913	55.00
55.01	05501	CYBERKNIFE	-444,659	1,616,659	55.01
56.00	05600	RADIOISOTOPE	0	3,384,836	56.00
57.00	05700	CT SCAN	-20,225	1,873,394	57.00
58.00	05800	MRI	0	1,023,571	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,114,221	59.00
60.00	06000	LABORATORY	-6,915,333	7,653,817	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,515,831	65.00
65.01	03610	SLEEP LAB	0	560,100	65.01
66.00	06600	PHYSICAL THERAPY	-21,402	3,616,379	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	913,048	67.00
68.00	06800	SPEECH PATHOLOGY	0	379,635	68.00
69.00	06900	ELECTROCARDIOLOGY	-244,680	2,368,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	358,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,460,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,590,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,992,509	73.00
74.00	07400	RENAL DIALYSIS	0	1,039,455	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	500,364	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,313,197	17,980,434	90.00
90.01	09001	OUTPATIENT CLINICS	-899,189	2,512,481	90.01
90.02	09003	OUTPATIENT SERVICES	0	1,232,748	90.02
91.00	09100	EMERGENCY	0	8,518,829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-24,644,286	463,101,477	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	949,644	190.00
190.01	19001	FOUNDATION	0	542,780	190.01
191.00	19100	RESEARCH	0	132,280	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,444,734	192.00
192.01	19201	SCHOOL NURSES	0	1,986,107	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-24,644,286	468,157,022	200.00

RECLASSIFICATIONS

Provider CCN: 14-0200

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:24 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	1,448,736	858,100		1.00
	TOTALS		1,448,736	858,100		
	C - DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	48,992,509		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,313,873		2.00
	TOTALS		0	51,306,382		
	D - RADIOLOGY SUPPORT					
1.00	ULTRASOUND	54.01	122,367	1,367		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	198,910	1,900		2.00
3.00	CYBERKNIFE	55.01	44,102	7,109		3.00
4.00	RADIOISOTOPE	56.00	52,730	12,936		4.00
5.00	CT SCAN	57.00	98,207	5,596		5.00
6.00	MRI	58.00	73,374	1,122		6.00
	TOTALS		589,690	30,030		
	E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,460,858		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	42,460,858		
	G - NURSERY					
1.00	NURSERY	43.00	1,114,373	132,483		1.00
	TOTALS		1,114,373	132,483		
	I - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	0	5		1.00
2.00	SPEECH PATHOLOGY	68.00	0	3		2.00
	TOTALS		0	8		
	J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	40,590,821		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	TOTALS		0	40,590,821		
	K - LOMBARD POB COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	102,872	54,322		1.00
2.00		0.00	0	0		2.00
	TOTALS		102,872	54,322		

RECLASSIFICATIONS

Provider CCN: 14-0200

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	L - POB BUILDING COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	36,780	299,953	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	344,177	2.00	
	TOTALS		36,780	644,130		
	M - PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	1,051,228	1.00	
2.00	NURSERY	43.00	0	379,003	2.00	
3.00	OPERATING ROOM	50.00	0	318,673	3.00	
4.00	EMERGENCY	91.00	0	557,900	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	56,623	5.00	
6.00	CLINIC	90.00	0	275,596	6.00	
	TOTALS		0	2,639,023		
	O - OUTPATIENT SERVICE RECLASS					
1.00	OUTPATIENT SERVICES	90.02	1,073,842	158,906	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		1,073,842	158,906		
	P - PHYSICIANS RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	227,494	0	1.00	
	TOTALS		227,494	0		
	Q - CLINICAL ENGINEERING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,409,111	1.00	
	TOTALS		0	5,409,111		
500.00	Grand Total: Increases		4,593,787	144,284,174	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0200

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:24 am

	Decreases						11/29/2021	11:24 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - CAFETERIA							
1.00	DIETARY	10.00	1,448,736	858,100	0			1.00
	TOTALS		1,448,736	858,100				
	C - DRUGS SOLD							
1.00	PHARMACY	15.00	0	51,306,382	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	51,306,382				
	D - RADIOLOGY SUPPORT							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	589,690	30,030	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
	TOTALS		589,690	30,030				
	E - CHARGEABLE SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	2,449,362	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,054,315	0			2.00
3.00	NURSERY	43.00	0	88,805	0			3.00
4.00	OPERATING ROOM	50.00	0	15,009,946	0			4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	701,403	0			5.00
6.00	ANESTHESIOLOGY	53.00	0	471,129	0			6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,002,417	0			7.00
8.00	ULTRASOUND	54.01	0	234,510	0			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	297,345	0			9.00
10.00	CYBERKNIFE	55.01	0	162	0			10.00
11.00	RADIOISOTOPE	56.00	0	5,331	0			11.00
12.00	CT SCAN	57.00	0	552,479	0			12.00
13.00	MRI	58.00	0	173,288	0			13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	4,068,094	0			14.00
15.00	LABORATORY	60.00	0	11,636,583	0			15.00
16.00	RESPIRATORY THERAPY	65.00	0	451,813	0			16.00
17.00	SLEEP LAB	65.01	0	60,345	0			17.00
18.00	PHYSICAL THERAPY	66.00	0	23,529	0			18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	2,435	0			19.00
21.00	ELECTROCARDIOLOGY	69.00	0	272,052	0			21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	393,901	0			22.00
23.00	RENAL DIALYSIS	74.00	0	631	0			23.00
24.00	CARDIAC REHABILITATION	76.97	0	7,570	0			24.00
25.00	CLINIC	90.00	0	765,615	0			25.00
26.00	OUTPATIENT CLINICS	90.01	0	375,011	0			26.00
27.00	EMERGENCY	91.00	0	1,362,787	0			27.00
	TOTALS		0	42,460,858				
	G - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,114,373	132,483	0			1.00
	TOTALS		1,114,373	132,483				
	I - REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	0	8	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	8				
	J - IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	98,589	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,084	0			2.00
3.00	NURSERY	43.00	0	4	0			3.00
4.00	OPERATING ROOM	50.00	0	34,362,320	0			4.00
5.00	ANESTHESIOLOGY	53.00	0	45	0			5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	709,279	0			6.00
7.00	ULTRASOUND	54.01	0	1,095	0			7.00
8.00	CT SCAN	57.00	0	9,880	0			8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	5,348,622	0			9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,768	0			10.00
11.00	RESPIRATORY THERAPY	65.00	0	77	0			11.00
12.00	CLINIC	90.00	0	1,130	0			12.00
13.00	OUTPATIENT CLINICS	90.01	0	14,161	0			13.00
14.00	EMERGENCY	91.00	0	40,755	0			14.00
15.00	PHYSICAL THERAPY	66.00	0	12	0			15.00
	TOTALS		0	40,590,821				
	K - LOMBARD POB COSTS							
1.00	OPERATION OF PLANT	7.00	5,916	48,166	0			1.00
2.00	HOUSEKEEPING	9.00	96,956	6,156	0			2.00
	TOTALS		102,872	54,322				

RECLASSIFICATIONS

Provider CCN: 14-0200

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:24 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
L - POB BUILDING COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	315,246	9	1.00
2.00	OPERATION OF PLANT	7.00	36,780	328,884	0	2.00
	TOTALS		36,780	644,130		
M - PHYSICIAN FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,639,023	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		0	2,639,023		
O - OUTPATIENT SERVICE RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,060,584	156,975	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	13,258	1,931	0	2.00
	TOTALS		1,073,842	158,906		
P - PHYSICIANS RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	227,494	0	0	1.00
	TOTALS		227,494	0		
Q - CLINICAL ENGINEERING						
1.00	OPERATION OF PLANT	7.00	0	5,409,111	0	1.00
	TOTALS		0	5,409,111		
500.00	Grand Total: Decreases		4,593,787	144,284,174		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 11:24 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	32,059,107	319,013	0	319,013	1,857,577	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	467,134,457	10,552,930	0	10,552,930	18,955,731	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	230,628,160	3,365,628	0	3,365,628	12,474,019	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	729,821,724	14,237,571	0	14,237,571	33,287,327	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	729,821,724	14,237,571	0	14,237,571	33,287,327	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	30,520,543	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	458,731,656	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	221,519,769	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	710,771,968	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	710,771,968	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	14,121,724	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,650,564	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,772,288	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	14,121,724				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,650,564				2.00
3.00	Total (sum of lines 1-2)	0	24,772,288				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	458,731,656	0	458,731,656	0.675166	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	220,704,166	0	220,704,166	0.324834	0	2.00
3.00	Total (sum of lines 1-2)	679,435,822	0	679,435,822	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	13,806,478	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,781,734	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,588,212	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	13,806,478	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,781,734	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	27,588,212	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0200

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-47,001	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,887,490			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	-7,871,044			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,387,777	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		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	GOODWILL	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0200

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.04	PATIENT PHONE DEPRECIATION	A	-4,503	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
33.05	OFFSET OCC HEALTH COSTS	A	-1,025,586	CLINIC	90.00	0	33.05
33.06	OFFSET OCC HEALTH COSTS	A	-232,793	OUTPATIENT CLINICS	90.01	0	33.06
33.10	PENSION INCOME CREDITED TO EXPENSE	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
34.00	DONATIONS	A	-87,112	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00	PHYSICIAN PROFESSIONAL COMPONENT	A	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	35.00
36.01	OTHER REVENUE	B	-50	CT SCAN	57.00	0	36.01
36.02	OTHER REVENUE	B	-805,727	ADMINISTRATIVE & GENERAL	5.00	0	36.02
36.03	OTHER REVENUE	B	-1,872,595	OPERATION OF PLANT	7.00	0	36.03
36.04	OTHER REVENUE	B	-1,117,104	LAUNDRY & LINEN SERVICE	8.00	0	36.04
36.05	OTHER REVENUE	B	-20,129	HOUSEKEEPING	9.00	0	36.05
36.07	OTHER REVENUE	B	-161,979	NURSING ADMINISTRATION	13.00	0	36.07
36.08	OTHER REVENUE	B	-2,400	PARAMED ED PRGM-PASTORAL CARE	23.00	0	36.08
36.09	OTHER REVENUE	B	360	ADULTS & PEDIATRICS	30.00	0	36.09
36.10	OTHER REVENUE	B	-2,022	INTENSIVE CARE UNIT	31.00	0	36.10
36.11	OTHER REVENUE	B	-288,989	DELIVERY ROOM & LABOR ROOM	52.00	0	36.11
36.12	OTHER REVENUE	B	-74,082	RADIOLOGY-DIAGNOSTIC	54.00	0	36.12
36.13	OTHER REVENUE	B	-444,659	CYBERKNIFE	55.01	0	36.13
36.14	OTHER REVENUE	B	-6,588,404	LABORATORY	60.00	0	36.14
36.15	OTHER REVENUE	B	-21,402	PHYSICAL THERAPY	66.00	0	36.15
36.16	OTHER REVENUE	B	-689,597	CLINIC	90.00	0	36.16
36.17	OTHER REVENUE	B	-12,201	OUTPATIENT CLINICS	90.01	0	36.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,644,286				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: 14-0200

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 11:24 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	0.00			0	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION EXPENSE	3,135,673	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	6,147,885	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	A & G	56,564,581	74,692,840	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	6,960,958	8,940,256	3.02
3.03	15.00	PHARMACY	RX	389,012	0	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	2,563,943	0	3.04
3.05	30.00	ADULTS & PEDIATRICS	LINDEN OAKS CRISIS CENTER	225,135	225,135	3.05
3.06	91.00	EMERGENCY	LINDEN OAKS CRISIS CENTER	463,538	463,538	3.06
4.00	54.00	RADIOLOGY-DIAGNOSTIC	LINDEN OAKS CRISIS CENTER	116	116	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			76,450,841	84,321,885	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	B	EDWARD ELMHURST HEALTH	100.00		0.00	6.00
7.00	B	ELMHURST MEMORI	100.00		0.00	7.00
8.00	C	LINDEN OAKS HOS	100.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				0.00	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.

