

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: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/27/2022 5:02 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE CHRIST HOSPITAL (14-0208) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Michael Volante	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Michael Volante		2
3	Signatory Title	VICE PRESIDENT - REIMBURSEMENT		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,853,848	4,001,561	0	0	1.00
2.00 Subprovider - IPF	0	30,821	22		0	2.00
3.00 Subprovider - IRF	0	104,048	2		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	2,988,717	4,001,585	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0208		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 5:02 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4440 WEST 95TH STREET			PO Box:				1.00				
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			ADVOCATE CHRIST HOSPITAL	140208	16984	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			ADVOCATE CHRIST HOSPITAL	14S208	16984	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF			HOSPITAL - PSYCH	14T208	16984	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)			ADVOCATE CHRIST HOSPITAL - REHAB								6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021		12/31/2021		20.00	
21.00	Type of Control (see instructions)						1				21.00	
							1.00		2.00		3.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		N				23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					64.00	
		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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.30	23.47	0.089251	67.00
67.01		INTERNAL MEDICINE	1400	5.90	60.13	0.089353	67.01
67.02		OBSTETRICS	1750	1.18	12.04	0.089259	67.02
67.03		PEDIATRICS	2000	3.48	35.54	0.089185	67.03

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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)	N			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)	N			107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
						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.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			1,379,673	4,945,650	16,195,812	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
				Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			Y			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.			02/02/2012			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.			01/18/2013			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.			07/19/2017			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 5:02 pm	
		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		14H036		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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
				3.00		4.00	
						FTE/Campus	
						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: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 5:02 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 5:02 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2022	Y 03/31/2022
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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/27/2022 5:02 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		LEPPERT	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765		ROBERT.LEPPERT@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 5:02 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00	30.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	523	190,895	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)		523	190,895	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	127	46,355	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	61	22,265	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		711	259,515	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,410		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,505		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		782				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)		24	8,760			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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	40,800	6,361	183,705			1.00
2.00	HMO and other (see instructions)	56,286	56,358				2.00
3.00	HMO IPF Subprovider	575	1,394				3.00
4.00	HMO IRF Subprovider	1,632	810				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)	40,800	6,361	183,705			7.00
8.00	INTENSIVE CARE UNIT	11,562	3,114	36,140			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	1,832	6,025			8.01
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		880	18,042			13.00
14.00	Total (see instructions)	52,362	12,187	243,912	241.02	4,389.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	752	364	5,036	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	2,803	117	7,427	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	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)			1,016			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				241.02	4,389.00	27.00
28.00	Observation Bed Days		0	11,157			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	298	2,104			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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,962	1,454	38,264	1.00
2.00 HMO and other (see instructions)			8,401	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	7,962	1,454	38,264	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	94	58	506	16.00
17.00 SUBPROVIDER - IRF	0.00	0	200	7	789	17.00
18.00 SUBPROVIDER	0.00	0		0	0	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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 5:02 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	375,693,718	0	375,693,718	9,128,662.40	41.16
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	19,406,899	126,001	19,532,900	432,744.00	45.14
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)		11,631,891	3,694,517	15,326,408	346,051.00	44.29
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,023,082	0	8,023,082	70,790.00	113.34
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		703,289	0	703,289	5,870.00	119.81
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		75,629,443	0	75,629,443	1,676,718.00	45.11
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)		85,807,010	0	85,807,010		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,653,765	0	4,653,765		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		5,169,863	0	5,169,863		
25.50	Home office wage-related (core)		18,446,344	0	18,446,344		
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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 5:02 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,423,489	-2,423,489	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	27,195,780	-113,434	27,082,346	458,806.00	59.03	27.00
28.00	Administrative & General under contract (see inst.)		2,891,278	0	2,891,278	17,835.00	162.11	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,947,966	12,647	1,960,613	40,685.00	48.19	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	14,548,221	-333,060	14,215,161	274,997.00	51.69	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,890,684	16,726	2,907,410	72,654.00	40.02	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/27/2022 5:02 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	359,178,097	-126,001	359,052,096	8,713,753.40	41.21	1.00
2.00	Excluded area salaries (see instructions)	11,631,891	3,694,517	15,326,408	346,051.00	44.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	347,546,206	-3,820,518	343,725,688	8,367,702.40	41.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	84,355,814	0	84,355,814	1,753,378.00	48.11	4.00
5.00	Subtotal wage-related costs (see inst.)	104,253,354	0	104,253,354	0.00	30.33	5.00
6.00	Total (sum of lines 3 thru 5)	536,155,374	-3,820,518	532,334,856	10,121,080.40	52.60	6.00
7.00	Total overhead cost (see instructions)	51,897,418	-2,840,610	49,056,808	864,977.00	56.71	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/27/2022 5:02 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	18,304,647	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,856,319	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	116,307	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)	26,484,876	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	8,952,002	9.00
10.00	Dental, Hearing and Vision Plan	872,949	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	275,947	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)	3,791,885	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,757,800	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	-96,927	16.00
TAXES			
17.00	FICA-Employers Portion Only	26,130,684	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	177,422	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))	175,055	21.00
22.00	Day Care Cost and Allowances	-8,116,545	22.00
23.00	Tuition Reimbursement	2,093,502	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	85,775,923	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	8,023,082	85,775,923	1.00
2.00	Hospital	8,023,082	83,884,262	2.00
3.00	Subprovider - IPF	0	787,274	3.00
4.00	Subprovider - IRF	0	1,104,387	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-10

Date/Time Prepared:
5/27/2022 5:02 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.243508	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		252,030,323	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		1,006,624,428	6.00
7.00	Medicaid cost (line 1 times line 6)		245,121,101	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)		0	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)		0	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)	46,505,579	5,866,668	52,372,247
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,324,481	5,866,668	17,191,149
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	11,324,481	5,866,668	17,191,149
				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)		58,528,654	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,067,390	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,180,599	27.01
28.00	Non-Medicare bad debt expense (see instructions)		55,348,055	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		14,590,903	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		31,782,052	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		31,782,052	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (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	NEW CAP REL COSTS-BLDG & FIXT		0	0	31,495,581	31,495,581	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	17,812,080	17,812,080	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,423,489	61,022,209	63,445,698	-2,424,987	61,020,711	4.00
5.01	00540	NONPATIENT TELEPHONES	509,929	3,074,451	3,584,380	1,284	3,585,664	5.01
5.02	00550	DATA PROCESSING	15,189	99,727	114,916	-77,989	36,927	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	10,553,499	10,553,499	-4,115	10,549,384	5.03
5.04	00570	ADMITTING	0	50,964	50,964	-50,492	472	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,547	81,719,413	81,721,960	-2,947	81,719,013	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	26,668,115	207,755,227	234,423,342	-32,852,548	201,570,794	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	31,071,579	31,071,579	-128,407	30,943,172	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,523,400	4,523,400	-23,304	4,500,096	8.00
9.00	00900	HOUSEKEEPING	0	13,651,609	13,651,609	-28,866	13,622,743	9.00
10.00	01000	DIETARY	0	15,877,037	15,877,037	-304,483	15,572,554	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,947,966	771,330	2,719,296	-604,401	2,114,895	13.00
15.00	01500	PHARMACY	14,548,221	78,575,772	93,123,993	-67,683,404	25,440,589	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	135,558	135,558	-2,448	133,110	16.00
17.00	01700	SOCIAL SERVICE	2,890,684	972,775	3,863,459	14,886	3,878,345	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,406,899	0	19,406,899	126,001	19,532,900	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10,066,233	10,066,233	-8,304	10,057,929	22.00
23.00	02300	ER PARAMEDIC TRNG	0	0	0	729,615	729,615	23.00
23.01	02301	PASTORAL CARE	0	0	0	215,940	215,940	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	418,123	418,123	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,069,940	41,593,141	149,663,081	-15,277,924	134,385,157	30.00
31.00	03100	INTENSIVE CARE UNIT	35,997,882	22,043,598	58,041,480	-10,123,459	47,918,021	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,591,093	5,068,183	20,659,276	-14,600,204	6,059,072	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,982,912	1,093,076	5,075,988	-140,392	4,935,596	40.00
41.00	04100	SUBPROVIDER - IRF	4,887,882	1,208,181	6,096,063	-367,491	5,728,572	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	15,581,780	15,581,780	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,632,508	122,372,915	156,005,423	-102,609,333	53,396,090	50.00
51.00	05100	RECOVERY ROOM	6,740,882	1,475,964	8,216,846	-727,551	7,489,295	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,550,815	2,522,730	10,073,545	-1,459,461	8,614,084	52.00
53.00	05300	ANESTHESIOLOGY	1,018,432	1,450,850	2,469,282	-1,186,930	1,282,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,092,328	33,583,964	55,676,292	-29,695,417	25,980,875	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	40,426,920	40,426,920	-8,995,034	31,431,886	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	15,844,441	8,620,123	24,464,564	-6,027,415	18,437,149	65.00
66.00	06600	PHYSICAL THERAPY	14,270,286	13,916,167	28,186,453	-11,958,022	16,228,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,969,700	989,379	4,959,079	-561,433	4,397,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	302,934	573,624	876,558	-61,532	815,026	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	101,259,029	101,259,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	73,393,082	73,393,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,085,907	66,085,907	73.00
74.00	07400	RENAL DIALYSIS	2,410,820	1,262,641	3,673,461	-628,978	3,044,483	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	816,007	101,401	917,408	-21,219	896,189	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	7,780,995	11,881,577	19,662,572	355,148	20,017,720	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	19,559,725	10,703,616	30,263,341	-6,719,336	23,544,005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,725,553	2,583,215	4,308,768	-1,147,372	3,161,396	105.00
106.00	10600	HEART ACQUISITION	0	0	0	7,131,655	7,131,655	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	374,658,174	843,392,048	1,218,050,222	-1,885,087	1,216,165,135	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	480	480	0	480	190.00
190.01	19001	OTHER NONREIMB	1,035,544	658,558	1,694,102	1,885,087	3,579,189	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	375,693,718	844,051,086	1,219,744,804	0	1,219,744,804	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	6,856,396	38,351,977	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,352,605	24,164,685	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,779,966	78,800,677	4.00
5.01	00540	NONPATIENT TELEPHONES	-150	3,585,514	5.01
5.02	00550	DATA PROCESSING	48,641,841	48,678,768	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-5,648	10,543,736	5.03
5.04	00570	ADMITTING	0	472	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-43,175,085	38,543,928	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-143,041,093	58,529,701	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	30,943,172	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,500,096	8.00
9.00	00900	HOUSEKEEPING	0	13,622,743	9.00
10.00	01000	DIETARY	-3,040,937	12,531,617	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-3,833	2,111,062	13.00
15.00	01500	PHARMACY	-12,834	25,427,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	133,110	16.00
17.00	01700	SOCIAL SERVICE	-476,693	3,401,652	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-756,252	18,776,648	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-548,606	9,509,323	22.00
23.00	02300	ER PARAMEDIC TRNG	0	729,615	23.00
23.01	02301	PASTORAL CARE	0	215,940	23.01
23.02	02302	PHARMACY RESIDENCY	0	418,123	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-11,356,211	123,028,946	30.00
31.00	03100	INTENSIVE CARE UNIT	-106,755	47,811,266	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-36,094	6,022,978	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-3,682	4,931,914	40.00
41.00	04100	SUBPROVIDER - IRF	-57,734	5,670,838	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	15,581,780	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,459,836	46,936,254	50.00
51.00	05100	RECOVERY ROOM	-3,668	7,485,627	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-11,455	8,602,629	52.00
53.00	05300	ANESTHESIOLOGY	-8,568	1,273,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-78,591	25,902,284	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	31,431,886	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	-226,608	18,210,541	65.00
66.00	06600	PHYSICAL THERAPY	-52,398	16,176,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-976	4,396,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-477,082	337,944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	101,259,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	73,393,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,085,907	73.00
74.00	07400	RENAL DIALYSIS	-451	3,044,032	74.00
76.00	03020	DEV EVALUATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-28	896,161	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	-125,351	19,892,369	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	-643,911	22,900,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-11,522	3,149,874	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	7,131,655	106.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-131,091,244	1,085,073,891	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	480	190.00
190.01	19001	OTHER NONREIMB	-32,631	3,546,558	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-131,123,875	1,088,620,929	200.00

RECLASSIFICATIONS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/27/2022 5:02 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
A - RECLASS IMPLANT COSTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	73,393,082		1.00
	PATIENT					
	0		0	73,393,082		
B - RECLASS CHARGEABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	66,085,907		1.00
	0		0	66,085,907		
C - RECLASS MEDICAL SUPPLIES COST						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	174,652,111		1.00
	PATIENTS					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	0		0	174,652,111		
D - RECLASS HOMEBOUND NURSERY						
1.00	NURSERY	43.00	9,898,231	2,180,616		1.00
	0		9,898,231	2,180,616		
E - RECLASS NURSERY						
1.00	NURSERY	43.00	3,171,327	331,606		1.00
	0		3,171,327	331,606		
F - RECLASS PARAMEDICAL EDUCATION						
1.00	ER PARAMEDIC TRNG	23.00	509,165	220,450		1.00
	0		509,165	220,450		
G - RECLASS PASTORAL CARE						
1.00	PASTORAL CARE	23.01	205,609	10,331		1.00
	0		205,609	10,331		
H - RECLASS BUILDING DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	29,703,965		1.00
	FIXT					
	0		0	29,703,965		
I - RECLASS EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	17,770,386		1.00
	EQUIP					
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 5:02 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
37.00		0.00	0	0	37.00
0			0	17,770,386	
J - RECLASS LAND IMP. DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,423,535	1.00
0			0	1,423,535	
K - RECLASS LEASEHOLD IMP. DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	295,172	1.00
0			0	295,172	
L - RECLASS CAPITAL INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,076	1.00
0			0	29,076	
M - RECLASS REMEDIATION COST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833	1.00
0			0	43,833	
N - RECLASS VEHICLE DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	41,694	1.00
0			0	41,694	
P - RECLASS PHARMACY RESIDENCY					
1.00	PHARMACY RESIDENCY	23.02	399,543	18,580	1.00
0			399,543	18,580	
Q - RECLASS KIDNEY TRANSP REL COST					
1.00	OPERATING ROOM	50.00	419,278	740,344	1.00
0			419,278	740,344	
R - HEART TRANSPL ACQUIS COST					
1.00	HEART ACQUISITION	106.00	1,897,670	5,120,622	1.00
0			1,897,670	5,120,622	
S - ADDITIONAL TRANSPLANT SALARY					
1.00	KIDNEY ACQUISITION	105.00	42,082	0	1.00
2.00	HEART ACQUISITION	106.00	72,330	0	2.00
3.00		0.00	0	0	3.00
0			114,412	0	
T - TRANSPLANT DIRECTOR HEART SALARY					
1.00	HEART ACQUISITION	106.00	41,033	0	1.00
0			41,033	0	
U - RECLASS BONUS PAY					
1.00		0.00	0	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	3,311	0	2.00
3.00	DATA PROCESSING	5.02	99	0	3.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	17	0	5.00
6.00	ADMINISTRATIVE AND GENERAL	5.06	173,145	0	6.00
10.00	NURSING ADMINISTRATION	13.00	12,647	0	10.00
11.00	PHARMACY	15.00	94,456	0	11.00
13.00	SOCIAL SERVICE	17.00	18,768	0	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	126,001	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	701,653	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	233,719	0	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	101,227	0	17.00
18.00	SUBPROVIDER - IPF	40.00	25,859	0	18.00
19.00	SUBPROVIDER - IRF	41.00	31,735	0	19.00
20.00	OPERATING ROOM	50.00	218,362	0	20.00
21.00	RECOVERY ROOM	51.00	49,024	0	21.00

