

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: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/26/2022 1:00 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.		Date: 1/26/2022 Time: 1:00 pm
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 DELNOR-COMMUNITY HOSPITAL (14-0211) for the cost reporting period beginning 09/01/2020 and ending 08/31/2021 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			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,736,411	425,737	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	1,736,411	425,737	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: 14-0211		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 1:00 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 300 RANDALL ROAD			PO Box:				1.00		
2.00	City: GENEVA			State: IL		Zip Code: 60134		County: KANE 2.00		
		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		DELNOR-COMMUNITY HOSPITAL	140211	20994	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2020	08/31/2021		
21.00	Type of Control (see instructions)						2			
							1.00	2.00		
							2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	674	754	0	0	3,024	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 1:00 pm		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01		
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00	
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 this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 1:00 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
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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
				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	
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		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	294,262	1,883,717	2,717,392	
		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	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 1:00 pm	
		1.00		2.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: CADENCE HEALTH	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 25 NORTH WINFIELD ROAD	PO Box:				142.00	
143.00	City: WINFIELD	State: IL		Zip Code: 60190		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		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	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		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC	N		N		161.00	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
				3.00		4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 1:00 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

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021 Worksheet S-2 Part II Date/Time Prepared: 1/26/2022 1:00 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/10/2021	Y	12/10/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021	
		Worksheet S-2 Part II Date/Time Prepared: 1/26/2022 1:00 pm			
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNY		DABROWSKI	41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	224-522-3716		JENNY.DABROWSKI@SRGROUPLLC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/26/2022 1:00 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.	MANAGER	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: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	124	45,260	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		124	45,260	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		144			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 1:00 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)	11,748	1,070	30,671		1.00
2.00	HMO and other (see instructions)	5,801	3,024			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,748	1,070	30,671		7.00
8.00	INTENSIVE CARE UNIT	1,819	10	4,812		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		286	2,174		13.00
14.00	Total (see instructions)	13,567	1,366	37,657	17.09	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			303		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				17.09	27.00
28.00	Observation Bed Days		0	2,522		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	62	396		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: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,179	242	9,633	1.00
2.00 HMO and other (see instructions)			1,104	773		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,179	242	9,633	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 1:00 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	85,253,758	0	85,253,758	2,162,308.20	39.43
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	52,847	1,968	54,815	2,085.13	26.29
7.01	Contracted interns and residents (in an approved programs)		1,363,657	0	1,363,657	33,467.20	40.75
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)		53,224	103,633	156,857	6,250.39	25.10
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,900,941	0	1,900,941	19,565.35	97.16
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		621,014	0	621,014	4,073.00	152.47
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		22,242,256	0	22,242,256	494,257.00	45.00
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)		27,032,174	0	27,032,174		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		49,860	0	49,860		
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)		0	0	0		
25.50	Home office wage-related (core)		2,053,075	0	2,053,075		
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: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 1:00 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	2,848,271	-2,848,271	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	5,056,163	83,837	5,140,000	117,688.71	43.67	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,265,578	53,781	1,319,359	39,298.71	33.57	30.00
31.00	Laundry & Linen Service	8.00	55,797	1,207	57,004	2,364.00	24.11	31.00
32.00	Housekeeping	9.00	1,811,130	63,471	1,874,601	102,180.86	18.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,476,237	-625,484	850,753	43,002.93	19.78	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	690,525	690,525	37,793.29	18.27	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,174,796	184,054	2,358,850	62,831.14	37.54	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,623,472	48,558	3,672,030	69,001.48	53.22	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part III
Date/Time Prepared:
1/26/2022 1:00 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)	83,837,254	-1,968	83,835,286	2,126,755.87	39.42	1.00
2.00	Excluded area salaries (see instructions)	53,224	103,633	156,857	6,250.39	25.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,784,030	-105,601	83,678,429	2,120,505.48	39.46	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,764,211	0	24,764,211	517,895.35	47.82	4.00
5.00	Subtotal wage-related costs (see inst.)	29,085,249	0	29,085,249	0.00	34.76	5.00
6.00	Total (sum of lines 3 thru 5)	137,633,490	-105,601	137,527,889	2,638,400.83	52.13	6.00
7.00	Total overhead cost (see instructions)	18,311,444	-2,348,322	15,963,122	474,161.12	33.67	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,149,079	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,194,845	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	4,065,558	9.00
10.00	Dental, Hearing and Vision Plan	398,922	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	764,672	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)	302,192	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,844,443	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-13,436	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	393,183	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,099,458	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: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part V
Date/Time Prepared:
1/26/2022 1:00 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	1,900,941	27,099,458	1.00
2.00	Hospital	1,900,941	27,099,458	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet S-10 Date/Time Prepared: 1/26/2022 1:00 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)			0.154618	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			20,292,053	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?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			635,000	5.00
6.00	Medicaid charges			160,891,734	6.00