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

Provider CCN: 14-0200

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 11:24 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

1.00	0	11		1.00
2.00	3,135,673	9		2.00
3.00	6,147,885	0		3.00
3.01	-18,128,259	0		3.01
3.02	-1,979,298	0		3.02
3.03	389,012	0		3.03
3.04	2,563,943	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
4.00	0	0		4.00
5.00	-7,871,044			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: 14-0200

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 11:24 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	230,500	0	230,500	211,500	1,844	1.00
2.00	54.01	ULTRASOUND	500	500	0	0	0	2.00
3.00	57.00	CT SCAN	20,175	20,175	0	0	0	3.00
4.00	60.00	LABORATORY	326,929	326,929	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	244,680	244,680	0	0	0	5.00
6.00	90.00	CLINIC	198,061	198,061	0	0	0	6.00
7.00	90.01	OUTPATIENT CLINICS	201,792	201,792	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	90.00	CLINIC	399,953	399,953	0	0	0	10.00
11.00	90.01	OUTPATIENT CLINICS	452,403	452,403	0	0	0	11.00
200.00			2,074,993	1,844,493	230,500		1,844	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	187,503	9,375	0	0	0	1.00
2.00	54.01	ULTRASOUND	0	0	0	0	0	2.00
3.00	57.00	CT SCAN	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	90.01	OUTPATIENT CLINICS	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
11.00	90.01	OUTPATIENT CLINICS	0	0	0	0	0	11.00
200.00			187,503	9,375	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	187,503	42,997	42,997		1.00
2.00	54.01	ULTRASOUND	0	0	0	500		2.00
3.00	57.00	CT SCAN	0	0	0	20,175		3.00
4.00	60.00	LABORATORY	0	0	0	326,929		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	244,680		5.00
6.00	90.00	CLINIC	0	0	0	198,061		6.00
7.00	90.01	OUTPATIENT CLINICS	0	0	0	201,792		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	90.00	CLINIC	0	0	0	399,953		10.00
11.00	90.01	OUTPATIENT CLINICS	0	0	0	452,403		11.00
200.00			0	187,503	42,997	1,887,490		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,806,478	13,806,478			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,781,734	13,781,734			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,548,889	122,879	17,104	27,688,872	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	120,320,766	2,347,808	4,531,301	1,629,180	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	8,368,819	4,319,050	1,093,948	374,913	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	951,119	38,805	117,905	251,346	8.00
9.00	00900	HOUSEKEEPING	5,666,677	102,745	37,688	868,944	9.00
10.00	01000	DIETARY	2,581,872	292,132	175,105	321,032	10.00
11.00	01100	CAFETERIA	919,059	36,039	0	286,834	11.00
13.00	01300	NURSING ADMINISTRATION	2,385,789	36,275	3,078	488,967	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	83,801	147,654	115,072	743,711	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,563,943	0	20,569	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	437,618	34,104	60	85,271	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,148,537	2,806,587	668,570	5,025,543	30.00
31.00	03100	INTENSIVE CARE UNIT	8,531,160	468,827	97,885	1,509,249	31.00
43.00	04300	NURSERY	3,185,773	0	5,130	523,036	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,914,095	885,563	2,020,492	2,772,790	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,232,060	26,127	218,678	870,507	52.00
53.00	05300	ANESTHESIOLOGY	470,656	5,012	115,962	46,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,632,254	231,591	786,295	855,070	54.00
54.01	03630	ULTRASOUND	1,654,730	45,616	171,257	317,902	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,708,913	289,154	628,274	516,760	55.00
55.01	05501	CYBERKNIFE	1,616,659	20,891	0	114,576	55.01
56.00	05600	RADIOISOTOPE	3,384,836	43,879	25,911	136,990	56.00
57.00	05700	CT SCAN	1,873,394	50,740	128,310	255,138	57.00
58.00	05800	MRI	1,023,571	76,655	394,323	190,621	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,114,221	293,397	405,697	487,485	59.00
60.00	06000	LABORATORY	7,653,817	260,050	852,965	1,322,291	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,515,831	41,162	65,677	389,805	65.00
65.01	03610	SLEEP LAB	560,100	0	14,845	95,233	65.01
66.00	06600	PHYSICAL THERAPY	3,616,379	47,092	22,509	717,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	913,048	130,608	2,407	180,653	67.00
68.00	06800	SPEECH PATHOLOGY	379,635	0	0	74,829	68.00
69.00	06900	ELECTROCARDIOLOGY	2,368,471	0	73,727	180,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	358,274	0	3,886	67,619	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,460,858	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,590,821	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,992,509	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,039,455	2,742	374	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	500,364	2,159	40,193	98,205	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,980,434	0	688,728	3,059,399	90.00
90.01	09001	OUTPATIENT CLINICS	2,512,481	0	33,760	549,413	90.01
90.02	09003	OUTPATIENT SERVICES	1,232,748	0	0	212,609	90.02
91.00	09100	EMERGENCY	8,518,829	550,730	195,865	1,444,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	463,101,477	13,756,073	13,773,550	27,064,891	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	949,644	38,557	7,190	75,084	190.00
190.01	19001	FOUNDATION	542,780	11,848	0	105,460	190.01
191.00	19100	RESEARCH	132,280	0	0	22,643	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,444,734	0	994	27,650	192.00
192.01	19201	SCHOOL NURSES	1,986,107	0	0	393,144	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	468,157,022	13,806,478	13,781,734	27,688,872	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	128,829,055					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	5,374,730	0	19,531,460			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	516,023	0	108,017	1,983,215		8.00
9.00	00900	HOUSEKEEPING	2,534,624	0	285,995	15,062	9,511,735	9.00
10.00	01000	DIETARY	1,279,504	0	813,163	0	404,160	10.00
11.00	01100	CAFETERIA	471,511	0	100,316	0	49,859	11.00
13.00	01300	NURSING ADMINISTRATION	1,100,368	0	100,972	0	50,185	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	413,919	0	411,002	0	204,277	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	981,233	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	211,490	0	94,929	0	47,182	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,534,554	0	7,812,279	384,313	3,882,876	30.00
31.00	03100	INTENSIVE CARE UNIT	4,027,089	0	1,305,005	104,114	648,616	31.00
43.00	04300	NURSERY	1,410,030	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,957,272	0	2,465,009	187,791	1,225,164	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,030,178	0	72,725	0	36,146	52.00
53.00	05300	ANESTHESIOLOGY	242,136	0	13,951	0	6,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,469,762	0	644,646	74,438	320,404	54.00
54.01	03630	ULTRASOUND	831,265	0	126,975	1,109	63,109	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,572,966	0	804,876	2,876	400,041	55.00
55.01	05501	CYBERKNIFE	665,210	0	58,152	0	28,903	55.01
56.00	05600	RADIOISOTOPE	1,363,589	0	122,140	14,543	60,706	56.00
57.00	05700	CT SCAN	876,094	0	141,237	9,729	70,198	57.00
58.00	05800	MRI	639,790	0	213,374	25,486	106,052	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,632,837	0	816,686	27,033	405,911	59.00
60.00	06000	LABORATORY	3,830,426	0	723,863	353	359,776	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,143,713	0	114,578	0	56,948	65.00
65.01	03610	SLEEP LAB	254,439	0	0	4,875	0	65.01
66.00	06600	PHYSICAL THERAPY	1,671,702	0	131,084	4,188	65,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	465,734	0	363,555	0	180,695	67.00
68.00	06800	SPEECH PATHOLOGY	172,541	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	995,807	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,169	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,120,647	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,410,671	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,600,587	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	395,821	0	7,632	2,308	3,793	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	243,331	0	6,009	577	2,986	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,249,444	0	0	17,867	0	90.00
90.01	09001	OUTPATIENT CLINICS	1,175,293	0	0	22,373	0	90.01
90.02	09003	OUTPATIENT SERVICES	548,743	0	0	9,006	0	90.02
91.00	09100	EMERGENCY	4,066,287	0	1,532,986	182,501	761,928	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	126,650,529	0	19,391,156	1,090,542	9,442,001	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	406,415	0	107,326	10,814	53,343	190.00
190.01	19001	FOUNDATION	250,608	0	32,978	0	16,391	190.01
191.00	19100	RESEARCH	58,818	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	559,381	0	0	881,859	0	192.00
192.01	19201	SCHOOL NURSES	903,304	0	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	128,829,055	0	19,531,460	1,983,215	9,511,735	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,866,968					10.00
11.00	01100	CAFETERIA	0	1,863,618				11.00
13.00	01300	NURSING ADMINISTRATION	0	18,518	4,190,152			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	0	44,889	0	0	2,164,325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	10,001	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,191,632	404,127	1,634,246	0	7,279	30.00
31.00	03100	INTENSIVE CARE UNIT	497,765	104,751	423,603	0	2,243	31.00
43.00	04300	NURSERY	0	33,484	135,406	0	10	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	221,010	893,739	0	3,401	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	177,571	63,506	256,811	0	1,454	52.00
53.00	05300	ANESTHESIOLOGY	0	5,600	22,648	0	9,382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,970	0	0	119	54.00
54.01	03630	ULTRASOUND	0	20,401	0	0	87	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,290	134,623	0	1,140	55.00
55.01	05501	CYBERKNIFE	0	5,068	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	8,493	0	0	107,531	56.00
57.00	05700	CT SCAN	0	17,016	0	0	5,663	57.00
58.00	05800	MRI	0	12,151	0	0	5	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,338	0	0	741	59.00
60.00	06000	LABORATORY	0	122,584	0	0	55	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	30,765	0	0	55	65.00
65.01	03610	SLEEP LAB	0	8,224	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	52,968	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,027	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,398	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,133	0	0	496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,785	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,879,241	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	7,380	29,844	0	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	291,840	0	0	141,909	90.00
90.01	09001	OUTPATIENT CLINICS	0	28,659	115,893	0	646	90.01
90.02	09003	OUTPATIENT SERVICES	0	17,046	68,931	0	0	90.02
91.00	09100	EMERGENCY	0	117,315	474,408	0	2,865	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,866,968	1,804,737	4,190,152	0	2,164,325	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,630	0	0	0	190.00
190.01	19001	FOUNDATION	0	7,211	0	0	0	190.01
191.00	19100	RESEARCH	0	1,253	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SCHOOL NURSES	0	39,787	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,866,968	1,863,618	4,190,152	0	2,164,325	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,565,745					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	920,655			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	257,560	0	534,386	69,292,489	0	30.00
31.00	03100	INTENSIVE CARE UNIT	57,969	0	145,214	17,923,490	0	31.00
43.00	04300	NURSERY	28,861	0	0	5,321,730	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	344,275	0	0	37,890,601	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,436	0	0	8,033,199	0	52.00
53.00	05300	ANESTHESIOLOGY	141,871	0	0	1,080,293	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	134,606	0	0	10,212,155	0	54.00
54.01	03630	ULTRASOUND	59,203	0	0	3,291,654	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	81,824	0	0	7,174,737	0	55.00
55.01	05501	CYBERKNIFE	10,569	0	0	2,520,028	0	55.01
56.00	05600	RADIOISOTOPE	43,509	0	0	5,312,127	0	56.00
57.00	05700	CT SCAN	251,052	0	0	3,678,571	0	57.00
58.00	05800	MRI	67,851	0	0	2,749,879	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	100,619	0	0	7,314,965	0	59.00
60.00	06000	LABORATORY	418,468	0	0	15,544,648	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	38,132	0	0	4,396,666	0	65.00
65.01	03610	SLEEP LAB	11,875	0	0	949,591	0	65.01
66.00	06600	PHYSICAL THERAPY	43,254	0	0	6,371,514	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,038	0	0	2,260,765	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,200	0	0	636,603	0	68.00
69.00	06900	ELECTROCARDIOLOGY	33,547	0	0	3,665,881	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,534	0	0	605,267	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,052	0	0	58,732,557	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	265,569	0	0	56,267,061	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	505,175	0	0	69,977,512	0	73.00