RECLASSIFICATIONS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 5:02 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	43,766	0	22.00
23.00	ANESTHESIOLOGY	53.00	6,612	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	143,436	0	24.00
26.00	RESPIRATORY THERAPY	65.00	102,871	0	26.00
27.00	PHYSICAL THERAPY	66.00	92,652	0	27.00
29.00	ELECTROCARDIOLOGY	69.00	25,774	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	1,967	0	30.00
31.00	RENAL DIALYSIS	74.00	15,652	0	31.00
33.00	CARDIAC REHABILITATION	76.97	5,298	0	33.00
34.00	AMBULATORY CARE	90.03	50,519	0	34.00
35.00	EMERGENCY	91.00	126,993	0	35.00
36.00	KIDNEY ACQUISITION	105.00	11,203	0	36.00
37.00	OTHER NONREIMB	190.01	6,723	0	37.00
			2,423,489	0	
V - PAIN CENTER					
1.00	AMBULATORY CARE	90.03	633,544	271,793	1.00
			633,544	271,793	
Z - MOVE SPA RESEARCH COSTS					
1.00	OTHER NONREIMB	190.01	957,637	934,683	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			957,637	934,683	
500.00	Grand Total: Increases		20,670,938	373,267,786	500.00

RECLASSIFICATIONS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 5:02 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS IMPLANT COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	73,393,082	0		1.00
	0		0	73,393,082			
	B - RECLASS CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	66,085,907	0		1.00
	0		0	66,085,907			
	C - RECLASS MEDICAL SUPPLIES COST						
1.00	NONPATIENT TELEPHONES	5.01	0	2,027	0		1.00
2.00	DATA PROCESSING	5.02	0	17	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,490	0		3.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,498	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	70	0		6.00
11.00	NURSING ADMINISTRATION	13.00	0	3,542	0		11.00
12.00	PHARMACY	15.00	0	718,198	0		12.00
13.00	SOCIAL SERVICE	17.00	0	1,840	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,621	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	8,955,540	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	8,706,071	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,597,339	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	118,460	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	280,379	0		19.00
20.00	OPERATING ROOM	50.00	0	92,889,592	0		20.00
21.00	RECOVERY ROOM	51.00	0	548,534	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,450,039	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,182,000	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,138,827	0		24.00
25.00	LABORATORY	60.00	0	8,995,034	0		25.00
27.00	RESPIRATORY THERAPY	65.00	0	5,665,769	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	11,292,934	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	385,481	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,196	0		30.00
31.00	RENAL DIALYSIS	74.00	0	610,211	0		31.00
33.00	CARDIAC REHABILITATION	76.97	0	10,143	0		33.00
34.00	AMBULATORY CARE	90.03	0	563,786	0		34.00
35.00	EMERGENCY	91.00	0	4,488,152	0		35.00
36.00	KIDNEY ACQUISITION	105.00	0	2	0		36.00
37.00	OTHER NONREIMB	190.01	0	11,319	0		37.00
	0		0	174,652,111			
	D - RECLASS HOMEBOUND NURSERY						
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	9,898,231	2,180,616	0		1.00
	0		9,898,231	2,180,616			
	E - RECLASS NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	3,171,327	331,606	0		1.00
	0		3,171,327	331,606			
	F - RECLASS PARAMEDICAL EDUCATION						
1.00	EMERGENCY	91.00	509,165	220,450	0		1.00
	0		509,165	220,450			
	G - RECLASS PASTORAL CARE						
1.00	ADMINISTRATIVE AND GENERAL	5.06	205,609	10,331	0		1.00
	0		205,609	10,331			
	H - RECLASS BUILDING DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,703,965	9		1.00
	0		0	29,703,965			
	I - RECLASS EQUIPMENT DEPRECIATION						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	23,304	9		1.00
3.00	DATA PROCESSING	5.02	0	78,071	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,115	9		4.00
5.00	ADMITTING	5.04	0	50,492	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,474	9		6.00
7.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,188,081	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	128,337	9		8.00
9.00	HOUSEKEEPING	9.00	0	28,866	9		9.00
10.00	DIETARY	10.00	0	304,483	9		10.00
11.00	NURSING ADMINISTRATION	13.00	0	613,506	9		11.00
12.00	PHARMACY	15.00	0	527,659	9		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,448	9		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,683	9		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,467,545	9		15.00

RECLASSIFICATIONS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00	INTENSIVE CARE UNIT	31.00	0	1,651,107	9		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,025,245	9		17.00
18.00	SUBPROVIDER - IPF	40.00	0	47,791	9		18.00
19.00	SUBPROVIDER - IRF	41.00	0	36,657	9		19.00
20.00	OPERATING ROOM	50.00	0	4,079,433	9		20.00
21.00	RECOVERY ROOM	51.00	0	228,041	9		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	53,188	9		22.00
23.00	ANESTHESIOLOGY	53.00	0	11,542	9		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,700,026	9		24.00
26.00	RESPIRATORY THERAPY	65.00	0	464,517	9		26.00
27.00	PHYSICAL THERAPY	66.00	0	757,740	9		27.00
29.00	ELECTROCARDIOLOGY	69.00	0	201,726	9		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	35,303	9		30.00
31.00	RENAL DIALYSIS	74.00	0	34,419	9		31.00
32.00		0.00	0	0	9		32.00
33.00	CARDIAC REHABILITATION	76.97	0	16,374	9		33.00
34.00	AMBULATORY CARE	90.03	0	36,922	9		34.00
35.00	EMERGENCY	91.00	0	966,654	9		35.00
37.00	OTHER NONREIMB	190.01	0	2,637	9		37.00
			0	17,770,386			
J - RECLASS LAND IMP. DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,423,535	9		1.00
			0	1,423,535			
K - RECLASS LEASEHOLD IMP. DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	295,172	11		1.00
			0	295,172			
L - RECLASS CAPITAL INTEREST							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,076	11		1.00
			0	29,076			
M - RECLASS REMEDIATION COST							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11		1.00
			0	43,833			
N - RECLASS VEHICLE DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	41,694	9		1.00
			0	41,694			
P - RECLASS PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	399,543	18,580	0		1.00
			399,543	18,580			
Q - RECLASS KIDNEY TRANSP REL COST							
1.00	KIDNEY ACQUISITION	105.00	419,278	740,344	0		1.00
			419,278	740,344			
R - HEART TRANSPL ACQUIS COST							
1.00	OPERATING ROOM	50.00	1,897,670	5,120,622	0		1.00
			1,897,670	5,120,622			
S - ADDITIONAL TRANSPLANT SALARY							
1.00	ADMINISTRATIVE AND GENERAL	5.06	84,397	0	0		1.00
2.00	PHARMACY	15.00	27,973	0	0		2.00
3.00	SOCIAL SERVICE	17.00	2,042	0	0		3.00
			114,412	0			
T - TRANSPLANT DIRECTOR HEART SALARY							
1.00	KIDNEY ACQUISITION	105.00	41,033	0	0		1.00
			41,033	0			
U - RECLASS BONUS PAY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,423,489	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00

RECLASSIFICATIONS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
0			2,423,489	0		
V - PAIN CENTER						
1.00	ADULTS & PEDIATRICS	30.00	633,544	271,793	0	1.00
0			633,544	271,793		
Z - MOVE SPA RESEARCH COSTS						
1.00	ADULTS & PEDIATRICS	30.00	911,876	236,346	0	1.00
2.00	SUBPROVIDER - IRF	41.00	45,761	36,429	0	2.00
3.00	EMERGENCY	91.00	0	661,908	0	3.00
0			957,637	934,683		
500.00	Grand Total: Decreases		20,670,938	373,267,786		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,246,009	0	0	0	0	1.00	
2.00	Land Improvements	28,793,687	60,512	0	60,512	-200,073	2.00	
3.00	Buildings and Fixtures	683,682,066	10,692,386	0	10,692,386	-3,274,143	3.00	
4.00	Building Improvements	4,910,013	0	0	0	-19,671	4.00	
5.00	Fixed Equipment	7,705,096	11,148,778	0	11,148,778	-945,956	5.00	
6.00	Movable Equipment	220,917,900	4,995	0	4,995	-11,215,336	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	956,254,771	21,906,671	0	21,906,671	-15,655,179	8.00	
9.00	Reconciling Items	-134,918,666	-6,834,552	0	-6,834,552	0	9.00	
10.00	Total (line 8 minus line 9)	1,091,173,437	28,741,223	0	28,741,223	-15,655,179	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,246,009	0					1.00
2.00	Land Improvements	29,054,272	7,035,978					2.00
3.00	Buildings and Fixtures	697,648,595	142,694,936					3.00
4.00	Building Improvements	4,929,684	3,669,214					4.00
5.00	Fixed Equipment	19,799,830	7,221,086					5.00
6.00	Movable Equipment	232,138,231	86,583,201					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	993,816,621	247,204,415					8.00
9.00	Reconciling Items	-141,753,218	0					9.00
10.00	Total (line 8 minus line 9)	1,135,569,839	247,204,415					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	894,551,922	0	894,551,922	0.809853	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	210,033,714	0	210,033,714	0.190147	0	2.00
3.00	Total (sum of lines 1-2)	1,104,585,636	0	1,104,585,636	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	37,983,896	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	24,164,685	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	62,148,581	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	NEW CAP REL COSTS-BLDG & FIXT	368,081	0	0	0	38,351,977	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	24,164,685	2.00
3.00	Total (sum of lines 1-2)	368,081	0	0	0	62,516,662	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
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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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-18,108,092			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,688,809			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		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	A		0 MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		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 - NEW CAP REL COSTS-BLDG & FIXT	A	5,545,649	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-335,996	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-665,025	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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Worksheet A-8

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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		
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.00
33.01 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.01
33.02 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.02
33.03 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.03
33.04 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.04
33.05 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.05
33.06 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.06
33.07 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.07
33.08 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.08
34.00 MISC REV		0		0.00	0	34.00
35.00 MISC REV	B	-150	NONPATIENT TELEPHONES	5.01	0	35.00
38.00 MISC REV	B	-5,648	PURCHASING RECEIVING AND STORES	5.03	0	38.00
39.00 MISC REV	B	-610,817	ADMINISTRATIVE AND GENERAL	5.06	0	39.00
41.00 MISC REV		0		0.00	0	41.00
42.00 MISC REV	B	-3,040,937	DIETARY	10.00	0	42.00
43.00 MISC REV	B	-2,462	NURSING ADMINISTRATION	13.00	0	43.00
44.00 MISC REV		0		0.00	0	44.00
45.00 MISC REV	B	-247,100	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.00
45.01 MISC REV		0		0.00	0	45.01
45.02 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.02
45.03 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.03
45.04 MISC REV	B	0	ADULTS & PEDIATRICS	30.00	0	45.04
45.05 MISC REV	B	0	INTENSIVE CARE UNIT	31.00	0	45.05
45.06 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.06
45.07 MISC REV	B	-17,449	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.07
45.08 MISC REV		0		0.00	0	45.08
45.09 MISC REV	B	-20,957	OPERATING ROOM	50.00	0	45.09
45.10 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.10
45.11 MISC REV	B	-37,054	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12 MISC REV	B	0	LABORATORY	60.00	0	45.12
45.13 MISC REV	B	-7,560	RESPIRATORY THERAPY	65.00	0	45.13
45.14 MISC REV	B	-194,520	AMBULATORY CARE	90.03	0	45.14
45.15 MISC REV		0		0.00	0	45.15
45.16 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.16
45.17 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.17
45.18 LOBBYING	A	-99,220	ADMINISTRATIVE AND GENERAL	5.06	0	45.18
45.19 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.19
45.20 MISC REV	B	0	HEART ACQUISITION	106.00	0	45.20
45.21 MISC REV	B	0	KIDNEY ACQUISITION	105.00	0	45.21
45.22 MISC REV	B	-285,492	EMERGENCY	91.00	0	45.22
45.23 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.23
45.24 NONALLOWABLE COSTS	A	-48,633	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.24
45.25 NON ALLOWABLE COST	A	0		0.00	0	45.25
45.26 NONALLOWABLE COSTS	A	-552	DATA PROCESSING	5.02	0	45.26
45.27 (3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.27
45.28 NONALLOWABLE COSTS	A	0	PURCHASING RECEIVING AND STORES	5.03	0	45.28