7.00	Medicaid cost (line 1 times line 6)			24,876,758	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)			3,949,705	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)			3,949,705	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)	16,465,780	1,375,631	17,841,411	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,545,906	1,375,631	3,921,537	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,545,906	1,375,631	3,921,537	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,664,521	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			519,377	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			799,041	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,865,480	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,495,809	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,417,346	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,367,051	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,720,814	14,720,814	0	14,720,814	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,171,351	7,171,351	0	7,171,351	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,848,271	199,094	3,047,365	-2,848,271	199,094	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	IS	0	0	0	0	0	5.02
5.03	00560	PURCHASING	679,854	1,331,582	2,011,436	26,330	2,037,766	5.03
5.04	00570	PT REG	0	0	0	0	0	5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	4,376,309	117,321,208	121,697,517	-354,734	121,342,783	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,265,578	10,981,092	12,246,670	66,677	12,313,347	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,797	1,010,015	1,065,812	1,207	1,067,019	8.00
9.00	00900	HOUSEKEEPING	1,811,130	1,519,769	3,330,899	133,866	3,464,765	9.00
10.00	01000	DIETARY	1,476,237	2,163,599	3,639,836	-1,626,528	2,013,308	10.00
11.00	01100	CAFETERIA	0	0	0	1,691,569	1,691,569	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,174,796	546,723	2,721,519	184,054	2,905,573	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,623,472	52,780,510	56,403,982	-51,573,670	4,830,312	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	52,847	3,418	56,265	1,968	58,233	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	464,634	1,660,198	2,124,832	-244,404	1,880,428	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	129,513	129,513	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,008,801	8,371,998	27,380,799	-389,892	26,990,907	30.00
31.00	03100	INTENSIVE CARE UNIT	3,628,399	1,528,766	5,157,165	-64,542	5,092,623	31.00
43.00	04300	NURSERY	988,286	253,624	1,241,910	621,056	1,862,966	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,066,360	18,853,336	23,919,696	-13,396,070	10,523,626	50.00
51.00	05100	RECOVERY ROOM	842,645	235,663	1,078,308	67,401	1,145,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,838,471	1,534,392	4,372,863	83,818	4,456,681	52.00
53.00	05300	ANESTHESIOLOGY	123,360	517,897	641,257	4,199	645,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,716,985	1,051,577	3,768,562	-462,709	3,305,853	54.00
54.01	03630	ULTRA SOUND	941,781	236,457	1,178,238	105,124	1,283,362	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,327,957	700,245	2,028,202	55,279	2,083,481	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,632,687	1,309,930	2,942,617	39,149	2,981,766	55.00
56.00	05600	RADIOISOTOPE	505,392	888,088	1,393,480	106,565	1,500,045	56.00
57.00	05700	CT SCAN	1,034,607	717,947	1,752,554	146,017	1,898,571	57.00
58.00	05800	MRI	1,015,935	486,352	1,502,287	128,823	1,631,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,958,473	3,439,876	5,398,349	-2,279,635	3,118,714	59.00
60.00	06000	LABORATORY	3,278,285	10,240,821	13,519,106	127,753	13,646,859	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,326,650	698,944	2,025,594	-64,747	1,960,847	64.00
65.00	06500	RESPIRATORY THERAPY	1,370,468	534,790	1,905,258	-5,793	1,899,465	65.00
66.00	06600	PHYSICAL THERAPY	4,961,344	1,376,656	6,338,000	140,951	6,478,951	66.00
69.00	06900	ELECTROCARDIOLOGY	1,123,860	1,769,075	2,892,935	29,650	2,922,585	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,437,706	8,437,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,329,587	9,329,587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	51,594,556	51,594,556	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	544,643	544,643	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,522,122	1,478,122	4,000,244	-952,821	3,047,423	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	472,656	139,888	612,544	15,243	627,787	75.02
75.03	07503	NEURODIAGNOSTICS	181,585	74,466	256,051	2,387	258,438	75.03
76.97	07697	CARDIAC REHABILITATION	468,916	140,742	609,658	15,041	624,699	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	154,459	41,437	195,896	0	195,896	90.00
90.03	09003	GENETIC TESTING	442,678	159,657	602,335	8,997	611,332	90.03
90.04	09004	CHRONIC PAIN CLINIC	218,158	149,727	367,885	2,524	370,409	90.04
90.05	09005	DIABETES EDUCATION	4,626	2,020	6,646	7,012	13,658	90.05
90.06	09006	WOUND CARE	1,009,313	756,747	1,766,060	17,819	1,783,879	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	5,206,350	2,699,269	7,905,619	151,274	8,056,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification 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							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	85,200,534	271,797,882	356,998,416	-246,058	356,752,358	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,224	1,460,595	1,513,819	1,654	1,515,473	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	8,033,444	8,033,444	244,404	8,277,848	192.00
192.01	19201 HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00	TOTAL (SUM OF LINES 118 through 199)	85,253,758	281,291,921	366,545,679	0	366,545,679	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	14,720,814	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,171,351	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,423,101	4,622,195	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	IS	0	0	5.02
5.03	00560	PURCHASING	-53,391	1,984,375	5.03
5.04	00570	PT REG	0	0	5.04
5.05	00580	PT ACCTS	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-34,099,550	87,243,233	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-9,631	12,303,716	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,067,019	8.00
9.00	00900	HOUSEKEEPING	-5,363	3,459,402	9.00
10.00	01000	DIETARY	37,074	2,050,382	10.00
11.00	01100	CAFETERIA	-875,489	816,080	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-15,148	2,890,425	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-25,704	4,804,608	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	58,233	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-4,784	1,875,644	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	129,513	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-393,556	26,597,351	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,507	5,088,116	31.00
43.00	04300	NURSERY	-63	1,862,903	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-241,436	10,282,190	50.00
51.00	05100	RECOVERY ROOM	-7,500	1,138,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-484,540	3,972,141	52.00
53.00	05300	ANESTHESIOLOGY	0	645,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,427	3,297,426	54.00
54.01	03630	ULTRA SOUND	0	1,283,362	54.01
54.02	03480	NUCLEAR ONCOLOGY	-148	2,083,333	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-7,518	2,974,248	55.00
56.00	05600	RADIOISOTOPE	-11,000	1,489,045	56.00
57.00	05700	CT SCAN	-37,498	1,861,073	57.00
58.00	05800	MRI	-3,000	1,628,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,118,714	59.00
60.00	06000	LABORATORY	-274,791	13,372,068	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-1,573	1,959,274	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,899,465	65.00
66.00	06600	PHYSICAL THERAPY	-1,321	6,477,630	66.00
69.00	06900	ELECTROCARDIOLOGY	-10	2,922,575	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,437,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,329,587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,594,556	73.00
74.00	07400	RENAL DIALYSIS	0	544,643	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-3,123	3,044,300	75.00
75.01	07501	LITHOTRIPSY	0	0	75.01
75.02	07502	PSYCH	-120	627,667	75.02
75.03	07503	NEURODIAGNOSTICS	0	258,438	75.03
76.97	07697	CARDIAC REHABILITATION	-790	623,909	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,855	193,041	90.00
90.03	09003	GENETIC TESTING	-501,932	109,400	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	370,409	90.04
90.05	09005	DIABETES EDUCATION	-1,100	12,558	90.05
90.06	09006	WOUND CARE	-319	1,783,560	90.06
90.07	09007	SLEEP LAB	0	0	90.07
91.00	09100	EMERGENCY	-372,702	7,684,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-32,988,714	323,763,644	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,515,473	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,277,848	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-32,988,714	333,556,965	200.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - SHARED DIETARY COSTS					