74.00	07400	RENAL DIALYSIS	7,823	0	0	1,459,949	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,375	0	0	940,425	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	101,861	0	0	30,531,482	0	90.00
90.01	09001	OUTPATIENT CLINICS	21,752	0	95,841	4,556,111	0	90.01
90.02	09003	OUTPATIENT SERVICES	9,617	0	0	2,098,700	0	90.02
91.00	09100	EMERGENCY	294,268	0	145,214	18,288,139	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,565,745	0	920,655	459,078,789	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,659,003	0	190.00
190.01	19001	FOUNDATION	0	0	0	967,276	0	190.01
191.00	19100	RESEARCH	0	0	0	214,994	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,914,618	0	192.00
192.01	19201	SCHOOL NURSES	0	0	0	3,322,342	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,565,745	0	920,655	468,157,022	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	CYBERKNIFE	55.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03610	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	ACUPUNCTURE	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OUTPATIENT CLINICS	90.01
90.02	09003	OUTPATIENT SERVICES	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	FOUNDATION	190.01
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	SCHOOL NURSES	192.01
194.00	07950	OUTPATIENT PHARMACY	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	122,879	17,104	139,983	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	174,810	2,347,808	4,531,301	7,053,919	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	85,811	4,319,050	1,093,948	5,498,809	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,876	38,805	117,905	170,586	8.00
9.00	00900	HOUSEKEEPING	2,650	102,745	37,688	143,083	9.00
10.00	01000	DIETARY	20,542	292,132	175,105	487,779	10.00
11.00	01100	CAFETERIA	0	36,039	0	36,039	11.00
13.00	01300	NURSING ADMINISTRATION	0	36,275	3,078	39,353	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	793,991	147,654	115,072	1,056,717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	20,569	20,569	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	34,104	60	34,164	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,357	2,806,587	668,570	3,510,514	30.00
31.00	03100	INTENSIVE CARE UNIT	9,994	468,827	97,885	576,706	31.00
43.00	04300	NURSERY	5,073	0	5,130	10,203	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	985,935	885,563	2,020,492	3,891,990	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,694	26,127	218,678	259,499	52.00
53.00	05300	ANESTHESIOLOGY	540	5,012	115,962	121,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	199,757	231,591	786,295	1,217,643	54.00
54.01	03630	ULTRASOUND	0	45,616	171,257	216,873	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,104	289,154	628,274	918,532	55.00
55.01	05501	CYBERKNIFE	0	20,891	0	20,891	55.01
56.00	05600	RADIOISOTOPE	2,002	43,879	25,911	71,792	56.00
57.00	05700	CT SCAN	5	50,740	128,310	179,055	57.00
58.00	05800	MRI	5,714	76,655	394,323	476,692	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,668	293,397	405,697	710,762	59.00
60.00	06000	LABORATORY	58,823	260,050	852,965	1,171,838	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	112,583	41,162	65,677	219,422	65.00
65.01	03610	SLEEP LAB	7,207	0	14,845	22,052	65.01
66.00	06600	PHYSICAL THERAPY	2,113	47,092	22,509	71,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	130,608	2,407	133,015	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,370	0	73,727	78,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,886	3,886	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,742	374	3,116	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,010	2,159	40,193	43,362	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,921,248	0	688,728	2,609,976	90.00
90.01	09001	OUTPATIENT CLINICS	95,212	0	33,760	128,972	90.01
90.02	09003	OUTPATIENT SERVICES	0	0	0	0	90.02
91.00	09100	EMERGENCY	25,034	550,730	195,865	771,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,591,123	13,756,073	13,773,550	32,120,746	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,479	38,557	7,190	55,226	190.00
190.01	19001	FOUNDATION	0	11,848	0	11,848	190.01
191.00	19100	RESEARCH	20	0	0	20	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	994	994	192.00
192.01	19201	SCHOOL NURSES	0	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,600,622	13,806,478	13,781,734	32,188,834	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,062,156					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	294,630	0	5,795,335			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,287	0	32,050	232,194		8.00
9.00	00900	HOUSEKEEPING	138,942	0	84,860	1,763	373,041	9.00
10.00	01000	DIETARY	70,139	0	241,280	0	15,851	10.00
11.00	01100	CAFETERIA	25,847	0	29,766	0	1,955	11.00
13.00	01300	NURSING ADMINISTRATION	60,648	0	29,960	0	1,968	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	22,690	0	121,952	0	8,012	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,789	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	11,593	0	28,167	0	1,850	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	741,932	0	2,318,044	44,995	152,283	30.00
31.00	03100	INTENSIVE CARE UNIT	220,755	0	387,218	12,190	25,438	31.00
43.00	04300	NURSERY	77,294	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	491,016	0	731,413	21,986	48,050	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,290	0	21,579	0	1,418	52.00
53.00	05300	ANESTHESIOLOGY	13,273	0	4,140	0	272	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,386	0	191,278	8,715	12,566	54.00
54.01	03630	ULTRASOUND	45,568	0	37,676	130	2,475	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	86,226	0	238,821	337	15,689	55.00
55.01	05501	CYBERKNIFE	36,465	0	17,255	0	1,134	55.01
56.00	05600	RADIOISOTOPE	74,749	0	36,241	1,703	2,381	56.00
57.00	05700	CT SCAN	48,025	0	41,907	1,139	2,753	57.00
58.00	05800	MRI	35,072	0	63,312	2,984	4,159	58.00
59.00	05900	CARDIAC CATHETERIZATION	89,508	0	242,325	3,165	15,919	59.00
60.00	06000	LABORATORY	209,975	0	214,783	41	14,110	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	62,696	0	33,997	0	2,233	65.00
65.01	03610	SLEEP LAB	13,948	0	0	571	0	65.01
66.00	06600	PHYSICAL THERAPY	91,639	0	38,895	490	2,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,530	0	107,873	0	7,087	67.00
68.00	06800	SPEECH PATHOLOGY	9,458	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	54,588	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,945	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	883,695	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	844,776	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,019,696	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	21,698	0	2,264	270	149	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,339	0	1,783	68	117	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	452,215	0	0	2,092	0	90.00
90.01	09001	OUTPATIENT CLINICS	64,427	0	0	2,619	0	90.01
90.02	09003	OUTPATIENT SERVICES	30,081	0	0	1,054	0	90.02
91.00	09100	EMERGENCY	222,904	0	454,865	21,367	29,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,942,734	0	5,753,704	127,679	370,306	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,279	0	31,846	1,266	2,092	190.00
190.01	19001	FOUNDATION	13,738	0	9,785	0	643	190.01
191.00	19100	RESEARCH	3,224	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,664	0	0	103,249	0	192.00
192.01	19201	SCHOOL NURSES	49,517	0	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,062,156	0	5,795,335	232,194	373,041	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	816,672					10.00
11.00	01100	CAFETERIA	0	95,057				11.00
13.00	01300	NURSING ADMINISTRATION	0	945	135,346			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	0	2,290	0	0	1,215,421	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	510	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	722,666	20,614	52,787	0	4,088	30.00
31.00	03100	INTENSIVE CARE UNIT	69,288	5,343	13,683	0	1,259	31.00
43.00	04300	NURSERY	0	1,708	4,374	0	6	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,273	28,869	0	1,910	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,718	3,239	8,295	0	817	52.00
53.00	05300	ANESTHESIOLOGY	0	286	732	0	5,269	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,212	0	0	67	54.00
54.01	03630	ULTRASOUND	0	1,041	0	0	49	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,698	4,348	0	640	55.00
55.01	05501	CYBERKNIFE	0	258	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	433	0	0	60,387	56.00
57.00	05700	CT SCAN	0	868	0	0	3,180	57.00
58.00	05800	MRI	0	620	0	0	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,547	0	0	416	59.00
60.00	06000	LABORATORY	0	6,253	0	0	31	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,569	0	0	31	65.00
65.01	03610	SLEEP LAB	0	419	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,702	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	562	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	224	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	670	0	0	278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	193	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,055,324	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	376	964	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,886	0	0	79,693	90.00
90.01	09001	OUTPATIENT CLINICS	0	1,462	3,743	0	363	90.01
90.02	09003	OUTPATIENT SERVICES	0	869	2,227	0	0	90.02
91.00	09100	EMERGENCY	0	5,984	15,324	0	1,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	816,672	92,054	135,346	0	1,215,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	542	0	0	0	190.00
190.01	19001	FOUNDATION	0	368	0	0	0	190.01
191.00	19100	RESEARCH	0	64	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SCHOOL NURSES	0	2,029	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	816,672	95,057	135,346	0	1,215,421	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	74,358					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	76,715			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,300	0		7,598,623	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,193	0		1,320,704	0	31.00
43.00	04300	NURSERY	594	0		96,823	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,084	0		5,247,610	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	976	0		436,232	0	52.00
53.00	05300	ANESTHESIOLOGY	2,919	0		148,638	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,770	0		1,575,960	0	54.00
54.01	03630	ULTRASOUND	1,218	0		306,637	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,684	0		1,270,588	0	55.00
55.01	05501	CYBERKNIFE	217	0		76,799	0	55.01
56.00	05600	RADIOISOTOPE	895	0		249,274	0	56.00
57.00	05700	CT SCAN	5,166	0		283,383	0	57.00
58.00	05800	MRI	1,396	0		585,202	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,070	0		1,068,177	0	59.00
60.00	06000	LABORATORY	8,610	0		1,632,326	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0	0	62.30
65.00	06500	RESPIRATORY THERAPY	785	0		322,704	0	65.00
65.01	03610	SLEEP LAB	244	0		37,715	0	65.01
66.00	06600	PHYSICAL THERAPY	890	0		212,511	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	268	0		275,248	0	67.00
68.00	06800	SPEECH PATHOLOGY	107	0		10,167	0	68.00
69.00	06900	ELECTROCARDIOLOGY	690	0		135,237	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	176	0		13,542	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,108	0		886,803	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,464	0		850,240	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,383	0		2,086,403	0	73.00
74.00	07400	RENAL DIALYSIS	161	0		27,658	0	74.00
76.00	03020	ACUPUNCTURE	0	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	193	0		60,700	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0	76.98
76.99	07699	LITHOTRIPSY	0	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,096	0		3,176,426	0	90.00
90.01	09001	OUTPATIENT CLINICS	448	0		204,812	0	90.01
90.02	09003	OUTPATIENT SERVICES	198	0		35,504	0	90.02
91.00	09100	EMERGENCY	6,055	0		1,536,924	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,358	0	0	31,769,570	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		113,631	0	190.00
190.01	19001	FOUNDATION	0	0		36,915	0	190.01
191.00	19100	RESEARCH	0	0		3,422	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		135,047	0	192.00
192.01	19201	SCHOOL NURSES	0	0		53,534	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0		0	0	194.00
200.00		Cross Foot Adjustments			76,715	76,715	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	74,358	0	76,715	32,188,834	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	CYBERKNIFE	55.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03610	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	ACUPUNCTURE	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OUTPATIENT CLINICS	90.01
90.02	09003	OUTPATIENT SERVICES	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	FOUNDATION	190.01
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	SCHOOL NURSES	192.01
194.00	07950	OUTPATIENT PHARMACY	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0200