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

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			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	2.00	3.00	4.00	5.00		
45.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.29
45.30 NONALLOWABLE COSTS		0		0.00	0	45.30
45.31 NONALLOWABLE COST	A	-43,175,085	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45.31
45.32 NONALLOWABLE COST	A	-8,944,611	ADMINISTRATIVE AND GENERAL	5.06	0	45.32
45.33 NONALLOWABLE COSTS	A	0	MAINTENANCE & REPAIRS	6.00	0	45.33
45.34 NONALLOWABLE COSTS	A	0	HOUSEKEEPING	9.00	0	45.34
45.35 NONALLOWABLE COSTS	A	0	DIETARY	10.00	0	45.35
45.36 NONALLOWABLE COSTS	A	-1,371	NURSING ADMINISTRATION	13.00	0	45.36
45.37 NONALLOWABLE COSTS	A	-12,834	PHARMACY	15.00	0	45.37
45.38 NONALLOWABLE COSTS		0		0.00	0	45.38
45.39 NONALLOWABLE COSTS	A	-476,693	SOCIAL SERVICE	17.00	0	45.39
45.40 NONALLOWABLE COSTS	A	-301,506	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.40
45.41 NONALLOWABLE COSTS		0		0.00	0	45.41
45.42 NONALLOWABLE COSTS	A	-408,475	ADULTS & PEDIATRICS	30.00	0	45.42
45.43 NONALLOWABLE COSTS	A	-46,024	INTENSIVE CARE UNIT	31.00	0	45.43
45.44 NONALLOWABLE COSTS	A	-18,645	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.44
45.45 NONALLOWABLE COSTS	A	-3,682	SUBPROVIDER - IPF	40.00	0	45.45
45.46 NONALLOWABLE COSTS	A	-15,391	SUBPROVIDER - IRF	41.00	0	45.46
45.47 NONALLOWABLE COSTS	A	-250,956	OPERATING ROOM	50.00	0	45.47
45.48 NONALLOWABLE COSTS	A	-3,668	RECOVERY ROOM	51.00	0	45.48
45.49 NONALLOWABLE COSTS	A	-11,455	DELIVERY ROOM & LABOR ROOM	52.00	0	45.49
45.50 NONALLOWABLE COSTS	A	-8,568	ANESTHESIOLOGY	53.00	0	45.50
45.51 NONALLOWABLE COSTS	A	-12,766	RADIOLOGY-DIAGNOSTIC	54.00	0	45.51
45.52 NONALLOWABLE COSTS	A	0	LABORATORY	60.00	0	45.52
45.53 NONALLOWABLE COSTS	A	-976	ELECTROCARDIOLOGY	69.00	0	45.53
45.54 NONALLOWABLE COSTS	A	-12,781	RESPIRATORY THERAPY	65.00	0	45.54
45.55 NONALLOWABLE COSTS	A	-15,908	PHYSICAL THERAPY	66.00	0	45.55
45.56 NONALLOWABLE COSTS	A	-477,082	ELECTROENCEPHALOGRAPHY	70.00	0	45.56
45.57 NONALLOWABLE COSTS		0		0.00	0	45.57
45.58 NONALLOWABLE COSTS	A	-451	RENAL DIALYSIS	74.00	0	45.58
45.59 NONALLOWABLE COSTS	A	-179	PHYSICAL THERAPY	66.00	0	45.59
45.60 NONALLOWABLE COSTS	A	-28	CARDIAC REHABILITATION	76.97	0	45.60
45.61 NONALLOWABLE COST	A	69,169	AMBULATORY CARE	90.03	0	45.61
45.62 NONALLOWABLE COSTS	A	-233,179	EMERGENCY	91.00	0	45.62
45.63 NONALLOWABLE COSTS	A	-11,522	KIDNEY ACQUISITION	105.00	0	45.63
45.64 NONALLOWABLE COSTS	A	-32,631	OTHER NONREIMB	190.01	0	45.64
45.65 PUBLIC RELATIONS	A	-770	ADMINISTRATIVE AND GENERAL	5.06	0	45.65
45.66 INTEREST OFFSET	A	-11,645,698	ADMINISTRATIVE AND GENERAL	5.06	0	45.66
45.67 ELIMINATE MEDICAID ASSESSMENT	A	-43,175,085	ADMINISTRATIVE AND GENERAL	5.06	0	45.67
45.71 PENSION NON OPERATING COST	A	-2,024,200	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.71
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-131,123,875				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: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 5:02 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	19,852,799	0 1.00
2.00		5.02	DATA PROCESSING	DATA PROCESSING	48,642,393	0 2.00
3.00		5.06	ADMINISTRATIVE AND GENERAL	A&G	41,482,895	119,666,244 3.00
4.00		1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP.-B&F	1,310,747	0 4.00
4.01		2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP.-M.E.	6,688,601	0 4.01
4.02		0.00			0	0 4.02
4.03		0.00			0	0 4.03
5.00	0		0		117,977,435	119,666,244 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		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 5:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	19,852,799	0		1.00
2.00	48,642,393	0		2.00
3.00	-78,183,349	0		3.00
4.00	1,310,747	9		4.00
4.01	6,688,601	9		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-1,688,809			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HEALTHCARE		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: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/27/2022 5:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE AND GENERAL	381,543	381,543	0	177,200	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	756,252	756,252	0	177,200	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	10,282,711	10,282,711	0	177,200	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	60,731	60,731	0	177,200	0	4.00
5.00	41.00	SUBPROVIDER - IRF	42,343	42,343	0	177,200	0	5.00
6.00	50.00	OPERATING ROOM	6,187,923	6,187,923	0	208,000	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	28,771	28,771	0	208,000	0	7.00
8.00	65.00	RESPIRATORY THERAPY	206,267	206,267	0	225,300	0	8.00
9.00	66.00	PHYSICAL THERAPY	36,311	36,311	0	177,200	0	9.00
10.00	91.00	EMERGENCY	125,240	125,240	0	208,000	0	10.00
11.00	106.00	HEART ACQUISITION	514,400	0	514,400	177,200	8,088	11.00
200.00			18,622,492	18,108,092	514,400		8,088	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 AND GENERAL	0	0	0	0	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	106.00	HEART ACQUISITION	689,035	34,452	0	0	0	11.00
200.00			689,035	34,452	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 AND GENERAL	0	0	0	381,543		1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	756,252		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	10,282,711		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	60,731		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	42,343		5.00
6.00	50.00	OPERATING ROOM	0	0	0	6,187,923		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	28,771		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	206,267		8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	36,311		9.00
10.00	91.00	EMERGENCY	0	0	0	125,240		10.00
11.00	106.00	HEART ACQUISITION	0	689,035	0	0		11.00
200.00			0	689,035	0	18,108,092		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	38,351,977	38,351,977			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	24,164,685	24,164,685			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	78,800,677	58,135	78,858,812		4.00
5.01	00540	NONPATIENT TELEPHONES	3,585,514	0	107,730	3,693,244	5.01
5.02	00550	DATA PROCESSING	48,678,768	55,202	98,202	3,209	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	10,543,736	1,085	3,947	0	5.03
5.04	00570	ADMITTING	472	1,741	67,496	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	38,543,928	18,661	2,074	538	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	58,529,701	19,335,253	1,714,695	5,573,161	5.06
6.00	00600	MAINTENANCE & REPAIRS	30,943,172	4,463,366	159,004	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,500,096	0	19,930	0	8.00
9.00	00900	HOUSEKEEPING	13,622,743	450	40,460	0	9.00
10.00	01000	DIETARY	12,531,617	82,560	410,458	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,111,062	866,888	705,604	411,537	13.00
15.00	01500	PHARMACY	25,427,755	413,267	718,182	2,983,791	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	133,110	1,311	3,054	0	16.00
17.00	01700	SOCIAL SERVICE	3,401,652	0	0	610,271	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	18,776,648	0	0	4,099,995	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,509,323	0	3,774	0	22.00
23.00	02300	ER PARAMEDIC TRNG	729,615	15,630	3,069	106,875	23.00
23.01	02301	PASTORAL CARE	215,940	2,338	1,817	43,158	23.01
23.02	02302	PHARMACY RESIDENCY	418,123	1,891	3,285	83,865	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	123,028,946	1,708,107	1,797,697	21,841,268	30.00
31.00	03100	INTENSIVE CARE UNIT	47,811,266	790,591	2,274,125	7,605,086	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	6,022,978	683,154	409,470	1,216,191	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	4,931,914	223,598	66,407	841,449	40.00
41.00	04100	SUBPROVIDER - IRF	5,670,838	4,142	46,790	1,023,032	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	15,581,780	1,733,194	1,301,412	2,743,326	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,936,254	1,681,808	5,448,346	6,795,048	50.00
51.00	05100	RECOVERY ROOM	7,485,627	28,110	71,808	1,425,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,602,629	43,030	312,366	1,594,118	52.00
53.00	05300	ANESTHESIOLOGY	1,273,784	0	15,615	215,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,902,284	2,562,761	5,126,679	4,667,331	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	31,431,886	262,134	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	18,210,541	0	649,224	3,347,373	65.00
66.00	06600	PHYSICAL THERAPY	16,176,033	257,955	1,045,710	3,014,809	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,396,670	3,302	283,728	838,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,944	33,708	57,301	63,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,259,029	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	73,393,082	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,085,907	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,044,032	226,084	32,820	509,321	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	896,161	0	21,190	172,394	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	19,892,369	77,282	55,228	1,776,833	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	22,900,094	2,642,809	1,182,265	4,025,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	3,149,874	36,549	0	276,761	1,827	105.00
106.00	10600 HEART ACQUISITION	7,131,655	0	7,742	422,120	7,310	106.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,085,073,891	38,316,096	24,160,974	78,439,028	3,651,213	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	480	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	3,546,558	35,881	3,711	419,784	42,031	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,088,620,929	38,351,977	24,164,685	78,858,812	3,693,244	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	48,875,585					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	10,588,972				5.03
5.04	00570	ADMITTING	0	0	100,775			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	90	0	38,769,964		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	85,481,748	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4	0	0	35,751,944	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	4,520,026	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	13,687,410	9.00
10.00	01000	DIETARY	0	0	0	0	13,105,042	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	215	0	0	4,144,647	13.00
15.00	01500	PHARMACY	0	43,346	0	0	29,646,646	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	232,502	16.00
17.00	01700	SOCIAL SERVICE	0	112	0	0	4,044,929	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,876,643	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	341	0	0	9,617,602	22.00
23.00	02300	ER PARAMEDIC TRNG	0	6,845	0	0	883,963	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	272,390	23.01
23.02	02302	PHARMACY RESIDENCY	0	198	0	0	507,362	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,773,195	517,301	18,672	5,372,893	161,690,372	30.00
31.00	03100	INTENSIVE CARE UNIT	2,501,789	527,849	7,707	1,984,564	63,572,419	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	546,928	26,566	1,685	433,855	9,406,615	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	258,504	7,182	796	205,061	6,670,141	40.00
41.00	04100	SUBPROVIDER - IRF	276,161	16,999	851	219,067	7,299,911	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,006,673	85,231	3,101	798,552	23,313,574	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,020,078	5,630,790	6,775	3,188,960	73,941,971	50.00
51.00	05100	RECOVERY ROOM	519,878	33,258	528	412,398	9,991,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	638,776	87,916	1,736	506,714	11,832,971	52.00
53.00	05300	ANESTHESIOLOGY	866,482	71,665	1,494	687,344	3,131,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,809,793	1,584,797	7,612	4,608,666	50,556,830	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,083,596	545,369	9,179	3,239,346	39,752,426	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,786,415	343,516	5,277	1,417,088	25,806,947	65.00
66.00	06600	PHYSICAL THERAPY	1,904,639	684,691	2,962	1,510,871	24,767,621	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	874,830	23,372	1,599	693,966	7,183,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,510	1,710	156	43,241	601,706	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,270,158	0	5,122	1,800,821	105,335,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,798,178	0	5,971	2,219,678	78,416,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,732,661	0	15,442	6,133,000	79,967,010	73.00
74.00	07400	RENAL DIALYSIS	182,129	36,997	561	144,476	4,176,420	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	44,099	615	34	34,982	1,169,475	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,206,488	45,047	11	957,056	24,099,858	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,668,455	265,130	3,347	2,116,774	35,987,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	23,144	0	71	18,359	3,506,585	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	28,026	1,134	86	22,232	7,620,305	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,875,585	10,588,286	100,775	38,769,964	1,084,571,798	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	480	190.00
190.01	19001	OTHER NONREIMB	0	686	0	0	4,048,651	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	48,875,585	10,588,972	100,775	38,769,964	1,088,620,929	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	85,481,748					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,046,566	38,798,510				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	385,169	152,435	5,057,630			8.00
9.00	00900	HOUSEKEEPING	1,166,359	650,174	0	15,503,943		9.00
10.00	01000	DIETARY	1,116,733	1,607,825	0	655,927	16,485,527	10.00
11.00	01100	CAFETERIA	0	0	0	0	6,355,415	11.00
13.00	01300	NURSING ADMINISTRATION	353,182	211,951	0	54,788	0	13.00
15.00	01500	PHARMACY	2,526,309	576,223	0	235,075	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,812	121,109	0	81,688	0	16.00
17.00	01700	SOCIAL SERVICE	344,685	35,294	0	14,398	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,949,410	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	819,554	645,942	0	266,092	0	22.00
23.00	02300	ER PARAMEDIC TRNG	75,326	10,883	10,554	4,440	0	23.00
23.01	02301	PASTORAL CARE	23,211	32,951	0	13,443	0	23.01
23.02	02302	PHARMACY RESIDENCY	43,234	2,607	0	1,064	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,778,532	11,772,999	2,566,293	4,802,901	8,010,713	30.00
31.00	03100	INTENSIVE CARE UNIT	5,417,260	3,209,642	581,032	1,309,402	1,575,931	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	801,575	315,111	39,304	128,552	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	568,389	599,727	74,244	244,664	219,601	40.00
41.00	04100	SUBPROVIDER - IRF	622,055	684,296	99,472	279,165	323,867	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,986,643	1,456,335	75,820	594,125	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,300,891	5,352,767	145,822	2,183,709	0	50.00
51.00	05100	RECOVERY ROOM	851,411	697,370	0	284,498	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,008,335	2,237,858	113,682	912,954	0	52.00
53.00	05300	ANESTHESIOLOGY	266,851	107,392	0	43,812	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,308,150	3,692,530	663,453	1,506,401	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,387,463	842,588	35,281	343,741	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,199,113	206,660	0	84,309	0	65.00
66.00	06600	PHYSICAL THERAPY	2,110,548	889,218	119,843	362,764	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	612,155	343,187	49,091	140,006	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,274	55,661	38,674	22,707	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,976,028	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,682,218	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,814,309	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	355,889	126,777	0	51,720	0	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	99,656	143,631	0	58,595	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	2,053,645	490,181	37,122	199,974	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,066,598	1,274,047	339,295	519,759	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	298,810	82,906	0	33,822	0	105.00
106.00	10600	HEART ACQUISITION	649,357	62,803	0	25,621	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,136,705	38,691,080	4,988,982	15,460,116	16,485,527	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41	78,447	0	32,003	0	190.00
190.01	19001	OTHER NONREIMB	345,002	28,983	68,648	11,824	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	85,481,748	38,798,510	5,057,630	15,503,943	16,485,527	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	6,355,415					11.00
13.00	01300	NURSING ADMINISTRATION	29,811	4,794,379				13.00
15.00	01500	PHARMACY	201,195	0	33,185,448			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	455,111		16.00
17.00	01700	SOCIAL SERVICE	53,236	34,124	0	0	4,526,666	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	317,086	1,635	2,339	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	8,626	1,652	6,913	0	0	23.00
23.01	02301	PASTORAL CARE	8,794	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	6,051	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,033,485	2,007,634	389,459	63,189	3,681,643	30.00
31.00	03100	INTENSIVE CARE UNIT	653,407	710,860	787,510	23,340	724,252	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	92,527	100,827	9,101	5,102	120,771	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	79,710	12,683	19,120	2,412	0	40.00
41.00	04100	SUBPROVIDER - IRF	94,173	93,913	8,791	2,576	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	226,159	252,265	26,816	9,392	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	604,331	458,632	206,796	37,505	0	50.00
51.00	05100	RECOVERY ROOM	141,832	129,050	52,286	4,850	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,681	157,821	31,248	5,959	0	52.00
53.00	05300	ANESTHESIOLOGY	25,757	13,484	52,990	8,084	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	392,224	132,294	139,533	54,202	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	79	38,097	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	285,401	2,402	603	16,666	0	65.00
66.00	06600	PHYSICAL THERAPY	251,093	23,195	499	17,769	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	79,009	72,494	4,033	8,162	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,590	0	0	509	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,179	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	26,105	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27,324,168	71,275	0	73.00
74.00	07400	RENAL DIALYSIS	37,233	40,687	1,200	1,699	0	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	14,250	14,968	0	411	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	151,891	100,334	3,887,476	11,256	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	373,493	401,412	232,212	24,895	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,754	7,505	0	216	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	17,542	24,474	0	261	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,314,341	4,794,345	33,183,172	455,111	4,526,666	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	41,074	34	2,276	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	6,355,415	4,794,379	33,185,448	455,111	4,526,666	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	24,826,053					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		11,670,250				22.00
23.00	02300	ER PARAMEDIC TRNG			1,002,357	1,002,357		23.00
23.01	02301	PASTORAL CARE			350,789		351,112	23.01
23.02	02302	PHARMACY RESIDENCY			560,318			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,254,478	6,230,676	230,282,374	211,894	251,589	30.00
31.00	03100	INTENSIVE CARE UNIT	2,607,439	1,225,707	82,398,201	75,971	49,495	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	434,573	204,284	11,658,342	10,749	8,251	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	8,490,691	7,828	6,897	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,508,219	8,767	10,171	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	27,941,129	25,762	24,709	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,781,212	1,777,475	94,791,111	87,397	0	50.00
51.00	05100	RECOVERY ROOM	0	0	12,152,738	11,205	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	16,419,509	15,139	0	52.00
53.00	05300	ANESTHESIOLOGY	70,299	33,046	3,753,258	3,461	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	61,445,617	56,653	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	44,399,675	40,937	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	28,602,101	26,371	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	28,542,550	26,316	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	8,491,877	7,830	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	778,121	717	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	114,332,337	105,414	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	85,125,232	78,485	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	114,176,762	105,271	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,791,625	4,418	0	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,500,986	1,384	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	31,031,737	28,611	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,678,052	2,199,062	49,095,849	45,266	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
		SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
		21.00	22.00	22A	23.00	23.01	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	3,939,598	3,632	0
106.00	10600	HEART ACQUISITION	0	0	8,400,363	7,745	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,826,053	11,670,250	1,083,963,466	998,063	351,112
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	110,971	102	0
190.01	19001	OTHER NONREIMB	0	0	4,546,492	4,192	0
190.02	19002	OTHER	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	24,826,053	11,670,250	1,088,620,929	1,002,357	351,112