1.00 CAFETERIA	11.00	690,525	1,001,044		1.00
TOTALS		690,525	1,001,044		
B - DRUGS CHARGED TO PATIENTS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	51,594,556		1.00
TOTALS		0	51,594,556		
C - CHARGEABLE MEDICAL SUPPLIES					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,108,812		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
23.00	0.00	0	0		23.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
TOTALS		0	8,108,812		
D - COST OF IMPLANTS					
1.00 IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,329,587		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
TOTALS		0	9,329,587		
E - RENAL RECLASS					
1.00 RENAL DIALYSIS	74.00	0	544,643		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
TOTALS		0	544,643		
F - RADIOLOGY ADMIN					
1.00 ULTRA SOUND	54.01	55,409	21,266		1.00
2.00 RADIOISOTOPE	56.00	65,532	25,151		2.00
3.00 CT SCAN	57.00	82,393	31,622		3.00
4.00 MRI	58.00	70,621	27,104		4.00
5.00 CARDIAC CATHETERIZATION	59.00	133,854	51,373		5.00
TOTALS		407,809	156,516		
G - LABOR AND DELIVERY RECLASS					
1.00 NURSERY	43.00	418,860	157,059		1.00
TOTALS		418,860	157,059		
H - PRE ADMISSION TESTING					
1.00 OPERATING ROOM	50.00	432,782	110,246		1.00
2.00 RECOVERY ROOM	51.00	34,818	8,870		2.00
3.00 ANESTHESIOLOGY	53.00	19,918	5,074		3.00
TOTALS		487,518	124,190		
J - FM RESIDENCY BUILDING					
1.00 PHYSICIANS' PRIVATE OFFICES	192.00	0	244,404		1.00
TOTALS		0	244,404		
L - MANAGEMENT INCENTIVE					
1.00 PURCHASING	5.03	26,330	0		1.00
2.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	60,039	0		2.00
3.00 OPERATION OF PLANT	7.00	53,781	0		3.00
4.00 LAUNDRY & LINEN SERVICE	8.00	1,207	0		4.00
5.00 HOUSEKEEPING	9.00	63,471	0		5.00
6.00 DIETARY	10.00	65,041	0		6.00
7.00 NURSING ADMINISTRATION	13.00	181,522	0		7.00
8.00 PHARMACY	15.00	150,537	0		8.00
9.00 I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,968	0		9.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00	ADULTS & PEDIATRICS	30.00	584,040	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	116,610	0		11.00
12.00	NURSERY	43.00	46,589	0		12.00
13.00	OPERATING ROOM	50.00	205,125	0		13.00
14.00	RECOVERY ROOM	51.00	23,835	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	103,778	0		15.00
16.00	ANESTHESIOLOGY	53.00	3,684	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	109,606	0		17.00
18.00	ULTRA SOUND	54.01	28,467	0		18.00
19.00	NUCLEAR ONCOLOGY	54.02	55,351	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	48,841	0		20.00
21.00	RADIOISOTOPE	56.00	15,882	0		21.00
22.00	CT SCAN	57.00	32,557	0		22.00
23.00	MRI	58.00	31,697	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	87,224	0		24.00
25.00	LABORATORY	60.00	127,697	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	41,365	0		26.00
27.00	RESPIRATORY THERAPY	65.00	66,497	0		27.00
28.00	PHYSICAL THERAPY	66.00	140,980	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	29,693	0		29.00
30.00	ASC (NON-DISTINCT PART)	75.00	81,185	0		30.00
31.00	PSYCH	75.02	15,243	0		31.00
32.00	NEURODIAGNOSTICS	75.03	5,157	0		32.00
33.00	CARDIAC REHABILITATION	76.97	15,041	0		33.00
34.00	GENETIC TESTING	90.03	8,997	0		34.00
35.00	CHRONIC PAIN CLINIC	90.04	6,755	0		35.00
36.00	DIABETES EDUCATION	90.05	7,012	0		36.00
37.00	WOUND CARE	90.06	44,615	0		37.00
39.00	EMERGENCY	91.00	159,198	0		39.00
40.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,654	0		40.00
	TOTALS		2,848,271	0		
M - EMERGENCY INCIDENT						
1.00	OPERATION OF PLANT	7.00	0	12,896		1.00
2.00	HOUSEKEEPING	9.00	0	70,395		2.00
3.00	NURSING ADMINISTRATION	13.00	2,532	0		3.00
5.00	LABORATORY	60.00	0	56		5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	328,894		6.00
	TOTALS		2,532	412,241		
N - PHARMACY PARAMEDICAL EDUCATION PROGR						
1.00	PARAMED ED PRGM-PHARMACY	23.00	101,979	27,534		1.00
	TOTALS		101,979	27,534		
500.00	Grand Total: Increases		4,957,494	71,700,586		500.00

RECLASSIFICATIONS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/26/2022 1:00 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SHARED DIETARY COSTS						
1.00	DIETARY	10.00	690,525	1,001,044	0		1.00
	TOTALS		690,525	1,001,044			
	B - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	51,594,556	0		1.00
	TOTALS		0	51,594,556			
	C - CHARGEABLE MEDICAL SUPPLIES						
1.00	PHARMACY	15.00	0	138	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	59,830	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	24,370	0		3.00
4.00	NURSERY	43.00	0	1,452	0		4.00
5.00	OPERATING ROOM	50.00	0	6,327,524	0		5.00
6.00	RECOVERY ROOM	51.00	0	122	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,960	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	24,477	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,990	0		9.00
10.00	ULTRA SOUND	54.01	0	18	0		10.00
11.00	NUCLEAR ONCOLOGY	54.02	0	72	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,692	0		12.00
13.00	CT SCAN	57.00	0	555	0		13.00
14.00	MRI	58.00	0	599	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,073,218	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	56,434	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	72,290	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	29	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	43	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.00	0	388,278	0		20.00
21.00	NEURODIAGNOSTICS	75.03	0	2,770	0		21.00
23.00	CHRONIC PAIN CLINIC	90.04	0	4,231	0		23.00
25.00	WOUND CARE	90.06	0	26,796	0		25.00
26.00	EMERGENCY	91.00	0	7,924	0		26.00
	TOTALS		0	8,108,812			
	D - COST OF IMPLANTS						
1.00	OPERATING ROOM	50.00	0	7,816,699	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,478,868	0		2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	34,020	0		3.00
	TOTALS		0	9,329,587			
	E - RENAL RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	338,183	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	156,782	0		2.00
3.00	INTRAVENOUS THERAPY	64.00	0	49,678	0		3.00
	TOTALS		0	544,643			
	F - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	407,809	156,516	10		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		407,809	156,516			
	G - LABOR AND DELIVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	418,860	157,059	0		1.00
	TOTALS		418,860	157,059			
	H - PRE ADMISSION TESTING						
1.00	ASC (NON-DISTINCT PART)	75.00	432,782	110,246	0		1.00
2.00	ASC (NON-DISTINCT PART)	75.00	34,818	8,870	0		2.00
3.00	ASC (NON-DISTINCT PART)	75.00	19,918	5,074	0		3.00
	TOTALS		487,518	124,190			
	J - FM RESIDENCY BUILDING						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	244,404	0		1.00
	COSTS APPRV						
	TOTALS		0	244,404			
	L - MANAGEMENT INCENTIVE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,848,271	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
	TOTALS		2,848,271	0			
	M - EMERGENCY INCIDENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,532	412,241	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
	TOTALS		2,532	412,241			
	N - PHARMACY PARAMEDICAL EDUCATION PROGR						
1.00	PHARMACY	15.00	101,979	27,534	0		1.00
	TOTALS		101,979	27,534			
500.00	Grand Total: Decreases		4,957,494	71,700,586			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	29,994,220	0	0	0	100,005	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	298,071,960	10,137,240	0	10,137,240	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	74,360,610	5,708,019	0	5,708,019	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	402,426,790	15,845,259	0	15,845,259	100,005	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	402,426,790	15,845,259	0	15,845,259	100,005	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	29,894,215	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	308,209,200	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	80,068,629	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	418,172,044	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	418,172,044	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	14,720,814	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,171,351	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,892,165	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	14,720,814				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,171,351				2.00
3.00	Total (sum of lines 1-2)	0	21,892,165				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	338,103,415	0	338,103,415	0.808527	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	80,068,629	0	80,068,629	0.191473	0	2.00