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,112,906				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,177,835			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,905	11,390	139,850,478		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	189,251	3,017,582	8,228,641	-128,829,055	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	348,148	728,506	1,893,607	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,128	78,518	1,269,495	0	8.00
9.00	00900	HOUSEKEEPING	8,282	25,098	4,388,850	0	9.00
10.00	01000	DIETARY	23,548	116,610	1,621,463	0	10.00
11.00	01100	CAFETERIA	2,905	0	1,448,736	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,924	2,050	2,469,665	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	11,902	76,631	3,756,326	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,698	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,749	40	430,687	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	226,232	445,229	25,382,876	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,791	65,186	7,622,894	0	31.00
43.00	04300	NURSERY	0	3,416	2,641,742	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,383	1,345,531	14,004,768	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,106	145,627	4,396,743	0	52.00
53.00	05300	ANESTHESIOLOGY	404	77,224	233,047	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,668	523,627	4,318,775	0	54.00
54.01	03630	ULTRASOUND	3,677	114,047	1,605,655	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	23,308	418,394	2,610,042	0	55.00
55.01	05501	CYBERKNIFE	1,684	0	578,697	0	55.01
56.00	05600	RADIOISOTOPE	3,537	17,255	691,905	0	56.00
57.00	05700	CT SCAN	4,090	85,447	1,288,648	0	57.00
58.00	05800	MRI	6,179	262,596	962,786	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,650	270,171	2,462,181	0	59.00
60.00	06000	LABORATORY	20,962	568,025	6,678,606	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,318	43,737	1,968,824	0	65.00
65.01	03610	SLEEP LAB	0	9,886	480,999	0	65.01
66.00	06600	PHYSICAL THERAPY	3,796	14,990	3,622,354	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,528	1,603	912,439	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	377,946	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,098	912,676	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,588	341,529	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	221	249	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	174	26,766	496,011	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	458,653	15,452,369	0	90.00
90.01	09001	OUTPATIENT CLINICS	0	22,482	2,774,966	0	90.01
90.02	09003	OUTPATIENT SERVICES	0	0	1,073,842	0	90.02
91.00	09100	EMERGENCY	44,393	130,435	7,298,096	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,108,843	9,172,385	136,698,886	-128,829,055	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,108	4,788	379,233	0	190.00
190.01	19001	FOUNDATION	955	0	532,654	0	190.01
191.00	19100	RESEARCH	0	0	114,365	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	662	139,652	0	192.00
192.01	19201	SCHOOL NURSES	0	0	1,985,688	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0200

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	13,806,478	13,781,734	27,688,872		128,829,055	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.405790	1.501632	0.197989		0.379659	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			139,983		7,062,156	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001001		0.020812	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: 14-0200

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	565,602				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,128	3,846,292			8.00
9.00	00900	HOUSEKEEPING	0	8,282	29,212	554,192		9.00
10.00	01000	DIETARY	0	23,548	0	23,548	192,888	10.00
11.00	01100	CAFETERIA	0	2,905	0	2,905	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,924	0	2,924	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	11,902	0	11,902	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	2,749	0	2,749	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	226,232	745,346	226,232	170,685	30.00
31.00	03100	INTENSIVE CARE UNIT	0	37,791	201,922	37,791	16,365	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71,383	364,206	71,383	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,106	0	2,106	5,838	52.00
53.00	05300	ANESTHESIOLOGY	0	404	0	404	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,668	144,366	18,668	0	54.00
54.01	03630	ULTRASOUND	0	3,677	2,150	3,677	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,308	5,577	23,308	0	55.00
55.01	05501	CYBERKNIFE	0	1,684	0	1,684	0	55.01
56.00	05600	RADIOISOTOPE	0	3,537	28,205	3,537	0	56.00
57.00	05700	CT SCAN	0	4,090	18,869	4,090	0	57.00
58.00	05800	MRI	0	6,179	49,429	6,179	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,650	52,429	23,650	0	59.00
60.00	06000	LABORATORY	0	20,962	684	20,962	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,318	0	3,318	0	65.00
65.01	03610	SLEEP LAB	0	0	9,454	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	3,796	8,123	3,796	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,528	0	10,528	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	221	4,477	221	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	174	1,119	174	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	34,652	0	0	90.00
90.01	09001	OUTPATIENT CLINICS	0	0	43,390	0	0	90.01
90.02	09003	OUTPATIENT SERVICES	0	0	17,467	0	0	90.02
91.00	09100	EMERGENCY	0	44,393	353,946	44,393	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	561,539	2,115,023	550,129	192,888	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,108	20,972	3,108	0	190.00
190.01	19001	FOUNDATION	0	955	0	955	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,710,297	0	0	192.00
192.01	19201	SCHOOL NURSES	0	0	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
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)	0	19,531,460	1,983,215	9,511,735	5,866,968	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	34.532162	0.515617	17.163248	30.416449	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0200

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	5,795,335	232,194	373,041	816,672	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	10.246313	0.060368	0.673126	4.233918	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: 14-0200

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	3,386,827					11.00
13.00	01300	NURSING ADMINISTRATION	33,653	1,883,071				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	81,579	0	0	53,425,893		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,933,689,215	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	18,175	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	734,436	734,436	0	179,689	211,983,364	30.00
31.00	03100	INTENSIVE CARE UNIT	190,369	190,369	0	55,357	47,710,702	31.00
43.00	04300	NURSERY	60,852	60,852	0	243	23,753,607	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	401,650	401,650	0	83,949	283,354,026	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	115,412	115,412	0	35,899	39,042,217	52.00
53.00	05300	ANESTHESIOLOGY	10,178	10,178	0	231,597	116,765,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,438	0	0	2,931	110,786,925	54.00
54.01	03630	ULTRASOUND	37,075	0	0	2,159	48,726,537	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	60,500	60,500	0	28,129	67,344,988	55.00
55.01	05501	CYBERKNIFE	9,210	0	0	0	8,699,000	55.01
56.00	05600	RADIOISOTOPE	15,434	0	0	2,654,374	35,809,668	56.00
57.00	05700	CT SCAN	30,923	0	0	139,780	206,627,122	57.00
58.00	05800	MRI	22,083	0	0	135	55,844,107	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,135	0	0	18,303	82,813,879	59.00
60.00	06000	LABORATORY	222,776	0	0	1,355	344,418,043	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	55,911	0	0	1,355	31,383,973	65.00
65.01	03610	SLEEP LAB	14,946	0	0	0	9,773,474	65.01
66.00	06600	PHYSICAL THERAPY	96,260	0	0	0	35,599,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,039	0	0	0	10,730,736	67.00
68.00	06800	SPEECH PATHOLOGY	7,992	0	0	0	4,280,010	68.00
69.00	06900	ELECTROCARDIOLOGY	23,867	0	0	12,241	27,610,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,879	0	0	0	7,023,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	124,322,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	218,575,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,388,683	414,704,504	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	18	6,438,607	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,412	13,412	0	54	7,716,059	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	530,373	0	0	3,502,984	83,836,488	90.00
90.01	09001	OUTPATIENT CLINICS	52,083	52,083	0	15,942	17,902,516	90.01
90.02	09003	OUTPATIENT SERVICES	30,978	30,978	0	0	7,915,380	90.02
91.00	09100	EMERGENCY	213,201	213,201	0	70,716	242,195,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,279,819	1,883,071	0	53,425,893	2,933,689,215	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,319	0	0	0	0	190.00
190.01	19001	FOUNDATION	13,104	0	0	0	0	190.01
191.00	19100	RESEARCH	2,278	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SCHOOL NURSES	72,307	0	0	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
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)	1,863,618	4,190,152	0	2,164,325	3,565,745	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.550255	2.225169	0.000000	0.040511	0.001215	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0200

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	95,057	135,346	0	1,215,421	74,358	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.028067	0.071875	0.000000	0.022750	0.000025	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: 14-0200