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	ER PARAMEDIC TRNG					23.00
23.01	02301	PASTORAL CARE					23.01
23.02	02302	PHARMACY RESIDENCY	560,835				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,584	230,752,441	-19,485,154	211,267,287	30.00
31.00	03100	INTENSIVE CARE UNIT	13,312	82,536,979	-3,833,146	78,703,833	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	154	11,677,496	-638,857	11,038,639	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	323	8,505,739	0	8,505,739	40.00
41.00	04100	SUBPROVIDER - IRF	149	9,527,306	0	9,527,306	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	453	27,992,053	0	27,992,053	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,496	94,882,004	-5,558,687	89,323,317	50.00
51.00	05100	RECOVERY ROOM	884	12,164,827	0	12,164,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	528	16,435,176	0	16,435,176	52.00
53.00	05300	ANESTHESIOLOGY	896	3,757,615	-103,345	3,654,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,359	61,504,629	0	61,504,629	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1	44,440,613	0	44,440,613	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	10	28,628,482	0	28,628,482	65.00
66.00	06600	PHYSICAL THERAPY	8	28,568,874	0	28,568,874	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68	8,499,775	0	8,499,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	778,838	0	778,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	114,437,751	0	114,437,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	85,203,717	0	85,203,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	461,912	114,743,945	0	114,743,945	73.00
74.00	07400	RENAL DIALYSIS	20	4,796,063	0	4,796,063	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,502,370	0	1,502,370	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	65,715	31,126,063	0	31,126,063	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,925	49,145,040	-6,877,114	42,267,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	3,943,230	0	3,943,230	105.00
106.00	10600	HEART ACQUISITION	0	8,408,108	0	8,408,108	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	560,797	1,083,959,134	-36,496,303	1,047,462,831	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,073	0	111,073	190.00
190.01	19001	OTHER NONREIMB	38	4,550,722	0	4,550,722	190.01
190.02	19002	OTHER	0	0	0	0	190.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	560,835	1,088,620,929	-36,496,303	1,052,124,626	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	58,135	0	58,135	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	80	5.01
5.02	00550	DATA PROCESSING	0	55,202	98,202	153,404	2 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,085	3,947	5,032	0 5.03
5.04	00570	ADMITTING	0	1,741	67,496	69,237	0 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	18,661	2,074	20,735	0 5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	19,335,253	1,714,695	21,049,948	4,115 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,463,366	159,004	4,622,370	0 6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	19,930	19,930	0 8.00
9.00	00900	HOUSEKEEPING	0	450	40,460	40,910	0 9.00
10.00	01000	DIETARY	0	82,560	410,458	493,018	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	866,888	705,604	1,572,492	304 13.00
15.00	01500	PHARMACY	0	413,267	718,182	1,131,449	2,203 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,311	3,054	4,365	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	451 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	3,028 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,774	3,774	0 22.00
23.00	02300	ER PARAMEDIC TRNG	0	15,630	3,069	18,699	79 23.00
23.01	02301	PASTORAL CARE	0	2,338	1,817	4,155	32 23.01
23.02	02302	PHARMACY RESIDENCY	0	1,891	3,285	5,176	62 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,708,107	1,797,697	3,505,804	16,032 30.00
31.00	03100	INTENSIVE CARE UNIT	0	790,591	2,274,125	3,064,716	5,616 31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	683,154	409,470	1,092,624	898 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	223,598	66,407	290,005	621 40.00
41.00	04100	SUBPROVIDER - IRF	0	4,142	46,790	50,932	755 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	1,733,194	1,301,412	3,034,606	2,026 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,681,808	5,448,346	7,130,154	5,018 50.00
51.00	05100	RECOVERY ROOM	0	28,110	71,808	99,918	1,052 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,030	312,366	355,396	1,177 52.00
53.00	05300	ANESTHESIOLOGY	0	0	15,615	15,615	159 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,562,761	5,126,679	7,689,440	3,447 54.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	262,134	0	262,134	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	649,224	649,224	2,472 65.00
66.00	06600	PHYSICAL THERAPY	0	257,955	1,045,710	1,303,665	2,226 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	3,302	283,728	287,030	619 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,708	57,301	91,009	47 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	226,084	32,820	258,904	376 74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	21,190	21,190	127 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03	09003	AMBULATORY CARE	0	77,282	55,228	132,510	1,312 90.03
90.04	09004	OTHER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	0	2,642,809	1,182,265	3,825,074	2,973 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	36,549	0	36,549	105.00
106.00	10600	HEART ACQUISITION	0	0	7,742	7,742	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	38,316,096	24,160,974	62,477,070	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	0	35,881	3,711	39,592	190.01
190.02	19002	OTHER	0	0	0	0	190.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	38,351,977	24,164,685	62,516,662	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	80					5.01
5.02	00550	DATA PROCESSING	1	153,407				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1	0	5,033			5.03
5.04	00570	ADMITTING	1	0	0	69,238		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4	0	0	0	20,739	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	7	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	4	0	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1	0	0	0	0	9.00
10.00	01000	DIETARY	2	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1	0	0	0	0	13.00
15.00	01500	PHARMACY	1	0	21	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2	0	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	0	0	3	0	0	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15	21,461	247	12,939	2,981	30.00
31.00	03100	INTENSIVE CARE UNIT	2	7,927	252	5,285	1,101	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1	1,733	13	1,155	241	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3	819	3	546	114	40.00
41.00	04100	SUBPROVIDER - IRF	1	875	8	583	122	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1	3,190	41	2,126	443	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5	12,737	2,663	4,646	1,769	50.00
51.00	05100	RECOVERY ROOM	0	1,647	16	362	229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	2,024	42	1,190	281	52.00
53.00	05300	ANESTHESIOLOGY	0	2,745	34	1,025	381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6	18,408	758	5,220	2,557	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4	12,939	261	6,294	1,797	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1	5,660	164	3,619	786	65.00
66.00	06600	PHYSICAL THERAPY	4	6,035	327	2,031	838	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	1	2,772	11	1,096	385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	173	1	107	24	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,193	0	3,512	999	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,866	0	4,094	1,231	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,046	0	10,589	2,634	73.00
74.00	07400	RENAL DIALYSIS	0	577	18	385	80	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	140	0	24	19	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	2	3,823	22	7	531	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4	8,455	127	2,295	1,174	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	73	0	49	10	105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
106.00	10600	HEART ACQUISITION	0	89	1	59	12	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79	153,407	5,033	69,238	20,739	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	1	0	0	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	80	153,407	5,033	69,238	20,739	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	21,054,070					5.06
6.00	00600	MAINTENANCE & REPAIRS	750,362	5,372,736				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	94,866	21,109	135,905			8.00
9.00	00900	HOUSEKEEPING	287,271	90,035	0	418,217		9.00
10.00	01000	DIETARY	275,049	222,648	0	17,694	1,008,411	10.00
11.00	01100	CAFETERIA	0	0	0	0	388,758	11.00
13.00	01300	NURSING ADMINISTRATION	86,988	29,350	0	1,478	0	13.00
15.00	01500	PHARMACY	622,224	79,794	0	6,341	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,880	16,771	0	2,204	0	16.00
17.00	01700	SOCIAL SERVICE	84,895	4,887	0	388	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	480,135	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	201,854	89,449	0	7,178	0	22.00
23.00	02300	ER PARAMEDIC TRNG	18,553	1,507	284	120	0	23.00
23.01	02301	PASTORAL CARE	5,717	4,563	0	363	0	23.01
23.02	02302	PHARMACY RESIDENCY	10,649	361	0	29	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,393,740	1,630,300	68,960	129,557	490,010	30.00
31.00	03100	INTENSIVE CARE UNIT	1,334,258	444,464	15,613	35,321	96,399	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	197,426	43,636	1,056	3,468	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	139,993	83,049	1,995	6,600	13,433	40.00
41.00	04100	SUBPROVIDER - IRF	153,211	94,760	2,673	7,530	19,811	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	489,305	201,670	2,037	16,026	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,551,894	741,240	3,918	58,905	0	50.00
51.00	05100	RECOVERY ROOM	209,700	96,570	0	7,674	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,350	309,894	3,055	24,627	0	52.00
53.00	05300	ANESTHESIOLOGY	65,725	14,871	0	1,182	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,061,087	511,334	17,828	40,635	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	834,324	116,680	948	9,272	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	541,636	28,618	0	2,274	0	65.00
66.00	06600	PHYSICAL THERAPY	519,823	123,137	3,220	9,786	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	150,772	47,524	1,319	3,777	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,629	7,708	1,039	613	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,210,774	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,645,814	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,678,348	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	87,655	17,556	0	1,395	0	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	24,545	19,890	0	1,581	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	505,808	67,879	998	5,394	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	755,296	176,427	9,117	14,020	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	73,596	11,481	0	912	0	105.00
106.00	10600	HEART ACQUISITION	159,935	8,697	0	691	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,969,087	5,357,859	134,060	417,035	1,008,411	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	10,863	0	863	0	190.00
190.01	19001	OTHER NONREIMB	84,973	4,014	1,845	319	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	21,054,070	5,372,736	135,905	418,217	1,008,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	388,758					11.00
13.00	01300	NURSING ADMINISTRATION	1,824	1,692,437				13.00
15.00	01500	PHARMACY	12,307	0	1,854,340			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	28,222		16.00
17.00	01700	SOCIAL SERVICE	3,256	12,046	0	0	105,924	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,396	577	131	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	528	583	386	0	0	23.00
23.01	02301	PASTORAL CARE	538	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	370	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	124,385	708,706	21,763	4,173	86,151	30.00
31.00	03100	INTENSIVE CARE UNIT	39,969	250,936	44,005	1,541	16,947	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	5,660	35,592	509	337	2,826	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	4,876	4,477	1,068	159	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,761	33,152	491	170	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,834	89,051	1,498	620	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,967	161,899	11,556	2,477	0	50.00
51.00	05100	RECOVERY ROOM	8,676	45,555	2,922	320	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,260	55,711	1,746	394	0	52.00
53.00	05300	ANESTHESIOLOGY	1,576	4,760	2,961	534	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,992	46,700	7,797	3,579	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	4	2,516	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	17,458	848	34	1,101	0	65.00
66.00	06600	PHYSICAL THERAPY	15,359	8,188	28	1,173	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	4,833	25,591	225	539	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	464	0	0	34	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,399	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,724	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,526,818	2,875	0	73.00
74.00	07400	RENAL DIALYSIS	2,278	14,363	67	112	0	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	872	5,284	0	27	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	9,291	35,418	217,228	743	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	22,846	141,700	12,976	1,644	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	597	2,649	0	14	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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5/27/2022 5:02 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	1,073	8,639	0	17	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	386,246	1,692,425	1,854,213	28,222	105,924	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	2,512	12	127	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	388,758	1,692,437	1,854,340	28,222	105,924	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
			23.00	23.01	23.02			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	483,163					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		322,361				22.00
23.00	02300	ER PARAMEDIC TRNG			40,742			23.00
23.01	02301	PASTORAL CARE				15,368		23.01
23.02	02302	PHARMACY RESIDENCY					16,647	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
65.00	06500	RESPIRATORY THERAPY						65.00
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 PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	DEV EVALUATION						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	FAMILY PRACTICES						90.01
90.02	09002	WOMEN'S HEALTH CENTER						90.02
90.03	09003	AMBULATORY CARE						90.03
90.04	09004	OTHER						90.04
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF						99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	OTHER NONREIMB						190.01
190.02	19002	OTHER						190.02
200.00		Cross Foot Adjustments	483,163	322,361	40,742	15,368	16,647	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	483,163	322,361	40,742	15,368	16,647	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	ER PARAMEDIC TRNG				23.00
23.01	02301	PASTORAL CARE				23.01
23.02	02302	PHARMACY RESIDENCY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,217,224	0	10,217,224	30.00
31.00	03100	INTENSIVE CARE UNIT	5,364,352	0	5,364,352	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,387,175	0	1,387,175	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	547,761	0	547,761	40.00
41.00	04100	SUBPROVIDER - IRF	370,835	0	370,835	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,856,474	0	3,856,474	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,725,848	0	9,725,848	50.00
51.00	05100	RECOVERY ROOM	474,641	0	474,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,148	0	1,011,148	52.00
53.00	05300	ANESTHESIOLOGY	111,568	0	111,568	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,432,788	0	9,432,788	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	1,247,173	0	1,247,173	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,253,895	0	1,253,895	65.00
66.00	06600	PHYSICAL THERAPY	1,995,840	0	1,995,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	526,494	0	526,494	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,848	0	113,848	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,223,877	0	2,223,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,661,729	0	1,661,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,244,310	0	3,244,310	73.00
74.00	07400	RENAL DIALYSIS	383,766	0	383,766	74.00
76.00	03020	DEV EVALUATION	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	73,699	0	73,699	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003	AMBULATORY CARE	980,966	0	980,966	90.03
90.04	09004	OTHER	0	0	0	90.04
91.00	09100	EMERGENCY	4,974,128	0	4,974,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	126,134	0	126,134		105.00
106.00	10600	HEART ACQUISITION	187,267	0	187,267		106.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,492,940	0	61,492,940		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,736	0	11,736		190.00
190.01	19001	OTHER NONREIMB	133,705	0	133,705		190.01
190.02	19002	OTHER	0	0	0		190.02
200.00		Cross Foot Adjustments	878,281	0	878,281		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	62,516,662	0	62,516,662		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
		NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	36,477,992				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		17,170,887			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	55,294	0	375,693,718		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	513,240	2,021	5.01
5.02	00550	DATA PROCESSING	52,505	69,780	15,288	22	4,301,546,684
5.03	00560	PURCHASING RECEIVING AND STORES	1,032	2,805	0	22	0
5.04	00570	ADMITTING	1,656	47,961	0	17	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	17,749	1,474	2,564	112	0
5.06	00590	ADMINISTRATIVE AND GENERAL	18,390,478	1,218,424	26,551,254	180	0
6.00	00600	MAINTENANCE & REPAIRS	4,245,274	112,985	0	102	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,162	0	0	0
9.00	00900	HOUSEKEEPING	428	28,750	0	13	0
10.00	01000	DIETARY	78,526	291,662	0	44	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	824,529	501,386	1,960,613	27	0
15.00	01500	PHARMACY	393,074	510,324	14,215,161	33	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,247	2,170	0	52	0
17.00	01700	SOCIAL SERVICE	0	0	2,907,410	18	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	19,532,900	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,682	0	57	0
23.00	02300	ER PARAMEDIC TRNG	14,866	2,181	509,165	12	0
23.01	02301	PASTORAL CARE	2,224	1,291	205,609	5	0
23.02	02302	PHARMACY RESIDENCY	1,799	2,334	399,543	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,624,644	1,277,403	104,054,846	346	596,126,985
31.00	03100	INTENSIVE CARE UNIT	751,961	1,615,942	36,231,601	38	220,189,100
31.01	03101	NEONATAL INTENSIVE CARE UNIT	649,773	290,960	5,794,089	36	48,136,553
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	212,672	47,187	4,008,771	74	22,751,652
41.00	04100	SUBPROVIDER - IRF	3,940	33,248	4,873,856	23	24,305,665
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,648,505	924,754	13,069,558	33	88,600,002
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,599,630	3,871,477	32,372,478	128	353,817,850
51.00	05100	RECOVERY ROOM	26,736	51,025	6,789,906	8	45,755,858
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,927	221,960	7,594,581	25	56,220,352
53.00	05300	ANESTHESIOLOGY	0	11,096	1,025,044	0	76,261,368
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,437,537	3,642,903	22,235,764	157	511,335,379
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	249,325	0	0	99	359,408,182
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	461,324	15,947,312	26	157,227,152
66.00	06600	PHYSICAL THERAPY	245,351	743,058	14,362,938	93	167,632,400
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,141	201,611	3,995,474	37	76,996,091
70.00	07000	ELECTROENCEPHALOGRAPHY	32,061	40,717	304,901	5	4,797,594
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	199,802,656
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	246,275,153
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	680,448,073
74.00	07400	RENAL DIALYSIS	215,037	23,321	2,426,472	0	16,029,702
76.00	03020	DEV EVALUATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	15,057	821,305	0	3,881,306
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	73,506	39,244	8,465,058	49	106,186,211
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	2,513,674	840,091	19,177,553	100	234,857,864
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

	Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
			NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
			1.00	2.00				
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	34,763	0	1,318,527	1	2,036,928	105.00
106.00	10600	HEART ACQUISITION	0	5,501	2,011,033	4	2,466,608	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,443,864	17,168,250	373,693,814	1,998	4,301,546,684	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	34,128	2,637	1,999,904	23	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	38,351,977	24,164,685	78,858,812	3,693,244	48,875,585	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.051373	1.407306	0.209902	1,827.433944	0.011362	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			58,135	80	153,407	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000155	0.039584	0.000036	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: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	174,648,569					5.03
5.04	00570	ADMITTING	0	2,910,869,337				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,490	0	4,301,546,684			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	0	-85,481,748	1,003,139,181	5.06
6.00	00600	MAINTENANCE & REPAIRS	70	0	0	0	35,751,944	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	4,520,026	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	13,687,410	9.00
10.00	01000	DIETARY	0	0	0	0	13,105,042	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,542	0	0	0	4,144,647	13.00
15.00	01500	PHARMACY	714,925	0	0	0	29,646,646	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	232,502	16.00
17.00	01700	SOCIAL SERVICE	1,840	0	0	0	4,044,929	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,876,643	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,621	0	0	0	9,617,602	22.00
23.00	02300	ER PARAMEDIC TRNG	112,896	0	0	0	883,963	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	272,390	23.01
23.02	02302	PHARMACY RESIDENCY	3,273	0	0	0	507,362	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,532,100	565,033,309	596,126,985	0	161,690,372	30.00
31.00	03100	INTENSIVE CARE UNIT	8,706,071	220,189,100	220,189,100	0	63,572,419	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	438,162	48,136,553	48,136,553	0	9,406,615	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	118,460	22,751,652	22,751,652	0	6,670,141	40.00
41.00	04100	SUBPROVIDER - IRF	280,379	24,305,665	24,305,665	0	7,299,911	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,405,757	88,600,002	88,600,002	0	23,313,574	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,870,883	193,577,174	353,817,850	0	73,941,971	50.00
51.00	05100	RECOVERY ROOM	548,534	15,085,749	45,755,858	0	9,991,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,450,039	49,600,847	56,220,352	0	11,832,971	52.00
53.00	05300	ANESTHESIOLOGY	1,182,000	42,690,541	76,261,368	0	3,131,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,138,827	217,497,965	511,335,379	0	50,556,830	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,995,034	262,262,170	359,408,182	0	39,752,426	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,665,769	150,774,984	157,227,152	0	25,806,947	65.00
66.00	06600	PHYSICAL THERAPY	11,292,934	84,634,854	167,632,400	0	24,767,621	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	385,481	45,681,239	76,996,091	0	7,183,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,196	4,467,186	4,797,594	0	601,706	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	146,328,588	199,802,656	0	105,335,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	170,594,861	246,275,153	0	78,416,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	441,209,725	680,448,073	0	79,967,010	73.00
74.00	07400	RENAL DIALYSIS	610,211	16,029,702	16,029,702	0	4,176,420	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,143	979,513	3,881,306	0	1,169,475	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	742,980	310,226	106,186,211	0	24,099,858	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,372,922	95,624,196	234,857,864	0	35,987,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1	2,036,928	2,036,928	0	3,506,585	105.00
106.00	10600	HEART ACQUISITION	18,710	2,466,608	2,466,608	0	7,620,305	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	174,637,250	2,910,869,337	4,301,546,684	-85,481,748	999,090,050	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	480	190.00
190.01	19001	OTHER NONREIMB	11,319	0	0	0	4,048,651	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,588,972	100,775	38,769,964		85,481,748	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.060630	0.000035	0.009013		0.085214	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,033	69,238	20,739		21,054,070	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000029	0.000024	0.000005		0.020988	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: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,026,752				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,034	4,646,040			8.00
9.00	00900	HOUSEKEEPING	17,206	0	1,005,718		9.00
10.00	01000	DIETARY	42,549	0	42,549	1,456,512	10.00
11.00	01100	CAFETERIA	0	0	561,507	416,998	11.00
13.00	01300	NURSING ADMINISTRATION	5,609	0	3,554	0	13.00
15.00	01500	PHARMACY	15,249	0	15,249	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,205	0	5,299	0	16.00
17.00	01700	SOCIAL SERVICE	934	0	934	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,094	0	17,261	0	22.00
23.00	02300	ER PARAMEDIC TRNG	288	9,695	288	0	23.00
23.01	02301	PASTORAL CARE	872	0	872	0	23.01
23.02	02302	PHARMACY RESIDENCY	69	0	69	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	311,557	2,357,448	311,557	707,754	30.00
31.00	03100	INTENSIVE CARE UNIT	84,939	533,748	84,939	139,235	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	8,339	36,105	8,339	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	15,871	68,202	15,871	19,402	40.00
41.00	04100	SUBPROVIDER - IRF	18,109	91,377	18,109	28,614	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	38,540	69,650	38,540	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	141,654	133,955	141,654	0	50.00
51.00	05100	RECOVERY ROOM	18,455	0	18,455	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,222	104,431	59,222	0	52.00
53.00	05300	ANESTHESIOLOGY	2,842	0	2,842	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,718	609,461	97,718	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	22,298	32,410	22,298	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,469	0	5,469	0	65.00
66.00	06600	PHYSICAL THERAPY	23,532	110,090	23,532	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,082	45,096	9,082	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,473	35,527	1,473	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,355	0	3,355	0	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,801	0	3,801	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	12,972	34,101	12,972	9,966	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	33,716	311,683	33,716	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
			6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,194	0	2,194	0	640	105.00
106.00	10600	HEART ACQUISITION	1,662	0	1,662	0	1,151	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,023,909	4,582,979	1,002,875	1,456,512	414,303	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	2,076	0	0	190.00
190.01	19001	OTHER NONREIMB	767	63,061	767	0	2,695	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	38,798,510	5,057,630	15,503,943	16,485,527	6,355,415	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.787616	1.088589	15.415795	11.318497	15.240876	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,372,736	135,905	418,217	1,008,411	388,758	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.232749	0.029252	0.415839	0.692347	0.932278	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: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING HOURS)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
			13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	6,106,696					13.00
15.00	01500	PHARMACY	0	81,870,384				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,301,546,684			16.00
17.00	01700	SOCIAL SERVICE	43,465	0	0	72,864		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	23,308	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,083	5,770	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	2,104	17,054	0	0	0	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,557,164	960,818	596,126,985	59,262	12,444	30.00
31.00	03100	INTENSIVE CARE UNIT	905,436	1,942,834	220,189,100	11,658	2,448	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	128,425	22,452	48,136,553	1,944	408	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	16,155	47,170	22,751,652	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	119,619	21,688	24,305,665	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	321,315	66,157	88,600,002	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	584,169	510,179	353,817,850	0	3,550	50.00
51.00	05100	RECOVERY ROOM	164,373	128,992	45,755,858	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	201,020	77,090	56,220,352	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,175	130,730	76,261,368	0	66	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	168,505	344,235	511,335,379	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	194	359,408,182	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,059	1,487	157,227,152	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,544	1,231	167,632,400	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	92,337	9,950	76,996,091	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,797,594	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	199,802,656	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	246,275,153	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,410,267	680,448,073	0	0	73.00
74.00	07400	RENAL DIALYSIS	51,824	2,960	16,029,702	0	0	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	19,065	0	3,881,306	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	127,797	9,590,630	106,186,211	0	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	511,287	572,881	234,857,864	0	4,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
		(NURSING HOURS)					
		13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	9,559	0	2,036,928	0	0	105.00
106.00	10600 HEART ACQUISITION	31,173	0	2,466,608	0	0	106.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,106,653	81,864,769	4,301,546,684	72,864	23,308	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	43	5,615	0	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,794,379	33,185,448	455,111	4,526,666	24,826,053	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.785102	0.405341	0.000106	62.124863	1,065.130127	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,692,437	1,854,340	28,222	105,924	483,163	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.277144	0.022650	0.000007	1.453722	20.729492	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: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (IR TIME)	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	PHARMACY RESIDENCY (DRUGS)	
			22.00	23A	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	23,308					22.00
23.00	02300	ER PARAMEDIC TRNG		-1,002,357	1,087,618,572			23.00
23.01	02301	PASTORAL CARE		0		256,375		23.01
23.02	02302	PHARMACY RESIDENCY		0			81,847,560	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,444	0	230,282,374	183,705	960,818	30.00
31.00	03100	INTENSIVE CARE UNIT	2,448	0	82,398,201	36,140	1,942,834	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	408	0	11,658,342	6,025	22,452	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	8,490,691	5,036	47,170	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,508,219	7,427	21,688	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	27,941,129	18,042	66,157	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,550	0	94,791,111	0	510,179	50.00
51.00	05100	RECOVERY ROOM	0	0	12,152,738	0	128,992	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	16,419,509	0	77,090	52.00
53.00	05300	ANESTHESIOLOGY	66	0	3,753,258	0	130,730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	61,445,617	0	344,235	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	44,399,675	0	194	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	28,602,101	0	1,487	65.00
66.00	06600	PHYSICAL THERAPY	0	0	28,542,550	0	1,231	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	8,491,877	0	9,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	778,121	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	114,332,337	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	85,125,232	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	114,176,762	0	67,410,267	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,791,625	0	2,960	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,500,986	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	31,031,737	0	9,590,630	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,392	0	49,095,849	0	572,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			INTERNS & RESIDENTS	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	PHARMACY RESIDENCY (DRUGS)		
			SERVICES-OTHER PRGM COSTS (IR TIME)						
			22.00						23A
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	3,939,598	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	8,400,363	0	0	106.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		23,308	-1,002,357	1,082,961,109	256,375	81,841,945	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	110,971	0	0	190.00	
190.01	19001	OTHER NONREIMB	0	0	4,546,492	0	5,615	190.01	
190.02	19002	OTHER	0	0	0	0	0	190.02	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers						201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	11,670,250		1,002,357	351,112	560,835	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	500.697186		0.000922	1.369525	0.006852	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	322,361		40,742	15,368	16,647	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	13.830487		0.000037	0.059943	0.000203	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	211,267,287		211,267,287	0	211,267,287
31.00	03100	INTENSIVE CARE UNIT	78,703,833		78,703,833	0	78,703,833
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,038,639		11,038,639	0	11,038,639
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	8,505,739		8,505,739	0	8,505,739
41.00	04100	SUBPROVIDER - IRF	9,527,306		9,527,306	0	9,527,306
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	27,992,053		27,992,053	0	27,992,053
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,323,317		89,323,317	0	89,323,317
51.00	05100	RECOVERY ROOM	12,164,827		12,164,827	0	12,164,827
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,435,176		16,435,176	0	16,435,176
53.00	05300	ANESTHESIOLOGY	3,654,270		3,654,270	0	3,654,270
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,504,629		61,504,629	0	61,504,629
57.00	05700	CT SCAN	0		0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	44,440,613		44,440,613	0	44,440,613
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	28,628,482	0	28,628,482	0	28,628,482
66.00	06600	PHYSICAL THERAPY	28,568,874	0	28,568,874	0	28,568,874
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	8,499,775		8,499,775	0	8,499,775
70.00	07000	ELECTROENCEPHALOGRAPHY	778,838		778,838	0	778,838
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	114,437,751		114,437,751	0	114,437,751
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	85,203,717		85,203,717	0	85,203,717
73.00	07300	DRUGS CHARGED TO PATIENTS	114,743,945		114,743,945	0	114,743,945
74.00	07400	RENAL DIALYSIS	4,796,063		4,796,063	0	4,796,063
76.00	03020	DEV EVALUATION	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	1,502,370		1,502,370	0	1,502,370
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	09001	FAMILY PRACTICES	0		0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0
90.03	09003	AMBULATORY CARE	31,126,063		31,126,063	0	31,126,063
90.04	09004	OTHER	0		0	0	0
91.00	09100	EMERGENCY	42,267,926		42,267,926	0	42,267,926
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,096,308		12,096,308	0	12,096,308
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,943,230		3,943,230		3,943,230
106.00	10600	HEART ACQUISITION	8,408,108		8,408,108		8,408,108
108.00	10800	LUNG ACQUISITION	0		0		0
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	1,059,559,139	0	1,059,559,139	0	1,059,559,139
201.00		Less Observation Beds	12,096,308		12,096,308		12,096,308
202.00		Total (see instructions)	1,047,462,831	0	1,047,462,831	0	1,047,462,831