3.00	Total (sum of lines 1-2)	418,172,044	0	418,172,044	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,720,814	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,171,351	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,892,165	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	14,720,814	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,171,351	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	21,892,165	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,627,572			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	-13,895,835			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-875,489	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.00
	(3)							
33.01	OTHER INCOME	B	0	OTHER ADMINISTRATIVE AND		5.06	0	33.01
				GENERAL				
33.02	OTHER INCOME	B	14,583	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.02
33.03	OTHER INCOME	B	0	OPERATION OF PLANT		7.00	0	33.03
33.04	OTHER INCOME	B	0	OPERATING ROOM		50.00	0	33.04
33.05	OTHER INCOME	B	0	DIETARY		10.00	0	33.05
33.06	OTHER INCOME	B	0	ANESTHESIOLOGY		53.00	0	33.06
33.07	OTHER INCOME	B	0	RADIOISOTOPE		56.00	0	33.07
33.08	OTHER INCOME	B	0	CARDIAC CATHETERIZATION		59.00	0	33.08
33.09	OTHER INCOME	B	-39,948	EMERGENCY		91.00	0	33.09
33.10	OTHER INCOME	B	48	INTENSIVE CARE UNIT		31.00	0	33.10
33.15	WORK ORDER REVENUE	B	0	OPERATION OF PLANT		7.00	0	33.15
33.17	OTHER INCOME	B	-185,129	ADULTS & PEDIATRICS		30.00	0	33.17
33.19	OTHER INCOME	B	-5,732	PHARMACY		15.00	0	33.19
33.20	OTHER INCOME	B	-4,226	RADIOLOGY-DIAGNOSTIC		54.00	0	33.20
33.21	RENTAL INCOME	B	0	RADIOLOGY-THERAPEUTIC		55.00	0	33.21
33.22	FEE	B	-1,100	DIABETES EDUCATION		90.05	0	33.22
33.23	NUTRITIONAL SUPPLEMENTS	B	116	OPERATING ROOM		50.00	0	33.23
33.24	NUTRITIONAL SUPPLEMENTS	B	183	NURSERY		43.00	0	33.24
33.25	NUTRITIONAL SUPPLEMENTS	B	606	ADULTS & PEDIATRICS		30.00	0	33.25
33.26	NUTRITIONAL SUPPLEMENTS	B	13,551	DIETARY		10.00	0	33.26
33.27	OTHER INCOME	B	0	ULTRA SOUND		54.01	0	33.27
33.28	OTHER INCOME	B	0	CT SCAN		57.00	0	33.28
33.29	OTHER INCOME	B	0	MRI		58.00	0	33.29
33.30	OTHER INCOME	B	0	LABORATORY		60.00	0	33.30
33.31	OTHER INCOME	B	0	RESPIRATORY THERAPY		65.00	0	33.31
33.32	OTHER INCOME	B	0	ELECTROCARDIOLOGY		69.00	0	33.32
34.00	MEDICAID IHA TAX	A	-13,566,634	OTHER ADMINISTRATIVE AND		5.06	0	34.00
				GENERAL				
34.01	NON-REIMBURSABLE COST	A	0	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	34.01
34.02	NON-REIMBURSABLE COST	A	-53,391	PURCHASING		5.03	0	34.02
34.03	NON-REIMBURSABLE COST	A	-189,101	OTHER ADMINISTRATIVE AND		5.06	0	34.03
				GENERAL				
34.04	NON-REIMBURSABLE COST	A	-9,631	OPERATION OF PLANT		7.00	0	34.04
34.05	NON-REIMBURSABLE COST	A	0	LAUNDRY & LINEN SERVICE		8.00	0	34.05
34.06	NON-REIMBURSABLE COST	A	-5,363	HOUSEKEEPING		9.00	0	34.06
34.07	NON-REIMBURSABLE COST	A	23,523	DIETARY		10.00	0	34.07
34.08	NON-REIMBURSABLE COST	A	-15,148	NURSING ADMINISTRATION		13.00	0	34.08
34.09	NON-REIMBURSABLE COST	A	-15,672	PHARMACY		15.00	0	34.09
34.10	NON-REIMBURSABLE COST	A	-4,784	I&R SERVICES-OTHER PRGM		22.00	0	34.10
				COSTS APPRV				
34.11	NON-REIMBURSABLE COST	A	-2,340	ADULTS & PEDIATRICS		30.00	0	34.11
34.12	NON-REIMBURSABLE COST	A	0	INTENSIVE CARE UNIT		31.00	0	34.12
34.13	NON-REIMBURSABLE COST	A	-246	NURSERY		43.00	0	34.13
34.14	NON-REIMBURSABLE COST	A	-384	OPERATING ROOM		50.00	0	34.14
34.15	NON-REIMBURSABLE COST	A	-109	DELIVERY ROOM & LABOR ROOM		52.00	0	34.15
34.16	NON-REIMBURSABLE COST	A	-4,201	RADIOLOGY-DIAGNOSTIC		54.00	0	34.16
34.17	NON-REIMBURSABLE COST	A	0	ULTRA SOUND		54.01	0	34.17
34.18	NON-REIMBURSABLE COST	A	-148	NUCLEAR ONCOLOGY		54.02	0	34.18
34.19	NON-REIMBURSABLE COST	A	-7,518	RADIOLOGY-THERAPEUTIC		55.00	0	34.19
34.20	NON-REIMBURSABLE COST	A	0	CARDIAC CATHETERIZATION		59.00	0	34.20
34.21	NON-REIMBURSABLE COST	A	-23,774	LABORATORY		60.00	0	34.21
34.22	NON-REIMBURSABLE COST	A	-1,573	INTRAVENOUS THERAPY		64.00	0	34.22
34.23	NON-REIMBURSABLE COST	A	-1,321	PHYSICAL THERAPY		66.00	0	34.23
34.24	NON-REIMBURSABLE COST	A	-10	ELECTROCARDIOLOGY		69.00	0	34.24
34.25	NON-REIMBURSABLE COST	A	-870	ASC (NON-DISTINCT PART)		75.00	0	34.25
34.26	NON-REIMBURSABLE COST	A	-120	PSYCH		75.02	0	34.26
34.27	NON-REIMBURSABLE COST	A	-790	CARDIAC REHABILITATION		76.97	0	34.27
34.28	NON-REIMBURSABLE COST	A	-320	CLINIC		90.00	0	34.28
34.29	NON-REIMBURSABLE COST	A	-115	GENETIC TESTING		90.03	0	34.29
34.30	NON-REIMBURSABLE COST	A	-319	WOUND CARE		90.06	0	34.30
34.31	NON-REIMBURSABLE COST	A	0	SLEEP LAB		90.07	0	34.31
34.32	NON-REIMBURSABLE COST	A	-2,224	EMERGENCY		91.00	0	34.32
34.33	NON-REIMBURSABLE COST	A	-7,500	RECOVERY ROOM		51.00	0	34.33
34.34	NON-REIMBURSABLE COST	A	0	NEURODIAGNOSTICS		75.03	0	34.34
37.00	OTHER RENTAL INCOME	B	-492,687	GENETIC TESTING		90.03	0	37.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
37.02	IC RENTAL INCOME	B		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.02
37.05	MEALS AND ENTERTAINMENT	A		0 LABORATORY	60.00	0	37.05
37.06	MEALS AND ENTERTAINMENT	A		0 NURSING ADMINISTRATION	13.00	0	37.06
37.10	MARKETING	A		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.10
40.00	LOBBYING DUES	A		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00	VALET SERVICES	A		0 OPERATION OF PLANT	7.00	0	41.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,988,714				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: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 1:00 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		5.00	OTHER ADMINISTRATIVE AND GEN	57,771,696	76,076,049	1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	19,106,775	14,698,257	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			76,878,471	90,774,306	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	DELCOM	100.00	SYSTEM	100.00	6.00
7.00	B	CADENCE HEALTH	100.00	CADENCE HEALTH	100.00	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: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 1:00 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	-18,304,353	0		1.00
2.00	4,408,518	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-13,895,835			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	SYSTEM		6.00
7.00	HOME OFFICE		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: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-2

Date/Time Prepared:
1/26/2022 1:00 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	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	2,386,302	1,868,382	517,920	211,500	3,411	1.00
2.00	15.00	AGGREGATE-PHARMACY	4,300	4,300	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	206,693	206,693	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	4,555	4,555	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	241,168	241,168	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	484,431	484,431	0	0	0	6.00
7.00	56.00	AGGREGATE-RADIOISOTOPE	11,000	11,000	0	0	0	7.00
8.00	57.00	AGGREGATE-CT SCAN	37,498	37,498	0	0	0	8.00
9.00	58.00	AGGREGATE-MRI	3,000	3,000	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	251,017	251,017	0	0	0	10.00
11.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	2,253	2,253	0	0	0	11.00
12.00	90.00	AGGREGATE-CLINIC	2,535	2,535	0	0	0	12.00
13.00	90.03	AGGREGATE-GENETIC TESTING	9,130	9,130	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	397,844	294,750	103,094	211,500	662	14.00
200.00			4,041,726	3,420,712	621,014		4,073	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	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	346,840	17,342	0	0	0	1.00
2.00	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	7.00
8.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	8.00
9.00	58.00	AGGREGATE-MRI	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	10.00
11.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	0	0	0	0	0	11.00
12.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	12.00
13.00	90.03	AGGREGATE-GENETIC TESTING	0	0	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	67,314	3,366	0	0	0	14.00
200.00			414,154	20,708	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	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	346,840	171,080	2,039,462		1.00
2.00	15.00	AGGREGATE-PHARMACY	0	0	0	4,300		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	206,693		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	4,555		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	241,168		5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	484,431		6.00
7.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	11,000		7.00
8.00	57.00	AGGREGATE-CT SCAN	0	0	0	37,498		8.00
9.00	58.00	AGGREGATE-MRI	0	0	0	3,000		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	251,017		10.00
11.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	0	0	0	2,253		11.00
12.00	90.00	AGGREGATE-CLINIC	0	0	0	2,535		12.00