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
			17.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
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	0		17.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	317	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	184	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CYBERKNIFE	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03610	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT CLINICS	0	33	90.01
90.02	09003	OUTPATIENT SERVICES	0	0	90.02
91.00	09100	EMERGENCY	0	50	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	317	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	FOUNDATION	0	0	190.01
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SCHOOL NURSES	0	0	192.01
194.00	07950	OUTPATIENT PHARMACY	0	0	194.00
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)	0	920,655	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,904.274448	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0200

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
		17.00	23.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	76,715	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	242.003155	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

MCRIF32 - 16.12.172.6

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:24 am

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193,730,784		193,730,784			30.00	
31.00	03100	INTENSIVE CARE UNIT	47,710,702		47,710,702			31.00	
43.00	04300	NURSERY	23,753,607		23,753,607			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	124,230,551	159,123,475	283,354,026	0.133722	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,720,316	6,321,901	39,042,217	0.205757	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	48,840,502	67,925,388	116,765,890	0.009252	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,897,088	83,889,837	110,786,925	0.092178	0.000000	54.00	
54.01	03630	ULTRASOUND	7,126,016	41,600,521	48,726,537	0.067554	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	393,295	66,951,693	67,344,988	0.106537	0.000000	55.00	
55.01	05501	CYBERKNIFE	0	8,699,000	8,699,000	0.289692	0.000000	55.01	
56.00	05600	RADIOISOTOPE	3,478,166	32,331,502	35,809,668	0.148343	0.000000	56.00	
57.00	05700	CT SCAN	51,780,755	154,846,367	206,627,122	0.017803	0.000000	57.00	
58.00	05800	MRI	9,577,085	46,267,022	55,844,107	0.049242	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	31,916,306	50,897,573	82,813,879	0.088330	0.000000	59.00	
60.00	06000	LABORATORY	87,941,829	256,476,214	344,418,043	0.045133	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	27,624,769	3,759,204	31,383,973	0.140093	0.000000	65.00	
65.01	03610	SLEEP LAB	7,532	9,765,942	9,773,474	0.097160	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	12,680,425	22,919,401	35,599,826	0.178976	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	7,773,567	2,957,169	10,730,736	0.210681	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	3,987,602	292,408	4,280,010	0.148739	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	11,263,884	16,346,674	27,610,558	0.132771	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,010,144	1,013,668	7,023,812	0.086174	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,363,030	56,959,390	124,322,420	0.472421	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	137,662,716	80,912,385	218,575,101	0.257427	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	140,129,395	274,575,109	414,704,504	0.168741	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,954,476	484,131	6,438,607	0.226749	0.000000	74.00	
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	194,829	7,521,230	7,716,059	0.121879	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	182,146	83,654,342	83,836,488	0.364179	0.000000	90.00	
90.01	09001	OUTPATIENT CLINICS	908,875	16,993,641	17,902,516	0.254496	0.000000	90.01	
90.02	09003	OUTPATIENT SERVICES	0	7,915,380	7,915,380	0.265142	0.000000	90.02	
91.00	09100	EMERGENCY	62,139,585	180,056,091	242,195,676	0.075510	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,725,827	16,526,753	18,252,580	0.356361	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,175,705,804	1,757,983,411	2,933,689,215			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,175,705,804	1,757,983,411	2,933,689,215			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133722		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205757		52.00
53.00	05300	ANESTHESIOLOGY	0.009252		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092178		54.00
54.01	03630	ULTRASOUND	0.067554		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106537		55.00
55.01	05501	CYBERKNIFE	0.289692		55.01
56.00	05600	RADIOISOTOPE	0.148343		56.00
57.00	05700	CT SCAN	0.017803		57.00
58.00	05800	MRI	0.049242		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088330		59.00
60.00	06000	LABORATORY	0.045133		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.140093		65.00
65.01	03610	SLEEP LAB	0.097160		65.01
66.00	06600	PHYSICAL THERAPY	0.178976		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.210681		67.00
68.00	06800	SPEECH PATHOLOGY	0.148739		68.00
69.00	06900	ELECTROCARDIOLOGY	0.132771		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.086174		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472421		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257427		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168741		73.00
74.00	07400	RENAL DIALYSIS	0.226749		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.121879		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.364179		90.00
90.01	09001	OUTPATIENT CLINICS	0.254496		90.01
90.02	09003	OUTPATIENT SERVICES	0.265142		90.02
91.00	09100	EMERGENCY	0.075510		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.356361		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:24 am

			Title XIX	Hospital	PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	69,292,489		69,292,489
31.00	03100	INTENSIVE CARE UNIT	17,923,490		17,923,490
43.00	04300	NURSERY	5,321,730		5,321,730
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	37,890,601		37,890,601
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,033,199		8,033,199
53.00	05300	ANESTHESIOLOGY	1,080,293		1,080,293
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,212,155		10,212,155
54.01	03630	ULTRASOUND	3,291,654		3,291,654
55.00	05500	RADIOLOGY-THERAPEUTIC	7,174,737		7,174,737
55.01	05501	CYBERKNIFE	2,520,028		2,520,028
56.00	05600	RADIOISOTOPE	5,312,127		5,312,127
57.00	05700	CT SCAN	3,678,571		3,678,571
58.00	05800	MRI	2,749,879		2,749,879
59.00	05900	CARDIAC CATHETERIZATION	7,314,965		7,314,965
60.00	06000	LABORATORY	15,544,648		15,544,648
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0
65.00	06500	RESPIRATORY THERAPY	4,396,666	0	4,396,666
65.01	03610	SLEEP LAB	949,591	0	949,591
66.00	06600	PHYSICAL THERAPY	6,371,514	0	6,371,514
67.00	06700	OCCUPATIONAL THERAPY	2,260,765	0	2,260,765
68.00	06800	SPEECH PATHOLOGY	636,603	0	636,603
69.00	06900	ELECTROCARDIOLOGY	3,665,881		3,665,881
70.00	07000	ELECTROENCEPHALOGRAPHY	605,267		605,267
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,732,557		58,732,557
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,267,061		56,267,061
73.00	07300	DRUGS CHARGED TO PATIENTS	69,977,512		69,977,512
74.00	07400	RENAL DIALYSIS	1,459,949		1,459,949
76.00	03020	ACUPUNCTURE	0		0
76.97	07697	CARDIAC REHABILITATION	940,425		940,425
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0
76.99	07699	LITHOTRIPSY	0		0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	30,531,482		30,531,482
90.01	09001	OUTPATIENT CLINICS	4,556,111		4,556,111
90.02	09003	OUTPATIENT SERVICES	2,098,700		2,098,700
91.00	09100	EMERGENCY	18,288,139		18,288,139
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,504,501		6,504,501
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			
200.00		Subtotal (see instructions)	465,583,290	0	465,583,290
201.00		Less Observation Beds	6,504,501		6,504,501
202.00		Total (see instructions)	459,078,789	0	459,078,789