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	556,059,501		556,059,501		30.00
31.00	03100	INTENSIVE CARE UNIT	220,189,100		220,189,100		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	48,136,553		48,136,553		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	22,751,652		22,751,652		40.00
41.00	04100	SUBPROVIDER - IRF	24,305,665		24,305,665		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	88,600,002		88,600,002		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	193,577,174	160,240,676	353,817,850	0.252456	50.00
51.00	05100	RECOVERY ROOM	15,085,749	30,670,109	45,755,858	0.265864	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,600,847	6,619,505	56,220,352	0.292335	52.00
53.00	05300	ANESTHESIOLOGY	42,690,541	33,570,827	76,261,368	0.047918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	217,497,965	293,837,414	511,335,379	0.120282	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	262,262,170	97,146,012	359,408,182	0.123649	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	150,774,984	6,452,168	157,227,152	0.182084	65.00
66.00	06600	PHYSICAL THERAPY	84,634,854	82,997,546	167,632,400	0.170426	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	45,681,239	31,314,852	76,996,091	0.110392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,467,186	330,408	4,797,594	0.162339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	146,328,588	53,474,068	199,802,656	0.572754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	170,594,861	75,680,292	246,275,153	0.345970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	441,209,725	239,238,348	680,448,073	0.168630	73.00
74.00	07400	RENAL DIALYSIS	16,029,702	0	16,029,702	0.299199	74.00
76.00	03020	DEV EVALUATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	979,513	2,901,793	3,881,306	0.387078	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	310,226	105,875,985	106,186,211	0.293127	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	95,624,196	139,233,668	234,857,864	0.179972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,973,808	31,093,676	40,067,484	0.301898	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,036,928	0	2,036,928		105.00
106.00	10600	HEART ACQUISITION	2,466,608	0	2,466,608		106.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,910,869,337	1,390,677,347	4,301,546,684		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,910,869,337	1,390,677,347	4,301,546,684		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.252456			50.00
51.00	05100	RECOVERY ROOM	0.265864			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292335			52.00
53.00	05300	ANESTHESIOLOGY	0.047918			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120282			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.123649			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.182084			65.00
66.00	06600	PHYSICAL THERAPY	0.170426			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.110392			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162339			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572754			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345970			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168630			73.00
74.00	07400	RENAL DIALYSIS	0.299199			74.00
76.00	03020	DEV EVALUATION	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.387078			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	FAMILY PRACTICES	0.000000			90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	09003	AMBULATORY CARE	0.293127			90.03
90.04	09004	OTHER	0.000000			90.04
91.00	09100	EMERGENCY	0.179972			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.301898			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	211,267,287		211,267,287	0	211,267,287	30.00
31.00	03100	INTENSIVE CARE UNIT	78,703,833		78,703,833	0	78,703,833	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,038,639		11,038,639	0	11,038,639	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,505,739		8,505,739	0	8,505,739	40.00
41.00	04100	SUBPROVIDER - IRF	9,527,306		9,527,306	0	9,527,306	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	27,992,053		27,992,053	0	27,992,053	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,323,317		89,323,317	0	89,323,317	50.00
51.00	05100	RECOVERY ROOM	12,164,827		12,164,827	0	12,164,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,435,176		16,435,176	0	16,435,176	52.00
53.00	05300	ANESTHESIOLOGY	3,654,270		3,654,270	0	3,654,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,504,629		61,504,629	0	61,504,629	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	44,440,613		44,440,613	0	44,440,613	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	28,628,482	0	28,628,482	0	28,628,482	65.00
66.00	06600	PHYSICAL THERAPY	28,568,874	0	28,568,874	0	28,568,874	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	8,499,775		8,499,775	0	8,499,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	778,838		778,838	0	778,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	114,437,751		114,437,751	0	114,437,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	85,203,717		85,203,717	0	85,203,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	114,743,945		114,743,945	0	114,743,945	73.00
74.00	07400	RENAL DIALYSIS	4,796,063		4,796,063	0	4,796,063	74.00
76.00	03020	DEV EVALUATION	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,502,370		1,502,370	0	1,502,370	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003	AMBULATORY CARE	31,126,063		31,126,063	0	31,126,063	90.03
90.04	09004	OTHER	0		0	0	0	90.04
91.00	09100	EMERGENCY	42,267,926		42,267,926	0	42,267,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,096,308		12,096,308	0	12,096,308	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,943,230		3,943,230		3,943,230	105.00
106.00	10600	HEART ACQUISITION	8,408,108		8,408,108		8,408,108	106.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	1,059,559,139	0	1,059,559,139	0	1,059,559,139	200.00
201.00		Less Observation Beds	12,096,308		12,096,308		12,096,308	201.00
202.00		Total (see instructions)	1,047,462,831	0	1,047,462,831	0	1,047,462,831	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	556,059,501		556,059,501		30.00
31.00	03100	INTENSIVE CARE UNIT	220,189,100		220,189,100		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	48,136,553		48,136,553		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	22,751,652		22,751,652		40.00
41.00	04100	SUBPROVIDER - IRF	24,305,665		24,305,665		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	88,600,002		88,600,002		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	193,577,174	160,240,676	353,817,850	0.252456	50.00
51.00	05100	RECOVERY ROOM	15,085,749	30,670,109	45,755,858	0.265864	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,600,847	6,619,505	56,220,352	0.292335	52.00
53.00	05300	ANESTHESIOLOGY	42,690,541	33,570,827	76,261,368	0.047918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	217,497,965	293,837,414	511,335,379	0.120282	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	262,262,170	97,146,012	359,408,182	0.123649	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	150,774,984	6,452,168	157,227,152	0.182084	65.00
66.00	06600	PHYSICAL THERAPY	84,634,854	82,997,546	167,632,400	0.170426	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	45,681,239	31,314,852	76,996,091	0.110392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,467,186	330,408	4,797,594	0.162339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	146,328,588	53,474,068	199,802,656	0.572754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	170,594,861	75,680,292	246,275,153	0.345970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	441,209,725	239,238,348	680,448,073	0.168630	73.00
74.00	07400	RENAL DIALYSIS	16,029,702	0	16,029,702	0.299199	74.00
76.00	03020	DEV EVALUATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	979,513	2,901,793	3,881,306	0.387078	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	310,226	105,875,985	106,186,211	0.293127	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	95,624,196	139,233,668	234,857,864	0.179972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,973,808	31,093,676	40,067,484	0.301898	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,036,928	0	2,036,928		105.00
106.00	10600	HEART ACQUISITION	2,466,608	0	2,466,608		106.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,910,869,337	1,390,677,347	4,301,546,684		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,910,869,337	1,390,677,347	4,301,546,684		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	DEV EVALUATION	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	FAMILY PRACTICES	0.000000			90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	09003	AMBULATORY CARE	0.000000			90.03
90.04	09004	OTHER	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,217,224	0	10,217,224	194,862	52.43	30.00	
31.00	INTENSIVE CARE UNIT	5,364,352		5,364,352	36,140	148.43	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,387,175		1,387,175	6,025	230.24	31.01	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	547,761	0	547,761	5,036	108.77	40.00	
41.00	SUBPROVIDER - IRF	370,835	0	370,835	7,427	49.93	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	3,856,474		3,856,474	18,042	213.75	43.00	
200.00	Total (lines 30 through 199)	21,743,821		21,743,821	267,532		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	40,800	2,139,144					30.00
31.00	INTENSIVE CARE UNIT	11,562	1,716,148					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	752	81,795					40.00
41.00	SUBPROVIDER - IRF	2,803	139,954					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	55,917	4,077,041					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,725,848	353,817,850	0.027488	42,243,158	1,161,180
51.00	05100	RECOVERY ROOM	474,641	45,755,858	0.010373	4,322,351	44,836
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,148	56,220,352	0.017985	31,469	566
53.00	05300	ANESTHESIOLOGY	111,568	76,261,368	0.001463	8,513,504	12,455
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,432,788	511,335,379	0.018447	64,202,411	1,184,342
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	1,247,173	359,408,182	0.003470	54,661,356	189,675
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	1,253,895	157,227,152	0.007975	23,422,940	186,798
66.00	06600	PHYSICAL THERAPY	1,995,840	167,632,400	0.011906	9,006,363	107,230
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	526,494	76,996,091	0.006838	11,309,608	77,335
70.00	07000	ELECTROENCEPHALOGRAPHY	113,848	4,797,594	0.023730	1,126,598	26,734
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,223,877	199,802,656	0.011130	30,544,998	339,966
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,661,729	246,275,153	0.006747	51,128,172	344,962
73.00	07300	DRUGS CHARGED TO PATIENTS	3,244,310	680,448,073	0.004768	82,458,267	393,161
74.00	07400	RENAL DIALYSIS	383,766	16,029,702	0.023941	5,167,416	123,713
76.00	03020	DEV EVALUATION	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	73,699	3,881,306	0.018988	314,172	5,965
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0
90.03	09003	AMBULATORY CARE	980,966	106,186,211	0.009238	37,525	347
90.04	09004	OTHER	0	0	0.000000	0	0
91.00	09100	EMERGENCY	4,974,128	234,857,864	0.021179	29,048,482	615,218
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	585,002	40,067,484	0.014600	0	0
200.00		Total (lines 50 through 199)	40,020,720	3,337,000,675		417,538,790	4,814,483

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
5/27/2022 5:02 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	470,067	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	138,778	0	31.00	
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	0	19,154	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	15,048	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	19,087	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	50,924	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	713,058	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	470,067	194,862	2.41	40,800	30.00	
31.00	03100	INTENSIVE CARE UNIT		138,778	36,140	3.84	11,562	31.00	
31.01	03101	NEONATAL INTENSIVE CARE UNIT		19,154	6,025	3.18	0	31.01	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	15,048	5,036	2.99	752	40.00	
41.00	04100	SUBPROVIDER - IRF	0	19,087	7,427	2.57	2,803	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		50,924	18,042	2.82	0	43.00	
200.00		Total (lines 30 through 199)		713,058	267,532		55,917	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	98,328						30.00
31.00	03100	INTENSIVE CARE UNIT	44,398						31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	2,248						40.00
41.00	04100	SUBPROVIDER - IRF	7,204						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	152,178						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	90,893	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	12,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	15,667	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	59,012	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	40,938	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	26,381	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	26,324	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	7,898	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	105,414	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	78,485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	567,183	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,438	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,384	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	0	0	94,326	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	49,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	26,914	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,211,611	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 5:02 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		90,893	90,893	353,817,850	0.000257	50.00
51.00	05100	RECOVERY ROOM	0		12,089	12,089	45,755,858	0.000264	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		15,667	15,667	56,220,352	0.000279	52.00
53.00	05300	ANESTHESIOLOGY	0		4,357	4,357	76,261,368	0.000057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		59,012	59,012	511,335,379	0.000115	54.00
57.00	05700	CT SCAN	0		0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		40,938	40,938	359,408,182	0.000114	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0		26,381	26,381	157,227,152	0.000168	65.00
66.00	06600	PHYSICAL THERAPY	0		26,324	26,324	167,632,400	0.000157	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		7,898	7,898	76,996,091	0.000103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		717	717	4,797,594	0.000149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		105,414	105,414	199,802,656	0.000528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		78,485	78,485	246,275,153	0.000319	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		567,183	567,183	680,448,073	0.000834	73.00
74.00	07400	RENAL DIALYSIS	0		4,438	4,438	16,029,702	0.000277	74.00
76.00	03020	DEV EVALUATION	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		1,384	1,384	3,881,306	0.000357	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0.000000	89.00
90.00	09000	CLINIC	0		0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0		0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0		94,326	94,326	106,186,211	0.000888	90.03
90.04	09004	OTHER	0		0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0		49,191	49,191	234,857,864	0.000209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		26,914	26,914	40,067,484	0.000672	92.00
200.00		Total (lines 50 through 199)	0		1,211,611	1,211,611	3,337,000,675		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000257	42,243,158	10,856	23,057,829	5,926	50.00
51.00	05100	RECOVERY ROOM	0.000264	4,322,351	1,141	6,408,130	1,692	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000279	31,469	9	1,632	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000057	8,513,504	485	4,893,071	279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000115	64,202,411	7,383	62,041,117	7,135	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	0.000114	54,661,356	6,231	13,815,502	1,575	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000168	23,422,940	3,935	746,421	125	65.00
66.00	06600	PHYSICAL THERAPY	0.000157	9,006,363	1,414	1,235,215	194	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	0.000103	11,309,608	1,165	4,796,924	494	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000149	1,126,598	168	24,659	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000528	30,544,998	16,128	13,081,366	6,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000319	51,128,172	16,310	16,844,249	5,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000834	82,458,267	68,770	38,451,752	32,069	73.00
74.00	07400	RENAL DIALYSIS	0.000277	5,167,416	1,431	0	0	74.00
76.00	03020	DEV EVALUATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000357	314,172	112	875,301	312	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.000888	37,525	33	5,437,179	4,828	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000209	29,048,482	6,071	10,466,611	2,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000672	0	0	2,900,298	1,949	92.00
200.00		Total (lines 50 through 199)		417,538,790	141,642	205,077,256	71,050	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/27/2022 5:02 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.252456	23,057,829	118	0	5,821,087	50.00
51.00	05100	RECOVERY ROOM	0.265864	6,408,130	0	0	1,703,691	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292335	1,632	0	0	477	52.00
53.00	05300	ANESTHESIOLOGY	0.047918	4,893,071	0	0	234,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120282	62,041,117	2	0	7,462,430	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	0.123649	13,815,502	89	0	1,708,273	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.182084	746,421	0	0	135,911	65.00
66.00	06600	PHYSICAL THERAPY	0.170426	1,235,215	0	0	210,513	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	0.110392	4,796,924	0	0	529,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162339	24,659	0	0	4,003	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572754	13,081,366	0	0	7,492,405	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345970	16,844,249	37,545	0	5,827,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168630	38,451,752	319	95,143	6,484,119	73.00
74.00	07400	RENAL DIALYSIS	0.299199	0	0	0	0	74.00
76.00	03020	DEV EVALUATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.387078	875,301	0	0	338,810	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.293127	5,437,179	0	270	1,593,784	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.179972	10,466,611	0	213	1,883,697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.301898	2,900,298	0	0	875,594	92.00
200.00		Subtotal (see instructions)		205,077,256	38,073	95,626	42,306,407	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		205,077,256	38,073	95,626	42,306,407	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/27/2022 5:02 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	30	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	11	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,989	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54	16,044		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	DEV EVALUATION	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	FAMILY PRACTICES	0	0		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0		90.02
90.03	09003	AMBULATORY CARE	0	79		90.03
90.04	09004	OTHER	0	0		90.04
91.00	09100	EMERGENCY	0	38		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	13,084	16,161		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	13,084	16,161		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/27/2022 5:02 pm	
				Component CCN: 14-S208			
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,725,848	353,817,850	0.027488	0	0
51.00	05100	RECOVERY ROOM	474,641	45,755,858	0.010373	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,148	56,220,352	0.017985	2,302	41
53.00	05300	ANESTHESIOLOGY	111,568	76,261,368	0.001463	44,659	65
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,432,788	511,335,379	0.018447	33,113	611
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	1,247,173	359,408,182	0.003470	217,268	754
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	1,253,895	157,227,152	0.007975	30,464	243
66.00	06600	PHYSICAL THERAPY	1,995,840	167,632,400	0.011906	155,909	1,856
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	526,494	76,996,091	0.006838	29,096	199
70.00	07000	ELECTROENCEPHALOGRAPHY	113,848	4,797,594	0.023730	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,223,877	199,802,656	0.011130	4,455	50
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,661,729	246,275,153	0.006747	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,244,310	680,448,073	0.004768	270,228	1,288
74.00	07400	RENAL DIALYSIS	383,766	16,029,702	0.023941	0	0
76.00	03020	DEV EVALUATION	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	73,699	3,881,306	0.018988	0	0
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0
90.03	09003	AMBULATORY CARE	980,966	106,186,211	0.009238	0	0
90.04	09004	OTHER	0	0	0.000000	0	0
91.00	09100	EMERGENCY	4,974,128	234,857,864	0.021179	247,423	5,240
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	40,067,484	0.000000	0	0
200.00		Total (lines 50 through 199)	39,435,718	3,337,000,675		1,034,917	10,347