13.00	90.03	AGGREGATE-GENETIC TESTING	0	0	0	9,130		13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	67,314	35,780	330,530		14.00
200.00			0	414,154	206,860	3,627,572		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	14,720,814	14,720,814			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,171,351		7,171,351		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,622,195	0	0	4,622,195	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	IS	0	0	0	0	5.02
5.03	00560	PURCHASING	1,984,375	452,473	6,331	38,287	5.03
5.04	00570	PT REG	0	156,127	0	0	5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	87,243,233	566,671	158,846	240,388	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	12,303,716	278,629	191,305	71,532	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,067,019	95,965	0	3,091	8.00
9.00	00900	HOUSEKEEPING	3,459,402	213,373	141,289	101,635	9.00
10.00	01000	DIETARY	2,050,382	325,209	71,400	46,125	10.00
11.00	01100	CAFETERIA	816,080	285,790	62,749	37,438	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,890,425	33,108	399,493	127,890	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	4,804,608	132,800	140,459	199,086	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	58,233	0	0	2,972	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,875,644	188,349	3,699	25,191	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	129,513	1,587	0	5,529	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,597,351	4,100,787	382,740	1,039,548	30.00
31.00	03100	INTENSIVE CARE UNIT	5,088,116	628,236	194,678	203,043	31.00
43.00	04300	NURSERY	1,862,903	71,198	52,682	78,817	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,282,190	1,676,722	1,591,359	309,268	50.00
51.00	05100	RECOVERY ROOM	1,138,209	129,995	38,224	48,866	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,972,141	141,585	97,311	159,520	52.00
53.00	05300	ANESTHESIOLOGY	645,456	48,093	25,687	7,968	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,297,426	631,447	358,738	131,139	54.00
54.01	03630	ULTRA SOUND	1,283,362	11,331	62,816	55,608	54.01
54.02	03480	NUCLEAR ONCOLOGY	2,083,333	359,018	355,147	74,999	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,974,248	339,382	58,431	91,167	55.00
56.00	05600	RADIOISOTOPE	1,489,045	41,929	66,304	31,815	56.00
57.00	05700	CT SCAN	1,861,073	63,263	263,704	62,326	57.00
58.00	05800	MRI	1,628,110	127,042	166,722	60,628	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,118,714	505,364	259,906	118,169	59.00
60.00	06000	LABORATORY	13,372,068	513,706	550,758	184,662	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,959,274	99,766	43,282	74,170	64.00
65.00	06500	RESPIRATORY THERAPY	1,899,465	39,382	62,176	77,908	65.00
66.00	06600	PHYSICAL THERAPY	6,477,630	169,488	38,463	276,633	66.00
69.00	06900	ELECTROCARDIOLOGY	2,922,575	108,957	181,501	62,542	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,437,706	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,329,587	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,594,556	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	544,643	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,044,300	634,584	237,747	114,712	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	627,667	0	1,987	26,452	75.02
75.03	07503	NEURODIAGNOSTICS	258,438	67,618	122	10,125	75.03
76.97	07697	CARDIAC REHABILITATION	623,909	174,028	3,143	26,239	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	193,041	0	0	8,374	90.00
90.03	09003	GENETIC TESTING	109,400	123,314	8,981	24,488	90.03
90.04	09004	CHRONIC PAIN CLINIC	370,409	106,262	8,904	12,194	90.04
90.05	09005	DIABETES EDUCATION	12,558	0	568	631	90.05
90.06	09006	WOUND CARE	1,783,560	99,766	0	57,141	90.06
90.07	09007	SLEEP LAB	0	0	0	0	90.07
91.00	09100	EMERGENCY	7,684,191	916,757	215,896	290,904	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	323,763,644	14,659,101	6,503,548	4,619,220	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,515,473	61,713	132	2,975	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,277,848	0	667,671	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	333,556,965	14,720,814	7,171,351	4,622,195	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	IS	0				5.02
5.03	00560	PURCHASING	0	2,481,466			5.03
5.04	00570	PT REG	0	0	156,127		5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	28,839	58	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	14,679	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	633	0	0	8.00
9.00	00900	HOUSEKEEPING	0	23,396	0	0	9.00
10.00	01000	DIETARY	0	4,914	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,445	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	16,321	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	61,210	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	2,092,883	23.00
						136,629	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	141,404	12,382	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	42,942	2,575	0	31.00
43.00	04300	NURSERY	0	3,335	911	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	132,339	13,376	0	50.00
51.00	05100	RECOVERY ROOM	0	4,128	1,193	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,342	1,616	0	52.00
53.00	05300	ANESTHESIOLOGY	0	31,139	3,262	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,457	3,510	0	54.00
54.01	03630	ULTRA SOUND	0	1,534	2,470	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	2,777	3,266	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,897	1,829	0	55.00
56.00	05600	RADIOISOTOPE	0	49,276	1,937	0	56.00
57.00	05700	CT SCAN	0	36,640	11,345	0	57.00
58.00	05800	MRI	0	19,722	5,154	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,403	3,211	0	59.00
60.00	06000	LABORATORY	0	95,532	13,096	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	22,058	1,116	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,239	1,643	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,218	3,857	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,276	4,761	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	712,310	7,695	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	819,541	4,901	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	33,276	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	366	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	32,786	2,531	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	239	247	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	26	414	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	934	189	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2	149	0	90.00
90.03	09003	GENETIC TESTING	0	828	22	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	4,893	550	0	90.04
90.05	09005	DIABETES EDUCATION	0	32	0	0	90.05
90.06	09006	WOUND CARE	0	35,019	913	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	69,569	12,306	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,459,069	156,127	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,715	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,682	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,481,466	156,127	0	333,556,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	88,238,035					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,625,525	0	17,485,386			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	419,650	0	126,478	1,712,836		8.00
9.00	00900	HOUSEKEEPING	1,416,841	0	281,220	0	5,637,156	9.00
10.00	01000	DIETARY	898,509	0	428,616	0	141,481	10.00
11.00	01100	CAFETERIA	432,364	0	376,662	0	124,332	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,241,769	0	43,635	0	14,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,903,922	0	175,027	0	57,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	22,016	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	752,783	0	248,238	0	81,941	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	49,144	0	2,092	0	690	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,608,614	0	5,404,713	684,019	1,784,038	30.00
31.00	03100	INTENSIVE CARE UNIT	2,215,524	0	827,995	110,907	273,312	31.00
43.00	04300	NURSERY	744,497	0	93,837	19,278	30,975	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,037,508	0	2,209,868	5,484	729,453	50.00
51.00	05100	RECOVERY ROOM	489,396	0	171,329	78,714	56,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,581,729	0	186,604	199,706	61,596	52.00
53.00	05300	ANESTHESIOLOGY	273,939	0	63,385	0	20,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,596,908	0	832,227	103,705	274,709	54.00
54.01	03630	ULTRA SOUND	509,720	0	14,934	46,164	4,930	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,035,373	0	473,175	0	156,190	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,254,212	0	447,295	0	147,647	55.00