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:24 am

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193,730,784		193,730,784			30.00	
31.00	03100	INTENSIVE CARE UNIT	47,710,702		47,710,702			31.00	
43.00	04300	NURSERY	23,753,607		23,753,607			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	124,230,551	159,123,475	283,354,026	0.133722	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,720,316	6,321,901	39,042,217	0.205757	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	48,840,502	67,925,388	116,765,890	0.009252	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,897,088	83,889,837	110,786,925	0.092178	0.000000	54.00	
54.01	03630	ULTRASOUND	7,126,016	41,600,521	48,726,537	0.067554	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	393,295	66,951,693	67,344,988	0.106537	0.000000	55.00	
55.01	05501	CYBERKNIFE	0	8,699,000	8,699,000	0.289692	0.000000	55.01	
56.00	05600	RADIOISOTOPE	3,478,166	32,331,502	35,809,668	0.148343	0.000000	56.00	
57.00	05700	CT SCAN	51,780,755	154,846,367	206,627,122	0.017803	0.000000	57.00	
58.00	05800	MRI	9,577,085	46,267,022	55,844,107	0.049242	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	31,916,306	50,897,573	82,813,879	0.088330	0.000000	59.00	
60.00	06000	LABORATORY	87,941,829	256,476,214	344,418,043	0.045133	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	27,624,769	3,759,204	31,383,973	0.140093	0.000000	65.00	
65.01	03610	SLEEP LAB	7,532	9,765,942	9,773,474	0.097160	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	12,680,425	22,919,401	35,599,826	0.178976	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	7,773,567	2,957,169	10,730,736	0.210681	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	3,987,602	292,408	4,280,010	0.148739	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	11,263,884	16,346,674	27,610,558	0.132771	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,010,144	1,013,668	7,023,812	0.086174	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,363,030	56,959,390	124,322,420	0.472421	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	137,662,716	80,912,385	218,575,101	0.257427	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	140,129,395	274,575,109	414,704,504	0.168741	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,954,476	484,131	6,438,607	0.226749	0.000000	74.00	
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	194,829	7,521,230	7,716,059	0.121879	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	182,146	83,654,342	83,836,488	0.364179	0.000000	90.00	
90.01	09001	OUTPATIENT CLINICS	908,875	16,993,641	17,902,516	0.254496	0.000000	90.01	
90.02	09003	OUTPATIENT SERVICES	0	7,915,380	7,915,380	0.265142	0.000000	90.02	
91.00	09100	EMERGENCY	62,139,585	180,056,091	242,195,676	0.075510	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,725,827	16,526,753	18,252,580	0.356361	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,175,705,804	1,757,983,411	2,933,689,215			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,175,705,804	1,757,983,411	2,933,689,215			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133722		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205757		52.00
53.00	05300	ANESTHESIOLOGY	0.009252		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092178		54.00
54.01	03630	ULTRASOUND	0.067554		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106537		55.00
55.01	05501	CYBERKNIFE	0.289692		55.01
56.00	05600	RADIOISOTOPE	0.148343		56.00
57.00	05700	CT SCAN	0.017803		57.00
58.00	05800	MRI	0.049242		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088330		59.00
60.00	06000	LABORATORY	0.045133		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.140093		65.00
65.01	03610	SLEEP LAB	0.097160		65.01
66.00	06600	PHYSICAL THERAPY	0.178976		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.210681		67.00
68.00	06800	SPEECH PATHOLOGY	0.148739		68.00
69.00	06900	ELECTROCARDIOLOGY	0.132771		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.086174		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472421		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257427		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168741		73.00
74.00	07400	RENAL DIALYSIS	0.226749		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.121879		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.364179		90.00
90.01	09001	OUTPATIENT CLINICS	0.254496		90.01
90.02	09003	OUTPATIENT SERVICES	0.265142		90.02
91.00	09100	EMERGENCY	0.075510		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.356361		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,890,601	5,247,610	32,642,991	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,033,199	436,232	7,596,967	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,080,293	148,638	931,655	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,212,155	1,575,960	8,636,195	0	0	54.00
54.01	03630	ULTRASOUND	3,291,654	306,637	2,985,017	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,174,737	1,270,588	5,904,149	0	0	55.00
55.01	05501	CYBERKNIFE	2,520,028	76,799	2,443,229	0	0	55.01
56.00	05600	RADIOISOTOPE	5,312,127	249,274	5,062,853	0	0	56.00
57.00	05700	CT SCAN	3,678,571	283,383	3,395,188	0	0	57.00
58.00	05800	MRI	2,749,879	585,202	2,164,677	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,314,965	1,068,177	6,246,788	0	0	59.00
60.00	06000	LABORATORY	15,544,648	1,632,326	13,912,322	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,396,666	322,704	4,073,962	0	0	65.00
65.01	03610	SLEEP LAB	949,591	37,715	911,876	0	0	65.01
66.00	06600	PHYSICAL THERAPY	6,371,514	212,511	6,159,003	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,260,765	275,248	1,985,517	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	636,603	10,167	626,436	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,665,881	135,237	3,530,644	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	605,267	13,542	591,725	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,732,557	886,803	57,845,754	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,267,061	850,240	55,416,821	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,977,512	2,086,403	67,891,109	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,459,949	27,658	1,432,291	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	940,425	60,700	879,725	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	30,531,482	3,176,426	27,355,056	0	0	90.00
90.01	09001	OUTPATIENT CLINICS	4,556,111	204,812	4,351,299	0	0	90.01
90.02	09003	OUTPATIENT SERVICES	2,098,700	35,504	2,063,196	0	0	90.02
91.00	09100	EMERGENCY	18,288,139	1,536,924	16,751,215	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,504,501	713,284	5,791,217	0	0	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	373,045,581	23,466,704	349,578,877	0	0	200.00
201.00		Less Observation Beds	6,504,501	713,284	5,791,217	0	0	201.00
202.00		Total (line 200 minus line 201)	366,541,080	22,753,420	343,787,660	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,890,601	283,354,026	0.133722	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,033,199	39,042,217	0.205757	52.00
53.00	05300	ANESTHESIOLOGY	1,080,293	116,765,890	0.009252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,212,155	110,786,925	0.092178	54.00
54.01	03630	ULTRASOUND	3,291,654	48,726,537	0.067554	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,174,737	67,344,988	0.106537	55.00
55.01	05501	CYBERKNIFE	2,520,028	8,699,000	0.289692	55.01
56.00	05600	RADIOISOTOPE	5,312,127	35,809,668	0.148343	56.00
57.00	05700	CT SCAN	3,678,571	206,627,122	0.017803	57.00
58.00	05800	MRI	2,749,879	55,844,107	0.049242	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,314,965	82,813,879	0.088330	59.00
60.00	06000	LABORATORY	15,544,648	344,418,043	0.045133	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	4,396,666	31,383,973	0.140093	65.00
65.01	03610	SLEEP LAB	949,591	9,773,474	0.097160	65.01
66.00	06600	PHYSICAL THERAPY	6,371,514	35,599,826	0.178976	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,260,765	10,730,736	0.210681	67.00
68.00	06800	SPEECH PATHOLOGY	636,603	4,280,010	0.148739	68.00
69.00	06900	ELECTROCARDIOLOGY	3,665,881	27,610,558	0.132771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	605,267	7,023,812	0.086174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,732,557	124,322,420	0.472421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,267,061	218,575,101	0.257427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,977,512	414,704,504	0.168741	73.00
74.00	07400	RENAL DIALYSIS	1,459,949	6,438,607	0.226749	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	940,425	7,716,059	0.121879	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,531,482	83,836,488	0.364179	90.00
90.01	09001	OUTPATIENT CLINICS	4,556,111	17,902,516	0.254496	90.01
90.02	09003	OUTPATIENT SERVICES	2,098,700	7,915,380	0.265142	90.02
91.00	09100	EMERGENCY	18,288,139	242,195,676	0.075510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,504,501	18,252,580	0.356361	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	373,045,581	2,668,494,122		200.00
201.00		Less Observation Beds	6,504,501	0		201.00
202.00		Total (line 200 minus line 201)	366,541,080	2,668,494,122		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 11:24 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,598,623	0	7,598,623	62,789	121.02	30.00
31.00	INTENSIVE CARE UNIT	1,320,704		1,320,704	10,910	121.05	31.00
43.00	NURSERY	96,823		96,823	6,966	13.90	43.00
200.00	Total (lines 30 through 199)	9,016,150		9,016,150	80,665		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	24,985	3,023,685				30.00
31.00	INTENSIVE CARE UNIT	1,900	229,995				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	26,885	3,253,680				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 11:24 am

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	5,247,610	283,354,026	0.018520	44,448,925	823,194	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	436,232	39,042,217	0.011173	38,767	433	52.00
53.00	05300	ANESTHESIOLOGY	148,638	116,765,890	0.001273	16,884,587	21,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,575,960	110,786,925	0.014225	11,855,816	168,649	54.00
54.01	03630	ULTRASOUND	306,637	48,726,537	0.006293	2,661,110	16,746	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,270,588	67,344,988	0.018867	77,638	1,465	55.00
55.01	05501	CYBERKNIFE	76,799	8,699,000	0.008828	0	0	55.01
56.00	05600	RADIOISOTOPE	249,274	35,809,668	0.006961	1,593,935	11,095	56.00
57.00	05700	CT SCAN	283,383	206,627,122	0.001371	16,714,899	22,916	57.00
58.00	05800	MRI	585,202	55,844,107	0.010479	3,163,903	33,155	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,068,177	82,813,879	0.012899	13,426,762	173,192	59.00
60.00	06000	LABORATORY	1,632,326	344,418,043	0.004739	30,865,925	146,274	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	322,704	31,383,973	0.010282	11,974,563	123,122	65.00
65.01	03610	SLEEP LAB	37,715	9,773,474	0.003859	0	0	65.01
66.00	06600	PHYSICAL THERAPY	212,511	35,599,826	0.005969	6,097,232	36,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	275,248	10,730,736	0.025650	3,758,882	96,415	67.00
68.00	06800	SPEECH PATHOLOGY	10,167	4,280,010	0.002375	1,908,928	4,534	68.00
69.00	06900	ELECTROCARDIOLOGY	135,237	27,610,558	0.004898	3,975,641	19,473	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,542	7,023,812	0.001928	2,077,306	4,005	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	886,803	124,322,420	0.007133	22,477,271	160,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	850,240	218,575,101	0.003890	52,759,598	205,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,086,403	414,704,504	0.005031	57,650,488	290,040	73.00
74.00	07400	RENAL DIALYSIS	27,658	6,438,607	0.004296	3,360,744	14,438	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	60,700	7,716,059	0.007867	75,604	595	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,176,426	83,836,488	0.037888	35,624	1,350	90.00
90.01	09001	OUTPATIENT CLINICS	204,812	17,902,516	0.011440	439,770	5,031	90.01
90.02	09003	OUTPATIENT SERVICES	35,504	7,915,380	0.004485	0	0	90.02
91.00	09100	EMERGENCY	1,536,924	242,195,676	0.006346	24,855,968	157,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	713,284	18,252,580	0.039079	852,620	33,320	92.00
200.00	Total (lines 50 through 199)		23,466,704	2,668,494,122		334,032,506	2,570,631	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 11:24 am	
					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	534,386	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	145,214	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	679,600	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	534,386	62,789	8.51	24,985	30.00	
31.00	03100	INTENSIVE CARE UNIT			145,214	10,910	13.31	1,900	31.00	
43.00	04300	NURSERY			0	6,966	0.00	0	43.00	
200.00		Total (lines 30 through 199)			679,600	80,665		26,885	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		212,622						30.00
31.00	03100	INTENSIVE CARE UNIT		25,289						31.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		237,911						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:24 am	
				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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRASOUND		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	05501	CYBERKNIFE		0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03610	SLEEP LAB		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OUTPATIENT CLINICS		0	0	0	0	95,841	90.01
90.02	09003	OUTPATIENT SERVICES		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	145,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	50,163	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	291,218	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:24 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	283,354,026	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	39,042,217	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	116,765,890	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	110,786,925	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	48,726,537	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	67,344,988	0.000000	55.00
55.01	05501	CYBERKNIFE	0	0	0	8,699,000	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	35,809,668	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	206,627,122	0.000000	57.00
58.00	05800	MRI	0	0	0	55,844,107	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	82,813,879	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	344,418,043	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,383,973	0.000000	65.00
65.01	03610	SLEEP LAB	0	0	0	9,773,474	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	35,599,826	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,730,736	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,280,010	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,610,558	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,023,812	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	124,322,420	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	218,575,101	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	414,704,504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,438,607	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	7,716,059	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	83,836,488	0.000000	90.00
90.01	09001	OUTPATIENT CLINICS	0	95,841	95,841	17,902,516	0.005353	90.01
90.02	09003	OUTPATIENT SERVICES	0	0	0	7,915,380	0.000000	90.02
91.00	09100	EMERGENCY	0	145,214	145,214	242,195,676	0.000600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	50,163	50,163	18,252,580	0.002748	92.00
200.00		Total (lines 50 through 199)	0	291,218	291,218	2,668,494,122		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:24 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				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	44,448,925	0	35,699,492	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	38,767	0	8,975	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	16,884,587	0	14,010,773	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	11,855,816	0	15,539,823	0	54.00
54.01	03630	ULTRASOUND		0.000000	2,661,110	0	6,155,085	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	77,638	0	23,073,654	0	55.00
55.01	05501	CYBERKNIFE		0.000000	0	0	4,013,843	0	55.01
56.00	05600	RADIOISOTOPE		0.000000	1,593,935	0	8,710,070	0	56.00
57.00	05700	CT SCAN		0.000000	16,714,899	0	33,425,582	0	57.00
58.00	05800	MRI		0.000000	3,163,903	0	9,587,734	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	13,426,762	0	19,695,136	0	59.00
60.00	06000	LABORATORY		0.000000	30,865,925	0	24,412,728	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	11,974,563	0	1,060,522	0	65.00
65.01	03610	SLEEP LAB		0.000000	0	0	1,355,826	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	6,097,232	0	688,941	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	3,758,882	0	131,260	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,908,928	0	20,678	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,975,641	0	3,795,146	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,077,306	0	255,849	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	22,477,271	0	13,761,486	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	52,759,598	0	26,764,598	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	57,650,488	0	112,764,632	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	3,360,744	0	334,492	0	74.00
76.00	03020	ACUPUNCTURE		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	75,604	0	3,411,296	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	35,624	0	9,527,578	0	90.00
90.01	09001	OUTPATIENT CLINICS		0.005353	439,770	2,354	2,405,540	12,877	90.01
90.02	09003	OUTPATIENT SERVICES		0.000000	0	0	99	0	90.02
91.00	09100	EMERGENCY		0.000600	24,855,968	14,914	29,285,387	17,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.002748	852,620	2,343	6,776,015	18,620	92.00
200.00		Total (lines 50 through 199)			334,032,506	19,611	406,672,240	49,068	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/29/2021 11:24 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.133722	35,699,492	0	0	4,773,807	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.205757	8,975	0	0	1,847	52.00
53.00	05300	ANESTHESIOLOGY		0.009252	14,010,773	0	0	129,628	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.092178	15,539,823	0	0	1,432,430	54.00
54.01	03630	ULTRASOUND		0.067554	6,155,085	0	0	415,801	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.106537	23,073,654	0	0	2,458,198	55.00
55.01	05501	CYBERKNIFE		0.289692	4,013,843	0	0	1,162,778	55.01
56.00	05600	RADIOISOTOPE		0.148343	8,710,070	3	0	1,292,078	56.00
57.00	05700	CT SCAN		0.017803	33,425,582	57	0	595,076	57.00
58.00	05800	MRI		0.049242	9,587,734	14	0	472,119	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.088330	19,695,136	0	0	1,739,671	59.00
60.00	06000	LABORATORY		0.045133	24,412,728	100,899	0	1,101,820	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.140093	1,060,522	0	0	148,572	65.00
65.01	03610	SLEEP LAB		0.097160	1,355,826	0	0	131,732	65.01
66.00	06600	PHYSICAL THERAPY		0.178976	688,941	0	0	123,304	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.210681	131,260	17	0	27,654	67.00
68.00	06800	SPEECH PATHOLOGY		0.148739	20,678	0	0	3,076	68.00
69.00	06900	ELECTROCARDIOLOGY		0.132771	3,795,146	0	0	503,885	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.086174	255,849	0	0	22,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.472421	13,761,486	62	0	6,501,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.257427	26,764,598	0	0	6,889,930	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.168741	112,764,632	580	328,078	19,028,017	73.00
74.00	07400	RENAL DIALYSIS		0.226749	334,492	0	0	75,846	74.00
76.00	03020	ACUPUNCTURE		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.121879	3,411,296	0	0	415,765	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.364179	9,527,578	106	4,031	3,469,744	90.00
90.01	09001	OUTPATIENT CLINICS		0.254496	2,405,540	1,892	252	612,200	90.01
90.02	09003	OUTPATIENT SERVICES		0.265142	99	0	0	26	90.02
91.00	09100	EMERGENCY		0.075510	29,285,387	340	822	2,211,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.356361	6,776,015	0	13	2,414,707	92.00
200.00		Subtotal (see instructions)			406,672,240	103,970	333,196	58,154,314	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			406,672,240	103,970	333,196	58,154,314	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 11:24 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	05501	CYBERKNIFE	0	0		55.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	1	0		57.00
58.00	05800	MRI	1	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	4,554	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03610	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	4	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98	55,360		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ACUPUNCTURE	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	39	1,468		90.00
90.01	09001	OUTPATIENT CLINICS	482	64		90.01
90.02	09003	OUTPATIENT SERVICES	0	0		90.02
91.00	09100	EMERGENCY	26	62		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5		92.00
200.00		Subtotal (see instructions)	5,234	56,959		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	5,234	56,959		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 11:24 am