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 5:02 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	90,893	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	12,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	15,667	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	4,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	59,012	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	40,938	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	26,381	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	26,324	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	7,898	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	105,414	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	78,485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	567,183	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	4,438	74.00
76.00	03020	DEV EVALUATION		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	1,384	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES		0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE		0	0	0	0	94,326	90.03
90.04	09004	OTHER		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	49,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,184,697	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 5:02 pm	
			Title XVIII		Subprovider - IPF		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	90,893	90,893	353,817,850	0.000257	50.00
51.00	05100	RECOVERY ROOM	0	12,089	12,089	45,755,858	0.000264	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,667	15,667	56,220,352	0.000279	52.00
53.00	05300	ANESTHESIOLOGY	0	4,357	4,357	76,261,368	0.000057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,012	59,012	511,335,379	0.000115	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	40,938	40,938	359,408,182	0.000114	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	26,381	26,381	157,227,152	0.000168	65.00
66.00	06600	PHYSICAL THERAPY	0	26,324	26,324	167,632,400	0.000157	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,898	7,898	76,996,091	0.000103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	717	717	4,797,594	0.000149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,414	105,414	199,802,656	0.000528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	78,485	78,485	246,275,153	0.000319	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	567,183	567,183	680,448,073	0.000834	73.00
74.00	07400	RENAL DIALYSIS	0	4,438	4,438	16,029,702	0.000277	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,384	1,384	3,881,306	0.000357	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	94,326	94,326	106,186,211	0.000888	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	49,191	49,191	234,857,864	0.000209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	40,067,484	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,184,697	1,184,697	3,337,000,675		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0208

Component CCN: 14-S208

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part IV
Date/Time Prepared:
5/27/2022 5:02 pm

				Title XVIII		Subprovider - IPF		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	0.000257	0	0	2	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000264	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000279	2,302	1	1	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000057	44,659	3	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000115	33,113	4	5,539	1	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000114	217,268	25	1,131	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000168	30,464	5	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000157	155,909	24	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000103	29,096	3	4,157	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000149	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000528	4,455	2	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000319	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000834	270,228	225	24,595	21	0	73.00
74.00	07400	RENAL DIALYSIS	0.000277	0	0	0	0	0	74.00
76.00	03020	DEV EVALUATION	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000357	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.000888	0	0	469	0	0	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000209	247,423	52	172	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,034,917	344	36,066	22	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/27/2022 5:02 pm

Title XVIII

Subprovider -
IPF

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	0.252456	2	0	0	1	50.00
51.00	05100	RECOVERY ROOM	0.265864	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292335	1	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.047918	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120282	5,539	0	0	666	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	0.123649	1,131	0	0	140	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.182084	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.170426	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	0.110392	4,157	0	0	459	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162339	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572754	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345970	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168630	24,595	0	0	4,147	73.00
74.00	07400	RENAL DIALYSIS	0.299199	0	0	0	0	74.00
76.00	03020	DEV EVALUATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.387078	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.293127	469	0	0	137	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.179972	172	0	0	31	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.301898	0	0	0	0	92.00
200.00		Subtotal (see instructions)		36,066	0	0	5,581	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		36,066	0	0	5,581	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/27/2022 5:02 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	DEV EVALUATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-T208

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 5:02 pm

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,725,848	353,817,850	0.027488	32,186	885	50.00
51.00	05100	RECOVERY ROOM	474,641	45,755,858	0.010373	2,193	23	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,148	56,220,352	0.017985	0	0	52.00
53.00	05300	ANESTHESIOLOGY	111,568	76,261,368	0.001463	7,264	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,432,788	511,335,379	0.018447	262,556	4,843	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,247,173	359,408,182	0.003470	688,907	2,391	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,253,895	157,227,152	0.007975	86,855	693	65.00
66.00	06600	PHYSICAL THERAPY	1,995,840	167,632,400	0.011906	4,218,690	50,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	526,494	76,996,091	0.006838	25,273	173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,848	4,797,594	0.023730	8,986	213	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,223,877	199,802,656	0.011130	68,122	758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,661,729	246,275,153	0.006747	2,688	18	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,244,310	680,448,073	0.004768	1,693,543	8,075	73.00
74.00	07400	RENAL DIALYSIS	383,766	16,029,702	0.023941	145,193	3,476	74.00
76.00	03020	DEV EVALUATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	73,699	3,881,306	0.018988	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	980,966	106,186,211	0.009238	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	4,974,128	234,857,864	0.021179	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	40,067,484	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	39,435,718	3,337,000,675		7,242,456	71,787	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 5:02 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	90,893	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	12,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	15,667	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	4,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	59,012	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	40,938	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	26,381	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	26,324	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	7,898	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	105,414	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	78,485	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	567,183	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	4,438	74.00
76.00	03020	DEV EVALUATION		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	1,384	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES		0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE		0	0	0	0	94,326	90.03
90.04	09004	OTHER		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	49,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,184,697	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 5:02 pm	
			Title XVIII		Subprovider - IRF		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	90,893	90,893	353,817,850	0.000257	50.00
51.00	05100	RECOVERY ROOM	0	12,089	12,089	45,755,858	0.000264	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,667	15,667	56,220,352	0.000279	52.00
53.00	05300	ANESTHESIOLOGY	0	4,357	4,357	76,261,368	0.000057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,012	59,012	511,335,379	0.000115	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	40,938	40,938	359,408,182	0.000114	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	26,381	26,381	157,227,152	0.000168	65.00
66.00	06600	PHYSICAL THERAPY	0	26,324	26,324	167,632,400	0.000157	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,898	7,898	76,996,091	0.000103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	717	717	4,797,594	0.000149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,414	105,414	199,802,656	0.000528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	78,485	78,485	246,275,153	0.000319	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	567,183	567,183	680,448,073	0.000834	73.00
74.00	07400	RENAL DIALYSIS	0	4,438	4,438	16,029,702	0.000277	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,384	1,384	3,881,306	0.000357	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	94,326	94,326	106,186,211	0.000888	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	49,191	49,191	234,857,864	0.000209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	40,067,484	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,184,697	1,184,697	3,337,000,675		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 5:02 pm	
				Title XVIII		Subprovider - IRF		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		0.000257	32,186		8	0	50.00
51.00	05100	RECOVERY ROOM		0.000264	2,193		1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000279	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000057	7,264		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000115	262,556		30	0	54.00
57.00	05700	CT SCAN		0.000000	0		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0		0	0	59.00
60.00	06000	LABORATORY		0.000114	688,907		79	448	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0		0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0		0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000168	86,855		15	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000157	4,218,690		662	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000103	25,273		3	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000149	8,986		1	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000528	68,122		36	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000319	2,688		1	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000834	1,693,543		1,412	2,458	73.00
74.00	07400	RENAL DIALYSIS		0.000277	145,193		40	0	74.00
76.00	03020	DEV EVALUATION		0.000000	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000357	0		0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0		0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0		0	0	89.00
90.00	09000	CLINIC		0.000000	0		0	0	90.00
90.01	09001	FAMILY PRACTICES		0.000000	0		0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0.000000	0		0	0	90.02
90.03	09003	AMBULATORY CARE		0.000888	0		0	228	90.03
90.04	09004	OTHER		0.000000	0		0	0	90.04
91.00	09100	EMERGENCY		0.000209	0		0	83	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0		0	0	92.00
200.00		Total (lines 50 through 199)			7,242,456		2,288	3,217	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 5:02 pm
			Component CCN: 14-T208		
			Title XVIII	Subprovider - IRF	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	0.252456	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.265864	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.292335	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.047918	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.120282	0	0	0	0 54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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	0.123649	448	0	0	55 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
65.00 06500 RESPIRATORY THERAPY	0.182084	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.170426	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	0.110392	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.162339	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572754	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.345970	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.168630	2,458	0	0	414 73.00
74.00 07400 RENAL DIALYSIS	0.299199	0	0	0	0 74.00
76.00 03020 DEV EVALUATION	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.387078	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 09001 FAMILY PRACTICES	0.000000	0	0	0	0 90.01
90.02 09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0 90.02
90.03 09003 AMBULATORY CARE	0.293127	228	0	0	67 90.03
90.04 09004 OTHER	0.000000	0	0	0	0 90.04
91.00 09100 EMERGENCY	0.179972	83	0	0	15 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.301898	0	0	0	0 92.00
200.00 Subtotal (see instructions)		3,217	0	0	551 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 - line 201)		3,217	0	0	551 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-T208

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/27/2022 5:02 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	DEV EVALUATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		194,862	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		194,862	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)		183,705	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)		40,800	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)		211,267,287	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)		211,267,287	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)		211,267,287	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)		1,084.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		44,234,952	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)		44,234,952	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/27/2022 5:02 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	78,703,833	36,140	2,177.75	11,562	25,179,146
43.01	NEONATAL INTENSIVE CARE UNIT	11,038,639	6,025	1,832.14	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					89,938,434
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					159,352,532
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,998,018
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,956,125
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,954,143
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					150,398,389
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					11,157
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,084.19
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,096,308

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/27/2022 5:02 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	10,217,224	211,267,287	0.048362	12,096,308	585,002	90.00
91.00 Nursing Program cost	0	211,267,287	0.000000	12,096,308	0	91.00
92.00 Allied health cost	470,067	211,267,287	0.002225	12,096,308	26,914	92.00
93.00 All other Medical Education	0	211,267,287	0.000000	12,096,308	0	93.00

Health Financial Systems		ADVOCATE CHRIST HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
		Component CCN: 14-S208		Date/Time Prepared: 5/27/2022 5:02 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,036	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,036	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,036	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)			752	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			8,505,739	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			8,505,739	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			8,505,739	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)			1,688.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,270,120	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)			1,270,120	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-S208		Date/Time Prepared: 5/27/2022 5:02 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		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	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					161,641	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,431,761	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)					84,043	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,691	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					94,734	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,337,027	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/27/2022 5:02 pm	
		Title XVIII		Subprovider - IPF		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	547,761	8,505,739	0.064399	0	0	90.00
91.00	Nursing Program cost	0	8,505,739	0.000000	0	0	91.00
92.00	Allied health cost	15,048	8,505,739	0.001769	0	0	92.00
93.00	All other Medical Education	0	8,505,739	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN: 14-T208		Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,427	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,427	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)		7,427	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)		2,803	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)		9,527,306	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)		9,527,306	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)		9,527,306	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)		1,282.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,595,660	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,595,660	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-T208		Date/Time Prepared: 5/27/2022 5:02 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		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	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,233,830	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,829,490	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)					147,158	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					74,075	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					221,233	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,608,257	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/27/2022 5:02 pm	
			Title XVIII		Subprovider - IRF		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	370,835	9,527,306	0.038923	0	0	90.00	
91.00	Nursing Program cost	0	9,527,306	0.000000	0	0	91.00	
92.00	Allied health cost	19,087	9,527,306	0.002003	0	0	92.00	
93.00	All other Medical Education	0	9,527,306	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 5:02 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		139,851,467		30.00
31.00	03100	INTENSIVE CARE UNIT		42,597,094		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.252456	42,243,158	10,664,539	50.00
51.00	05100	RECOVERY ROOM	0.265864	4,322,351	1,149,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.292335	31,469	9,199	52.00
53.00	05300	ANESTHESIOLOGY	0.047918	8,513,504	407,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120282	64,202,411	7,722,394	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.123649	54,661,356	6,758,822	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.182084	23,422,940	4,264,943	65.00
66.00	06600	PHYSICAL THERAPY	0.170426	9,006,363	1,534,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110392	11,309,608	1,248,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162339	1,126,598	182,891	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572754	30,544,998	17,494,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.345970	51,128,172	17,688,814	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168630	82,458,267	13,904,938	73.00
74.00	07400	RENAL DIALYSIS	0.299199	5,167,416	1,546,086	74.00
76.00	03020	DEV EVALUATION	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.387078	314,172	121,609	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	0.293127	37,525	11,000	90.03
90.04	09004	OTHER	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.179972	29,048,482	5,227,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.301898	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		417,538,790	89,938,434	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		417,538,790		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Component CCN: 14-S208		Date/Time Prepared: 5/27/2022 5:02 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF		2,240,268		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.252456	0	0	50.00
51.00	05100 RECOVERY ROOM	0.265864	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292335	2,302	673	52.00
53.00	05300 ANESTHESIOLOGY	0.047918	44,659	2,140	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120282	33,113	3,983	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.123649	217,268	26,865	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.182084	30,464	5,547	65.00
66.00	06600 PHYSICAL THERAPY	0.170426	155,909	26,571	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110392	29,096	3,212	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162339	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572754	4,455	2,552	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.345970	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.168630	270,228	45,569	73.00
74.00	07400 RENAL DIALYSIS	0.299199	0	0	74.00
76.00	03020 DEV EVALUATION	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.387078	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.293127	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.179972	247,423	44,529	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.301898		0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,034,917	161,641	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,034,917		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 5:02 pm	
		Component CCN: 14-T208			
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		6,267,019		41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.252456	32,186	8,126	50.00
51.00	05100 RECOVERY ROOM	0.265864	2,193	583	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.292335	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.047918	7,264	348	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120282	262,556	31,581	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.123649	688,907	85,183	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.182084	86,855	15,815	65.00
66.00	06600 PHYSICAL THERAPY	0.170426	4,218,690	718,974	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110392	25,273	2,790	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162339	8,986	1,459	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572754	68,122	39,017	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.345970	2,688	930	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.168630	1,693,543	285,582	73.00
74.00	07400 RENAL DIALYSIS	0.299199	145,193	43,442	74.00
76.00	03020 DEV EVALUATION	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.387078	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.293127	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.179972	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.301898	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,242,456	1,233,830	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)		7,242,456		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/27/2022 5:02 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	24,261	1,084.19	10	10,842	1.00
2.00	INTENSIVE CARE UNIT	43.00	26,214	2,177.75	5	10,889	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,832.14	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		50,475		15	21,731	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.252456	268,663	67,826	8.00
9.00	RECOVERY ROOM		51.00	0.265864	7,921	2,106	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.292335	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.047918	55,178	2,644	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.120282	657,454	79,080	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.123649	1,495,143	184,873	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.182084	57,597	10,487	23.00
24.00	PHYSICAL THERAPY		66.00	0.170426	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.110392	237,543	26,223	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.162339	1,163	189	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.572754	66,141	37,883	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.345970	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.168630	242,037	40,815	31.00
32.00	RENAL DIALYSIS		74.00	0.299199	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.387078	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.293127	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.179972	506	91	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.301898	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				3,089,346	452,217	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/27/2022 5:02 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	10	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01	
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02	
51.03	AMBULATORY CARE	23.03	0	0.000000	0	51.03	
51.04	OTHER	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	506	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		506		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	473,948		3,139,821		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,943,230		4,112,404		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	4,417,178		7,252,225		61.00	
62.00	Total Usable Organs (see instructions)		73			62.00	
63.00	Medicare Usable Organs (see instructions)		54			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.739726			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,267,501		5,364,659		65.00	
66.00	Revenue for Organs Sold	35,692		131,538		66.00	
67.00	Subtotal (line 65 minus line 66)	3,231,809		5,233,121		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,231,809	0	5,233,121	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		12	38		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	23		73.00	
74.00	Total (sum of lines 70 through 73)		12	61		74.00	
75.00	Organs Transplanted		12	23	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	38	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		12	61		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 5/27/2022 5:02 pm	
				Heart	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	2,215	1,084.19	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	7,588	2,177.75	1	2,178	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,832.14	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		9,803		1	2,178	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.252456	62,136	15,687	8.00
9.00	RECOVERY ROOM		51.00	0.265864	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.292335	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.047918	9,418	451	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.120282	107,847	12,972	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.123649	514,967	63,675	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.182084	39,309	7,158	23.00
24.00	PHYSICAL THERAPY		66.00	0.170426	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.110392	42,745	4,719	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.162339	337	55	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.572754	9,135	5,232	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.345970	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.168630	29,285	4,938	31.00
32.00	RENAL DIALYSIS		74.00	0.299199	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.387078	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.293127	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.179972	91	16	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.301898	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				815,270	114,903	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/27/2022 5:02 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01	
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02	
51.03	AMBULATORY CARE	23.03	0	0.000000	0	51.03	
51.04	OTHER	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	91	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		91		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	117,081		825,073		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	8,408,108		9,083,782		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	8,525,189		9,908,855		61.00	
62.00	Total Usable Organs (see instructions)		46			62.00	
63.00	Medicare Usable Organs (see instructions)		23			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00	
65.00	Medicare Cost/Charges (see instructions)	4,262,595		4,954,428		65.00	
66.00	Revenue for Organs Sold	13,150		48,462		66.00	
67.00	Subtotal (line 65 minus line 66)	4,249,445		4,905,966		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,249,445	0	4,905,966	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	14		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	32		73.00	
74.00	Total (sum of lines 70 through 73)		0	46		74.00	
75.00	Organs Transplanted		0	32	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	14	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	46		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		113,483,829	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		8,210,875	2.04
3.00	Managed Care Simulated Payments		112,015,718	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		701.65	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)		171.79	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).		51.87	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		10.41	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)		234.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		232.07	10.00
11.00	FTE count for residents in dental and podiatric programs.		8.94	11.00
12.00	Current year allowable FTE (see instructions)		241.01	12.00
13.00	Total allowable FTE count for the prior year.		241.61	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.		239.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.		240.69	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		240.69	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.343034	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.341170	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.341170	21.00
22.00	IME payment adjustment (see instructions)		19,340,368	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		19,090,167	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)		-2.00	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)		19,340,368	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		19,090,167	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.90	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.34	31.00
32.00	Sum of lines 30 and 31		33.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.64	33.00
34.00	Disproportionate share adjustment (see instructions)		4,720,927	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,422,784	6,184,383	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,055,944	1,558,805	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,614,749		
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		
41.00	Total ESRD Medicare discharges (see instructions)	0		
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	151,370,748		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		170,460,915	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,825,848	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		13,767,911	
53.00	Nursing and Allied Health Managed Care payment		160,348	
54.00	Special add-on payments for new technologies		1,366,623	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		7,481,254	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		142,726	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		141,642	
59.00	Total (sum of amounts on lines 49 through 58)		204,347,267	
60.00	Primary payer payments		66,390	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		204,280,877	
62.00	Deductibles billed to program beneficiaries		7,842,760	
63.00	Coinsurance billed to program beneficiaries		749,344	
64.00	Allowable bad debts (see instructions)		2,274,080	
65.00	Adjusted reimbursable bad debts (see instructions)		1,478,152	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,823,176	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		197,166,925	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-79,561	
70.94	HRR adjustment amount (see instructions)		-2,422,221	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,801,516	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		192,863,627	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		190,009,779	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)		2,853,848	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,611,247	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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 5:02 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	113,483,829	0	0	113,483,829	113,483,829
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	8,210,875	0	0	8,210,875	8,210,875
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	112,015,718	0	0	112,015,718	112,015,718
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.341170	0.341170	0.341170	0.341170	0.341170
6.00	IME payment adjustment (see instructions)	22.00	19,340,368	0	0	19,340,368	19,340,368
6.01	IME payment adjustment for managed care (see instructions)	22.01	19,090,167	0	0	19,090,167	19,090,167
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,340,368	0	0	19,340,368	19,340,368
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	19,090,167	0	0	19,090,167	19,090,167
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1664	0.1664	0.1664	0.1664	0.1664
11.00	Disproportionate share adjustment (see instructions)	34.00	4,720,927	0	0	4,720,927	4,720,927
11.01	Uncompensated care payments	36.00	5,614,749	0	4,055,944	1,558,805	5,614,749
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	151,370,748	0	4,055,944	147,314,804	151,370,748
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	170,460,915	0	4,055,944	166,404,971	170,460,915
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,825,848	0	0	10,825,848	10,825,848