56.00	05600	RADIOISOTOPE	604,384	0	55,261	9,584	18,241	56.00
57.00	05700	CT SCAN	826,687	0	83,378	54,412	27,522	57.00
58.00	05800	MRI	722,028	0	167,438	21,575	55,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,451,613	0	666,054	0	219,857	59.00
60.00	06000	LABORATORY	5,298,125	0	677,048	0	223,486	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	791,191	0	131,489	0	43,403	64.00
65.00	06500	RESPIRATORY THERAPY	750,959	0	51,905	0	17,133	65.00
66.00	06600	PHYSICAL THERAPY	2,507,122	0	223,380	0	73,735	66.00
69.00	06900	ELECTROCARDIOLOGY	1,181,073	0	143,602	48,289	47,401	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,293,910	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,652,272	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,569,865	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	196,033	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,462,725	0	836,362	139,431	276,074	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	236,168	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	121,122	0	89,119	0	29,417	75.03
76.97	07697	CARDIAC REHABILITATION	297,980	0	229,364	0	75,710	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	72,501	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	96,048	0	162,525	0	53,648	90.03
90.04	09004	CHRONIC PAIN CLINIC	180,999	0	140,050	0	46,229	90.04
90.05	09005	DIABETES EDUCATION	4,960	0	0	0	0	90.05
90.06	09006	WOUND CARE	710,885	0	131,489	0	43,403	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	3,305,388	0	1,208,257	191,568	398,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,443,981	0	17,404,051	1,712,836	5,610,308	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	570,826	0	81,335	0	26,848	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,223,228	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	88,238,035	0	17,485,386	1,712,836	5,637,156	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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1/26/2022 1:00 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,966,636					10.00
11.00	01100	CAFETERIA	0	2,135,415				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	58,917	0	4,811,085		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	79,930	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	24	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	48	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,440,405	588,693	0	1,901,755	0	30.00
31.00	03100	INTENSIVE CARE UNIT	526,231	97,593	0	422,109	0	31.00
43.00	04300	NURSERY	0	25,109	0	169,020	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	173,740	0	464,669	0	50.00
51.00	05100	RECOVERY ROOM	0	19,519	0	101,563	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	73,352	0	291,334	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,350	0	2,460	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	74,123	0	5,391	0	54.00
54.01	03630	ULTRA SOUND	0	25,977	0	1,296	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	29,374	0	20,569	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	64,436	0	148,545	0	55.00
56.00	05600	RADIOISOTOPE	0	15,422	0	1,535	0	56.00
57.00	05700	CT SCAN	0	32,820	0	2,195	0	57.00
58.00	05800	MRI	0	29,158	0	1,654	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	49,616	0	147,281	0	59.00
60.00	06000	LABORATORY	0	128,004	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	34,483	0	170,511	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	41,953	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	155,884	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	31,543	0	67,916	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	55,737	0	209,668	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	16,458	0	3,252	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	5,615	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	15,446	0	39,144	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,217	0	7,831	0	90.00
90.03	09003	GENETIC TESTING	0	15,856	0	43,812	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	6,819	0	23,337	0	90.04
90.05	09005	DIABETES EDUCATION	0	627	0	950	0	90.05
90.06	09006	WOUND CARE	0	28,338	0	58,361	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	146,824	0	504,927	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,966,636	2,133,005	0	4,811,085	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,410	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,966,636	2,135,415	0	4,811,085	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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1/26/2022 1:00 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,509,927					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,509,927	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	0	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,509,927	0	0	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,509,927	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	83,250					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		3,175,845				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			188,603			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,867	1,902,333	21,762	59,660,411	-1,952,200	30.00
31.00	03100	INTENSIVE CARE UNIT	7,409	282,650	21,762	10,945,082	-290,059	31.00
43.00	04300	NURSERY	0	0	0	3,152,562	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	22,625,976	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,277,690	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,791,836	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,129,662	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,326,780	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,020,142	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	4,593,221	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,762	5,570,851	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,384,733	0	56.00
57.00	05700	CT SCAN	0	0	0	3,325,365	0	57.00
58.00	05800	MRI	0	0	0	3,004,500	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,570,188	0	59.00
60.00	06000	LABORATORY	0	0	0	21,056,485	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,370,743	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,076	269,947	0	3,226,786	-277,023	65.00
66.00	06600	PHYSICAL THERAPY	5,661	215,957	0	10,152,028	-221,618	66.00
69.00	06900	ELECTROCARDIOLOGY	8,991	342,991	0	5,155,418	-351,982	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,451,621	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,806,301	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	123,317	77,830,941	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	741,042	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	7,046,657	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	912,470	0	75.02
75.03	07503	NEURODIAGNOSTICS	1,415	53,989	0	637,420	-55,404	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,486,086	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	286,115	0	90.00
90.03	09003	GENETIC TESTING	0	0	0	638,922	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	900,646	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	20,326	0	90.05
90.06	09006	WOUND CARE	1,915	73,044	0	3,023,834	-74,959	90.06
90.07	09007	SLEEP LAB	916	34,934	0	35,850	-35,850	90.07
91.00	09100	EMERGENCY	0	0	0	14,945,419	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00		23.00	24.00	25.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,250	3,175,845	188,603	319,104,109	-3,259,095	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,268,427	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	12,184,429	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	83,250	3,175,845	188,603	333,556,965	-3,259,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 09/01/2020
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	IS	5.02
5.03	00560	PURCHASING	5.03
5.04	00570	PT REG	5.04
5.05	00580	PT ACCTS	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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
54.01	03630	ULTRA SOUND	54.01
54.02	03480	NUCLEAR ONCOLOGY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	LITHOTRIPSY	75.01
75.02	07502	PSYCH	75.02
75.03	07503	NEURODIAGNOSTICS	75.03
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.03	09003	GENETIC TESTING	90.03
90.04	09004	CHRONIC PAIN CLINIC	90.04
90.05	09005	DIABETES EDUCATION	90.05
90.06	09006	WOUND CARE	90.06
90.07	09007	SLEEP LAB	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	HOME HEALTH AGENCY	0	192.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	330,297,870	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	IS	0	0	0	0	5.02