			Title XIX		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	7,598,623	0	7,598,623	62,789	121.02	30.00
31.00	INTENSIVE CARE UNIT	1,320,704		1,320,704	10,910	121.05	31.00
43.00	NURSERY	96,823		96,823	6,966	13.90	43.00
200.00	Total (lines 30 through 199)	9,016,150		9,016,150	80,665		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,498	181,288				30.00
31.00	INTENSIVE CARE UNIT	392	47,452				31.00
43.00	NURSERY	92	1,279				43.00
200.00	Total (lines 30 through 199)	1,982	230,019				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Title XIX		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	5,247,610	283,354,026	0.018520	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	436,232	39,042,217	0.011173	0	52.00
53.00	05300	ANESTHESIOLOGY	148,638	116,765,890	0.001273	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,575,960	110,786,925	0.014225	0	54.00
54.01	03630	ULTRASOUND	306,637	48,726,537	0.006293	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,270,588	67,344,988	0.018867	0	55.00
55.01	05501	CYBERKNIFE	76,799	8,699,000	0.008828	0	55.01
56.00	05600	RADIOISOTOPE	249,274	35,809,668	0.006961	0	56.00
57.00	05700	CT SCAN	283,383	206,627,122	0.001371	0	57.00
58.00	05800	MRI	585,202	55,844,107	0.010479	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,068,177	82,813,879	0.012899	0	59.00
60.00	06000	LABORATORY	1,632,326	344,418,043	0.004739	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	322,704	31,383,973	0.010282	0	65.00
65.01	03610	SLEEP LAB	37,715	9,773,474	0.003859	0	65.01
66.00	06600	PHYSICAL THERAPY	212,511	35,599,826	0.005969	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	275,248	10,730,736	0.025650	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,167	4,280,010	0.002375	0	68.00
69.00	06900	ELECTROCARDIOLOGY	135,237	27,610,558	0.004898	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,542	7,023,812	0.001928	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	886,803	124,322,420	0.007133	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	850,240	218,575,101	0.003890	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,086,403	414,704,504	0.005031	0	73.00
74.00	07400	RENAL DIALYSIS	27,658	6,438,607	0.004296	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	60,700	7,716,059	0.007867	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,176,426	83,836,488	0.037888	0	90.00
90.01	09001	OUTPATIENT CLINICS	204,812	17,902,516	0.011440	0	90.01
90.02	09003	OUTPATIENT SERVICES	35,504	7,915,380	0.004485	0	90.02
91.00	09100	EMERGENCY	1,536,924	242,195,676	0.006346	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	713,284	18,252,580	0.039079	0	92.00
200.00		Total (lines 50 through 199)	23,466,704	2,668,494,122		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 11:24 am	
					Title XIX		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	534,386	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	145,214	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	679,600	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	534,386	62,789	8.51	1,498	30.00	
31.00	03100	INTENSIVE CARE UNIT			145,214	10,910	13.31	392	31.00	
43.00	04300	NURSERY			0	6,966	0.00	92	43.00	
200.00		Total (lines 30 through 199)			679,600	80,665		1,982	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		12,748						30.00
31.00	03100	INTENSIVE CARE UNIT		5,218						31.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		17,966						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:24 am	
				Title XIX		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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRASOUND		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	05501	CYBERKNIFE		0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03610	SLEEP LAB		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OUTPATIENT CLINICS		0	0	0	0	95,841	90.01
90.02	09003	OUTPATIENT SERVICES		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	145,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	50,163	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	291,218	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:24 am	
			Title XIX		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	283,354,026	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	39,042,217	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	116,765,890	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	110,786,925	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	48,726,537	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	67,344,988	0.000000	55.00
55.01	05501	CYBERKNIFE	0	0	0	8,699,000	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	35,809,668	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	206,627,122	0.000000	57.00
58.00	05800	MRI	0	0	0	55,844,107	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	82,813,879	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	344,418,043	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,383,973	0.000000	65.00
65.01	03610	SLEEP LAB	0	0	0	9,773,474	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	35,599,826	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,730,736	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,280,010	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,610,558	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,023,812	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	124,322,420	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	218,575,101	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	414,704,504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,438,607	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	7,716,059	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	83,836,488	0.000000	90.00
90.01	09001	OUTPATIENT CLINICS	0	95,841	95,841	17,902,516	0.005353	90.01
90.02	09003	OUTPATIENT SERVICES	0	0	0	7,915,380	0.000000	90.02
91.00	09100	EMERGENCY	0	145,214	145,214	242,195,676	0.000600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	50,163	50,163	18,252,580	0.002748	92.00
200.00		Total (lines 50 through 199)	0	291,218	291,218	2,668,494,122		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0200		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:24 am	
				Title XIX		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03630	ULTRASOUND		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
55.01	05501	CYBERKNIFE		0.000000	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
65.01	03610	SLEEP LAB		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT CLINICS		0.005353	0	0	0	0	90.01
90.02	09003	OUTPATIENT SERVICES		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000600	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.002748	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 11:24 am	
Cost Center Description		Title XVIII	Hospital	PPS	
PART I - ALL PROVIDER COMPONENTS				1.00	
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			62,789	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,789	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)			56,895	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)			24,985	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)			69,292,489	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)			69,292,489	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)			69,292,489	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,103.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			27,572,946	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)			27,572,946	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 11:24 am	
				Title XVIII		Hospital	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,923,490	10,910	1,642.85	1,900	3,121,415	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)					52,214,633	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					82,908,994	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)					3,491,591	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,590,242	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,081,833	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					76,827,161	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)					5,894	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,103.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,504,501	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0200

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

Worksheet D-1

Date/Time Prepared:
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		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	7,598,623	69,292,489	0.109660	6,504,501	713,284	90.00
91.00 Nursing School cost	0	69,292,489	0.000000	6,504,501	0	91.00
92.00 Allied health cost	534,386	69,292,489	0.007712	6,504,501	50,163	92.00
93.00 All other Medical Education	0	69,292,489	0.000000	6,504,501	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 11:24 am	
Cost Center Description		Title XIX	Hospital	PPS	
PART I - ALL PROVIDER COMPONENTS				1.00	
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			62,789	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,789	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)			56,895	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,498	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)			6,966	15.00
16.00	Nursery days (title V or XIX only)			92	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)			69,292,489	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)			69,292,489	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)			69,292,489	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,103.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,653,163	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,653,163	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0200

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

Worksheet D-1

Date/Time Prepared:
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		Title XIX		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)	5,321,730	6,966	763.96	92	70,284	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,923,490	10,910	1,642.85	392	643,997	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)						0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,367,444
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						247,985
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						247,985
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,119,459
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)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						5,894
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,103.58
89.00	Observation bed cost (line 87 x line 88) (see instructions)						6,504,501