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 5:02 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	1,366,623	0	0	1,366,623	1,366,623	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	4,055,944	178,597,442	182,653,386	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	8,734,314	0	0	8,734,314	8,734,314	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	480,927	0	0	480,927	480,927	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	0.1148	0.1148	0.1148	0.1148		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,002,699	0	0	1,002,699	1,002,699	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0696	0.0696	0.0696	0.0696		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	607,908	0	0	607,908	607,908	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,825,848	0	0	10,825,848	10,825,848	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2022 5:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	113,483,829		113,483,829	113,483,829	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	8,210,875		8,210,875	8,210,875	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	112,015,718	0	112,015,718	112,015,718	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.341170	0.341170	0.341170		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,340,368	0	19,340,368	19,340,368	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	19,090,167	0	19,090,167	19,090,167	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	19,340,368	0	19,340,368	19,340,368	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	19,090,167	0	19,090,167	19,090,167	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1664	0.1664	0.1664		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,720,927	0	4,720,927	4,720,927	11.00
11.01	Uncompensated care payments	36.00	5,614,749	4,055,944	1,558,805	5,614,749	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	151,370,748	4,055,944	147,314,804	151,370,748	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	170,460,915	4,055,944	166,404,971	170,460,915	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,825,848	0	10,825,848	10,825,848	16.00
17.00	Special add-on payments for new technologies	54.00	1,366,623	0	1,366,623	1,366,623	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			4,055,944	178,597,442	182,653,386	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2022 5:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,734,314	0	8,734,314	8,734,314	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	480,927	0	480,927	480,927	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	0.1148	0.1148	0.1148		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,002,699	0	1,002,699	1,002,699	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0696	0.0696	0.0696		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	607,908	0	607,908	607,908	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,825,848	0	10,825,848	10,825,848	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	-79,561	0	-79,561	-79,561	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	-2,422,221	0	-2,422,221	-2,422,221	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		40,559	1,760,957	1,801,516	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,245	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,235,357	2.00
3.00	OPPS payments		38,646,144	3.00
4.00	Outlier payment (see instructions)		263,050	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		71,050	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,245	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		133,699	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)		133,699	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)		133,699	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,454	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)		29,245	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)		38,980,244	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7,509	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,151,390	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)		32,850,590	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,368,889	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)		36,219,479	30.00
31.00	Primary payer payments		3,153	31.00
32.00	Subtotal (line 30 minus line 31)		36,216,326	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)		849,189	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		551,973	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		597,955	36.00
37.00	Subtotal (see instructions)		36,768,299	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,223	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		36,767,076	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		32,765,515	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		4,001,561	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		ADVOCATE CHRIST HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 5:02 pm	
		Component CCN: 14-S208			
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			5,559	2.00
3.00	OPPS payments			3,004	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			22	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	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)			0	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)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	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)			0	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)			3,026	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			601	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)			2,425	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)			2,425	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			2,425	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)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			2,425	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				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)			2,425	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			2,403	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)			22	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)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		549	2.00
3.00	OPPS payments		152	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		2	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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 charge basis 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		154	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		30	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)		124	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)		124	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		124	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		124	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		124	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		122	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)		2	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)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/27/2022 5:02 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		190,009,779		32,765,515	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		190,009,779		32,765,515	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		2,853,848		4,001,561	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		192,863,627		36,767,076	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0208

Period:

Worksheet E-1

Component CCN: 14-S208

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Title XVIII

Subprovider -
IPF

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					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		662,182		2,403	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		662,182		2,403	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		30,821		22	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		693,003		2,425	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0208

Period:

Worksheet E-1

Component CCN: 14-T208

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 5:02 pm

Title XVIII

Subprovider -
IRF

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					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		5,357,691		122	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,357,691		122	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		104,048		2	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,461,739		124	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: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/27/2022 5:02 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

Health Financial Systems		ADVOCATE CHRIST HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/27/2022 5:02 pm	
		Component CCN: 14-S208			
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			735,550	1.00
2.00	Net IPF PPS Outlier Payments			4,950	2.00
3.00	Net IPF PPS ECT Payments			19,255	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	4.01
5.00	New Teaching program adjustment. (see instructions)			0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)			0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)			0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00	8.00
9.00	Average Daily Census (see instructions)			13.797260	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			759,755	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)				14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0	15.00
16.00	Subtotal (see instructions)			759,755	16.00
17.00	Primary payer payments			0	17.00
18.00	Subtotal (line 16 less line 17).			759,755	18.00
19.00	Deductibles			77,168	19.00
20.00	Subtotal (line 18 minus line 19)			682,587	20.00
21.00	Coinsurance			20,405	21.00
22.00	Subtotal (line 20 minus line 21)			662,182	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			43,429	23.00
24.00	Adjusted reimbursable bad debts (see instructions)			28,229	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			32,513	25.00
26.00	Subtotal (sum of lines 22 and 24)			690,411	26.00
27.00	Direct graduate medical education payments (see instructions)			0	27.00
28.00	Other pass through costs (see instructions)			2,592	28.00
29.00	Outlier payments reconciliation			0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	30.50
30.98	Recovery of accelerated depreciation.			0	30.98
30.99	Demonstration payment adjustment amount before sequestration			0	30.99
31.00	Total amount payable to the provider (see instructions)			693,003	31.00
31.01	Sequestration adjustment (see instructions)			0	31.01
31.02	Demonstration payment adjustment amount after sequestration			0	31.02
32.00	Interim payments			662,182	32.00
33.00	Tentative settlement (for contractor use only)			0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			30,821	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	35.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			4,950	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE					
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/27/2022 5:02 pm
		Component CCN: 14-T208		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		5,186,023	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0369	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		253,078	3.00
4.00	Outlier Payments		37,795	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		20.347945	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		5,476,896	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		5,476,896	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		5,476,896	19.00
20.00	Deductibles		19,216	20.00
21.00	Subtotal (line 19 minus line 20)		5,457,680	21.00
22.00	Coinsurance		14,469	22.00
23.00	Subtotal (line 21 minus line 22)		5,443,211	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		13,901	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		9,036	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,198	26.00
27.00	Subtotal (sum of lines 23 and 25)		5,452,247	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		9,492	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.98	Recovery of accelerated depreciation.		0	31.98
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		5,461,739	32.00
32.01	Sequestration adjustment (see instructions)		0	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		5,357,691	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		104,048	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		86,214	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		37,795	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208		Period: From 01/01/2021 To 12/31/2021		Worksheet E-4 Date/Time Prepared: 5/27/2022 5:02 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					51.80	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					9.27	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					232.86	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					232.86	6.00
7.00	Enter the lesser of line 5 or line 6					232.86	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	143.10		81.05		224.15 8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	143.10		81.05		224.15 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			8.94		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			8.94		10.01	
11.00	Total weighted FTE count	143.10		89.99		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	139.88		92.54		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	137.11		91.64		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	140.03		91.39		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	140.03		91.39		17.00	
18.00	Per resident amount	162,330.49		153,712.66		18.00	
19.00	Approved amount for resident costs	22,731,139		14,047,800		36,778,939 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					36,778,939 25.00	
		Inpatient Part		Managed Care		Total	
		A					
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	55,917		58,493		26.00	
27.00	Total Inpatient Days (see instructions)	240,437		240,437		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.232564		0.243278		28.00	
29.00	Program direct GME amount	8,553,457		8,947,507		17,500,964 29.00	
29.01	Percent reduction for MA DGME			4.07		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			364,164		364,164 30.00	
31.00	Net Program direct GME amount					17,136,800 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 5:02 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		4,438		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		16,029,702		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000277		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		165,613,783		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		7,481,254		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		66,390		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		173,028,647		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		42,341,784		42.00
43.00	Primary payer payments (see instructions)		3,153		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,338,631		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		215,367,278		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.803412		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.196588		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		17,136,800		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		13,767,911		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,368,889		50.00

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

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/27/2022 5:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	703,725,000	0	0	0	1.00
2.00	Temporary investments	139,742,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,838,859,000	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	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	724,803,000	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)	3,407,129,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	470,257,000	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	8,448,955,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,554,215,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,530,416,000	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)	5,943,011,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	12,394,605,000	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	1,393,816,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,788,421,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	23,138,561,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,562,089,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,296,458,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	68,247,000	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	786,501,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,713,295,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	3,298,508,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,795,779,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,094,287,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,807,582,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,330,979,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,330,979,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	23,138,561,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/27/2022 5:02 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		12,400,044,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		167,351,012				2.00
3.00	Total (sum of line 1 and line 2)		12,567,395,012		0		3.00
4.00	CORPORATE ADJUSTMENTS	1,763,583,988		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,763,583,988		0		10.00
11.00	Subtotal (line 3 plus line 10)		14,330,979,000		0		11.00
12.00	ADJUSTMENT TO FUND BALANCE	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,330,979,000		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	CORPORATE ADJUSTMENTS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ADJUSTMENT TO FUND BALANCE		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2022 5:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	652,785,387		652,785,387	1.00
2.00	SUBPROVIDER - IPF	22,751,652		22,751,652	2.00
3.00	SUBPROVIDER - IRF	24,305,665		24,305,665	3.00
4.00	SUBPROVIDER	0		0	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)	699,842,704		699,842,704	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	220,189,100		220,189,100	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	48,136,553		48,136,553	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	268,325,653		268,325,653	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	968,168,357		968,168,357	17.00
18.00	Ancillary services	1,855,516,068	1,140,933,907	2,996,449,975	18.00
19.00	Outpatient services	95,934,422	244,442,765	340,377,187	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,919,618,847	1,385,376,672	4,304,995,519	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,219,744,804		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)		1,219,744,804		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0208

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/27/2022 5:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,304,995,519	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,931,919,264	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,373,076,255	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,219,744,804	4.00
5.00	Net income from service to patients (line 3 minus line 4)	153,331,451	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	11,053,661	24.00
24.50	COVID-19 PHE Funding	4,993,106	24.50
25.00	Total other income (sum of lines 6-24)	16,046,767	25.00
26.00	Total (line 5 plus line 25)	169,378,218	26.00
27.00	NON OPERATING PENSION AND NONOP REV	2,027,206	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,027,206	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	167,351,012	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0208	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/27/2022 5:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,734,314	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		480,927	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)		624.59	3.00
4.00	Number of interns & residents (see instructions)		240.69	4.00
5.00	Indirect medical education percentage (see instructions)		11.48	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)		1,002,699	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.90	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.34	8.00
9.00	Sum of lines 7 and 8		33.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.96	10.00
11.00	Disproportionate share adjustment (see instructions)		607,908	11.00
12.00	Total prospective capital payments (see instructions)		10,825,848	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