5.03	00560	PURCHASING	0	452,473	6,331	458,804	5.03
5.04	00570	PT REG	0	156,127	0	156,127	5.04
5.05	00580	PT ACCTS	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	8,986,255	566,671	158,846	9,711,772	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	278,629	191,305	469,934	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	95,965	0	95,965	8.00
9.00	00900	HOUSEKEEPING	0	213,373	141,289	354,662	9.00
10.00	01000	DIETARY	0	325,209	71,400	396,609	10.00
11.00	01100	CAFETERIA	0	285,790	62,749	348,539	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	33,108	399,493	432,601	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	132,800	140,459	273,259	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	45	188,349	3,699	192,093	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	1,587	0	1,587	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	168,807	4,100,787	382,740	4,652,334	30.00
31.00	03100	INTENSIVE CARE UNIT	14,646	628,236	194,678	837,560	31.00
43.00	04300	NURSERY	0	71,198	52,682	123,880	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,676,722	1,591,359	3,268,081	50.00
51.00	05100	RECOVERY ROOM	0	129,995	38,224	168,219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	141,585	97,311	238,896	52.00
53.00	05300	ANESTHESIOLOGY	0	48,093	25,687	73,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	203	631,447	358,738	990,388	54.00
54.01	03630	ULTRA SOUND	0	11,331	62,816	74,147	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	359,018	355,147	714,165	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	339,382	58,431	397,813	55.00
56.00	05600	RADIOISOTOPE	0	41,929	66,304	108,233	56.00
57.00	05700	CT SCAN	0	63,263	263,704	326,967	57.00
58.00	05800	MRI	0	127,042	166,722	293,764	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	505,364	259,906	765,270	59.00
60.00	06000	LABORATORY	0	513,706	550,758	1,064,464	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	99,766	43,282	143,048	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,382	62,176	101,558	65.00
66.00	06600	PHYSICAL THERAPY	8,428	169,488	38,463	216,379	66.00
69.00	06900	ELECTROCARDIOLOGY	0	108,957	181,501	290,458	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	634,584	237,747	872,331	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	1,987	1,987	75.02
75.03	07503	NEURODIAGNOSTICS	0	67,618	122	67,740	75.03
76.97	07697	CARDIAC REHABILITATION	90	174,028	3,143	177,261	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	23	0	0	23	90.00
90.03	09003	GENETIC TESTING	45	123,314	8,981	132,340	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	106,262	8,904	115,166	90.04
90.05	09005	DIABETES EDUCATION	0	0	568	568	90.05
90.06	09006	WOUND CARE	0	99,766	0	99,766	90.06
90.07	09007	SLEEP LAB	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	916,757	215,896	1,132,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,178,542	14,659,101	6,503,548	30,341,191	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	760,892	61,713	132	822,737	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	667,671	667,671	0 192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0 192.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	9,939,434	14,720,814	7,171,351	31,831,599	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	IS	0	0				5.02
5.03	00560	PURCHASING	0	0	458,804			5.03
5.04	00570	PT REG	0	0	0	156,127		5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	5,332	58	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	2,714	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	117	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,326	0	0	9.00
10.00	01000	DIETARY	0	0	909	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	267	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	3,018	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	26,145	12,382	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,940	2,575	0	31.00
43.00	04300	NURSERY	0	0	617	911	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	24,469	13,376	0	50.00
51.00	05100	RECOVERY ROOM	0	0	763	1,193	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,686	1,616	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,758	3,262	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,228	3,510	0	54.00
54.01	03630	ULTRA SOUND	0	0	284	2,470	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	513	3,266	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,049	1,829	0	55.00
56.00	05600	RADIOISOTOPE	0	0	9,111	1,937	0	56.00
57.00	05700	CT SCAN	0	0	6,775	11,345	0	57.00
58.00	05800	MRI	0	0	3,646	5,154	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,621	3,211	0	59.00
60.00	06000	LABORATORY	0	0	17,664	13,096	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	4,078	1,116	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,338	1,643	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	780	3,857	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	606	4,761	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	131,703	7,695	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	151,518	4,901	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,276	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	366	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	6,062	2,531	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	44	247	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	5	414	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	173	189	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	149	0	90.00
90.03	09003	GENETIC TESTING	0	0	153	22	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	905	550	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	6	0	0	90.05
90.06	09006	WOUND CARE	0	0	6,475	913	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	12,863	12,306	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	454,662	156,127	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,242	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
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1/26/2022 1:00 pm

Cost Center Description			NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
			5.01	5.02	5.03	5.04	5.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,900	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	458,804	156,127	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,717,162					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	509,379	0	982,027			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,213	0	7,103	149,398		8.00
9.00	00900	HOUSEKEEPING	156,028	0	15,794	0	530,810	9.00
10.00	01000	DIETARY	98,947	0	24,072	0	13,322	10.00
11.00	01100	CAFETERIA	47,613	0	21,154	0	11,707	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	136,748	0	2,451	0	1,356	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	209,667	0	9,830	0	5,440	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,425	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	82,899	0	13,942	0	7,716	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	5,412	0	117	0	65	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,278,382	0	303,544	59,661	167,992	30.00
31.00	03100	INTENSIVE CARE UNIT	243,981	0	46,502	9,674	25,736	31.00
43.00	04300	NURSERY	81,987	0	5,270	1,682	2,917	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	554,748	0	124,112	478	68,687	50.00
51.00	05100	RECOVERY ROOM	53,894	0	9,622	6,866	5,325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	174,186	0	10,480	17,419	5,800	52.00
53.00	05300	ANESTHESIOLOGY	30,167	0	3,560	0	1,970	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,857	0	46,740	9,045	25,867	54.00
54.01	03630	ULTRA SOUND	56,132	0	839	4,026	464	54.01
54.02	03480	NUCLEAR ONCOLOGY	114,019	0	26,575	0	14,707	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	138,118	0	25,121	0	13,903	55.00
56.00	05600	RADIOISOTOPE	66,557	0	3,104	836	1,718	56.00
57.00	05700	CT SCAN	91,038	0	4,683	4,746	2,592	57.00
58.00	05800	MRI	79,512	0	9,404	1,882	5,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	159,857	0	37,407	0	20,702	59.00
60.00	06000	LABORATORY	583,448	0	38,025	0	21,044	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	87,129	0	7,385	0	4,087	64.00
65.00	06500	RESPIRATORY THERAPY	82,698	0	2,915	0	1,613	65.00
66.00	06600	PHYSICAL THERAPY	276,093	0	12,546	0	6,943	66.00
69.00	06900	ELECTROCARDIOLOGY	130,064	0	8,065	4,212	4,463	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	362,737	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	402,201	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,045,058	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	21,588	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	161,080	0	46,972	12,162	25,996	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	26,008	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	13,338	0	5,005	0	2,770	75.03