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0200

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 11:24 am

		Title XIX		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	7,598,623	69,292,489	0.109660	6,504,501	713,284	90.00
91.00 Nursing School cost	0	69,292,489	0.000000	6,504,501	0	91.00
92.00 Allied health cost	534,386	69,292,489	0.007712	6,504,501	50,163	92.00
93.00 All other Medical Education	0	69,292,489	0.000000	6,504,501	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 11:24 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		73,415,913		30.00
31.00	03100	INTENSIVE CARE UNIT		17,379,511		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.133722	44,448,925	5,943,799	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205757	38,767	7,977	52.00
53.00	05300	ANESTHESIOLOGY	0.009252	16,884,587	156,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092178	11,855,816	1,092,845	54.00
54.01	03630	ULTRASOUND	0.067554	2,661,110	179,769	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106537	77,638	8,271	55.00
55.01	05501	CYBERKNIFE	0.289692	0	0	55.01
56.00	05600	RADIOISOTOPE	0.148343	1,593,935	236,449	56.00
57.00	05700	CT SCAN	0.017803	16,714,899	297,575	57.00
58.00	05800	MRI	0.049242	3,163,903	155,797	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088330	13,426,762	1,185,986	59.00
60.00	06000	LABORATORY	0.045133	30,865,925	1,393,072	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.140093	11,974,563	1,677,552	65.00
65.01	03610	SLEEP LAB	0.097160	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.178976	6,097,232	1,091,258	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.210681	3,758,882	791,925	67.00
68.00	06800	SPEECH PATHOLOGY	0.148739	1,908,928	283,932	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132771	3,975,641	527,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.086174	2,077,306	179,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472421	22,477,271	10,618,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257427	52,759,598	13,581,745	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168741	57,650,488	9,728,001	73.00
74.00	07400	RENAL DIALYSIS	0.226749	3,360,744	762,045	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.121879	75,604	9,215	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.364179	35,624	12,974	90.00
90.01	09001	OUTPATIENT CLINICS	0.254496	439,770	111,920	90.01
90.02	09003	OUTPATIENT SERVICES	0.265142	0	0	90.02
91.00	09100	EMERGENCY	0.075510	24,855,968	1,876,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.356361	852,620	303,841	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		334,032,506	52,214,633	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)		334,032,506		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 11:24 am	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.133722	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205757	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.009252	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092178	0	0	54.00
54.01	03630	ULTRASOUND	0.067554	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106537	0	0	55.00
55.01	05501	CYBERKNIFE	0.289692	0	0	55.01
56.00	05600	RADIOISOTOPE	0.148343	0	0	56.00
57.00	05700	CT SCAN	0.017803	0	0	57.00
58.00	05800	MRI	0.049242	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088330	0	0	59.00
60.00	06000	LABORATORY	0.045133	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.140093	0	0	65.00
65.01	03610	SLEEP LAB	0.097160	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.178976	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.210681	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.148739	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132771	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.086174	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472421	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257427	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168741	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.226749	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.121879	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.364179	0	0	90.00
90.01	09001	OUTPATIENT CLINICS	0.254496	0	0	90.01
90.02	09003	OUTPATIENT SERVICES	0.265142	0	0	90.02
91.00	09100	EMERGENCY	0.075510	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.356361	0	0	92.00
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: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 11:24 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,793,911	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		46,619,225	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)		366,186	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		966,372	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		239.44	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.63	31.00
32.00	Sum of lines 30 and 31		14.55	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 11:24 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	63,745,694			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)			63,745,694	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,127,332	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			70,353	53.00
54.00	Special add-on payments for new technologies			593,489	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			237,911	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			19,611	58.00
59.00	Total (sum of amounts on lines 49 through 58)			69,794,390	59.00
60.00	Primary payer payments			1,180	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			69,793,210	61.00
62.00	Deductibles billed to program beneficiaries			5,716,252	62.00
63.00	Coinsurance billed to program beneficiaries			110,180	63.00
64.00	Allowable bad debts (see instructions)			1,225,381	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			796,498	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			563,897	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			64,763,276	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			325,860	70.93
70.94	HRR adjustment amount (see instructions)			-263,069	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 11:24 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	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)		64,826,067	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		63,900,339	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)		925,728	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		562,283	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	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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 11:24 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,793,911	0	15,793,911		15,793,911
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	46,619,225	0		46,619,225	46,619,225
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	366,186	0	366,186		366,186
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	966,372	0		966,372	966,372
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	447,585	1,839,552	2,287,137
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	63,745,694	0	16,607,682	47,138,012	63,745,694
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	63,745,694	0	16,607,682	47,138,012	63,745,694
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,127,332	0	1,326,202	3,801,130	5,127,332

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 11:24 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	593,489	0	0	593,489	593,489	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	17,933,884	51,532,631	69,466,515	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,837,203	0	1,251,473	3,585,730	4,837,203	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	145,497	0	37,310	108,187	145,497	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0299	0.0299	0.0299	0.0299		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	144,632	0	37,419	107,213	144,632	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,127,332	0	1,326,202	3,801,130	5,127,332	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 11:24 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,793,911	15,793,911		15,793,911	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	46,619,225		46,619,225	46,619,225	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	366,186	366,186		366,186	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	966,372		966,372	966,372	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	63,745,694	16,160,097	47,585,597	63,745,694	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	63,745,694	16,160,097	47,585,597	63,745,694	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,127,332	1,326,202	3,801,130	5,127,332	16.00
17.00	Special add-on payments for new technologies	54.00	593,489	0	593,489	593,489	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	142,133	-142,133	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			17,628,432	51,838,083	69,466,515	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 11:24 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,837,203	1,251,473	3,585,730	4,837,203	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	145,497	37,310	108,187	145,497	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0299	0.0299	0.0299		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	144,632	37,419	107,213	144,632	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,127,332	1,326,202	3,801,130	5,127,332	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	325,860	43,420	282,440	325,860	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-263,069	-69,494	-193,575	-263,069	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 11:24 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		62,193	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		58,105,246	2.00
3.00	OPPS payments		53,340,675	3.00
4.00	Outlier payment (see instructions)		124,610	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		49,068	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		62,193	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		437,166	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)		437,166	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)		437,166	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		374,973	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)		62,193	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)		53,514,353	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		27	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,632,218	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)		44,944,301	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		44,944,301	30.00
31.00	Primary payer payments		8,142	31.00
32.00	Subtotal (line 30 minus line 31)		44,936,159	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)		1,235,414	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		803,019	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		708,073	36.00
37.00	Subtotal (see instructions)		45,739,178	37.00
38.00	MSP-LCC reconciliation amount from PS&R		20	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)		45,739,158	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			40.03
41.00	Interim payments		45,531,650	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		207,508	43.00
43.01	Balance due provider/program-PARHM (see instructions)			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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 11:24 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		63,677,872		44,856,406	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		265,791		459,084	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	03/03/2021	216,160	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	03/03/2021	43,324		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)		-43,324		216,160	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)		63,900,339		45,531,650	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		925,728		207,508	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		64,826,067		45,739,158	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: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 11:24 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 11:24 am	
		Title XIX	Hospital	PPS	
			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		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		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)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		17,966	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		17,966	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		17,966	0	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)		17,966	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		17,966	0	36.00
37.00	ZERO OUT MEDICAID RECEIVABLE		-18,660	0	37.00
38.00	Subtotal (line 36 ± line 37)		-694	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)		-694	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-694	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 14-0200

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

Worksheet G

Date/Time Prepared:
11/29/2021 11:24 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-138,380	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	56,379,036	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,409,751	0	0	0	7.00
8.00	Prepaid expenses	9,379,196	0	0	0	8.00
9.00	Other current assets	0	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)	76,029,603	0	0	0	11.00
FIXED ASSETS						
12.00	Land	30,520,543	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	459,547,260	0	0	0	15.00
16.00	Accumulated depreciation	-371,888,561	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	247,017,305	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	365,196,547	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,244,861	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	552,413	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,797,274	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	447,023,424	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,323,500	0	0	0	37.00
38.00	Salaries, wages, and fees payable	27,376,177	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,522,117	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	81,954,878	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	124,176,672	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	81,925,858	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	81,925,858	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	206,102,530	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	240,920,894				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	240,920,894	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	447,023,424	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0200

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

Worksheet G-1

Date/Time Prepared:
11/29/2021 11:24 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		202,163,985		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		51,415,109				2.00
3.00	Total (sum of line 1 and line 2)		253,579,094		0		3.00
4.00	TEMP RESTRICTED NET ASSETS	1,742,947		0		0	4.00
5.00	PERM RESTRICTED NET ASSETS	489,515		0		0	5.00
6.00	ROUNDING	2		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)		2,232,464		0		10.00
11.00	Subtotal (line 3 plus line 10)		255,811,558		0		11.00
12.00	TRANSFERS TO AFFILIATES	14,890,654		0		0	12.00
13.00	RECONCILING ITEM	10		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)		14,890,664		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		240,920,894		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	TEMP RESTRICTED NET ASSETS		0				4.00
5.00	PERM RESTRICTED NET ASSETS		0				5.00
6.00	ROUNDING		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	TRANSFERS TO AFFILIATES		0				12.00
13.00	RECONCILING ITEM		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: 14-0200

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 11:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	193,730,784		193,730,784	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	193,730,784		193,730,784	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	47,710,702		47,710,702	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)	47,710,702		47,710,702	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	241,441,486		241,441,486	17.00
18.00	Ancillary services	845,554,278	1,452,837,204	2,298,391,482	18.00
19.00	Outpatient services	64,956,433	305,146,207	370,102,640	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	23,753,607	0	23,753,607	27.00
27.01	PROFESSIONAL FEES	3,197,225	10,174,382	13,371,607	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,178,903,029	1,768,157,793	2,947,060,822	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		492,801,308		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)		492,801,308		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0200

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

Worksheet G-3

Date/Time Prepared:
11/29/2021 11:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,947,060,822	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,435,692,751	2.00
3.00	Net patient revenues (line 1 minus line 2)	511,368,071	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	492,801,308	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,566,763	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	77,701	6.00
7.00	Income from investments	197,754	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	9,483	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	2,048,131	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	REFERENCE LAB	6,588,404	24.00
24.01	OTHER (SPECIFY)	0	24.01
24.02	RENTAL INCOME	2,198,256	24.02
24.03	IHP DISTRIBUTIONS	937,110	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	GRANTS	92,749	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	UNREALIZED	87,862	24.07
24.08	GAIN ON SALE OF ASSETS	-821,121	24.08
24.09	ROUNDING	1	24.09
24.10	INTERCO REV	1,770,178	24.10
24.11	INVESTMENTS INCOME FROM AFFILIATES	1,943,066	24.11
24.12	RESEARCH	87,739	24.12
24.13	OCCUPATIONAL HEALTH	757,310	24.13
24.14	OTHER COMMUNITY REV	1,358,164	24.14
24.15	OTHER REVENUE	2,160,721	24.15
24.50	COVID-19 PHE Funding	13,354,833	24.50
25.00	Total other income (sum of lines 6-24)	32,848,341	25.00
26.00	Total (line 5 plus line 25)	51,415,104	26.00
27.00	ROUNDING	-5	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-5	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	51,415,109	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0200	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 11:24 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,837,203	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		145,497	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)		191.10	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.63	8.00
9.00	Sum of lines 7 and 8		14.55	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.99	10.00
11.00	Disproportionate share adjustment (see instructions)		144,632	11.00
12.00	Total prospective capital payments (see instructions)		5,127,332	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