76.97	07697	CARDIAC REHABILITATION	32,815	0	12,882	0	7,129	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,984	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	10,577	0	9,128	0	5,052	90.03
90.04	09004	CHRONIC PAIN CLINIC	19,932	0	7,866	0	4,353	90.04
90.05	09005	DIABETES EDUCATION	546	0	0	0	0	90.05
90.06	09006	WOUND CARE	78,285	0	7,385	0	4,087	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	364,001	0	67,859	16,709	37,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,299,348	0	977,459	149,398	528,282	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,861	0	4,568	0	2,528	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	354,953	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,717,162	0	982,027	149,398	530,810	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	533,859					10.00
11.00	01100	CAFETERIA	0	429,013				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	11,837	0	585,260		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	16,058	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	10	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	463,035	118,269	0	231,343	0	30.00
31.00	03100	INTENSIVE CARE UNIT	70,824	19,607	0	51,349	0	31.00
43.00	04300	NURSERY	0	5,045	0	20,561	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,905	0	56,526	0	50.00
51.00	05100	RECOVERY ROOM	0	3,921	0	12,355	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,737	0	35,440	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,477	0	299	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,892	0	656	0	54.00
54.01	03630	ULTRA SOUND	0	5,219	0	158	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	5,901	0	2,502	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,945	0	18,070	0	55.00
56.00	05600	RADIOISOTOPE	0	3,098	0	187	0	56.00
57.00	05700	CT SCAN	0	6,594	0	267	0	57.00
58.00	05800	MRI	0	5,858	0	201	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,968	0	17,916	0	59.00
60.00	06000	LABORATORY	0	25,716	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	6,928	0	20,742	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,429	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	31,318	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,337	0	8,262	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	11,198	0	25,506	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	3,307	0	396	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	1,128	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	3,103	0	4,762	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	847	0	953	0	90.00
90.03	09003	GENETIC TESTING	0	3,186	0	5,330	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	1,370	0	2,839	0	90.04
90.05	09005	DIABETES EDUCATION	0	126	0	116	0	90.05
90.06	09006	WOUND CARE	0	5,693	0	7,100	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	29,497	0	61,424	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	533,859	428,529	0	585,260	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
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To 08/31/2021Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	484	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	533,859	429,013	0	585,260	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	517,272					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
43.00	04300	NURSERY	0	0	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
54.01	03630	ULTRA SOUND	0	0	0			54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MRI	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	517,272	0	0			73.00
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	07501	LITHOTRIPSY	0	0	0			75.01
75.02	07502	PSYCH	0	0	0			75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0			75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
90.03	09003	GENETIC TESTING	0	0	0			90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0			90.04
90.05	09005	DIABETES EDUCATION	0	0	0			90.05
90.06	09006	WOUND CARE	0	0	0			90.06
90.07	09007	SLEEP LAB	0	0	0			90.07
91.00	09100	EMERGENCY	0	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	517,272	0	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0			192.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	517,272	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,431					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		296,650				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			7,191			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				7,313,087	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,315,748	0	31.00
43.00	04300	NURSERY				242,870	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,145,382	0	50.00
51.00	05100	RECOVERY ROOM				262,158	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				503,260	0	52.00
53.00	05300	ANESTHESIOLOGY				120,273	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,270,183	0	54.00
54.01	03630	ULTRA SOUND				143,739	0	54.01
54.02	03480	NUCLEAR ONCOLOGY				881,648	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC				611,848	0	55.00
56.00	05600	RADIOISOTOPE				194,781	0	56.00
57.00	05700	CT SCAN				455,007	0	57.00
58.00	05800	MRI				404,625	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,019,952	0	59.00
60.00	06000	LABORATORY				1,763,457	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
64.00	06400	INTRAVENOUS THERAPY				274,513	0	64.00
65.00	06500	RESPIRATORY THERAPY				200,194	0	65.00
66.00	06600	PHYSICAL THERAPY				547,916	0	66.00
69.00	06900	ELECTROCARDIOLOGY				457,228	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				502,135	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				558,620	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,595,606	0	73.00
74.00	07400	RENAL DIALYSIS				21,954	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				1,163,838	0	75.00
75.01	07501	LITHOTRIPSY				0	0	75.01
75.02	07502	PSYCH				31,989	0	75.02
75.03	07503	NEURODIAGNOSTICS				90,400	0	75.03
76.97	07697	CARDIAC REHABILITATION				238,314	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				9,956	0	90.00
90.03	09003	GENETIC TESTING				165,788	0	90.03
90.04	09004	CHRONIC PAIN CLINIC				152,981	0	90.04
90.05	09005	DIABETES EDUCATION				1,362	0	90.05
90.06	09006	WOUND CARE				209,704	0	90.06
90.07	09007	SLEEP LAB				0	0	90.07
91.00	09100	EMERGENCY				1,734,867	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	29,605,383	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				894,420	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				1,025,524	0	192.00
192.01	19201	HOME HEALTH AGENCY				0	0	192.01
200.00		Cross Foot Adjustments	2,431	296,650	7,191	306,272	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,431	296,650	7,191	31,831,599	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0211

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	IS	5.02
5.03	00560	PURCHASING	5.03
5.04	00570	PT REG	5.04
5.05	00580	PT ACCTS	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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
54.01	03630	ULTRA SOUND	54.01
54.02	03480	NUCLEAR ONCOLOGY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	LITHOTRIPSY	75.01
75.02	07502	PSYCH	75.02
75.03	07503	NEURODIAGNOSTICS	75.03
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.03	09003	GENETIC TESTING	90.03
90.04	09004	CHRONIC PAIN CLINIC	90.04
90.05	09005	DIABETES EDUCATION	90.05
90.06	09006	WOUND CARE	90.06
90.07	09007	SLEEP LAB	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	HOME HEALTH AGENCY	0	192.01
200.00		Cross Foot Adjustments	306,272	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	31,831,599	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT)	IS (GROSS REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NEW MME DEPT)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	398,836					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,022,639				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	85,253,758			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	1,749		5.01
5.02	00550	IS	0	0	0	82	2,043,509,116	5.02
5.03	00560	PURCHASING	12,259	7,082	706,184	20	0	5.03
5.04	00570	PT REG	4,230	0	0	49	0	5.04
5.05	00580	PT ACCTS	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	15,353	177,702	4,433,816	123	768,924	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,549	214,014	1,319,359	66	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,600	0	57,004	1	0	8.00
9.00	00900	HOUSEKEEPING	5,781	158,061	1,874,601	14	0	9.00
10.00	01000	DIETARY	8,811	79,876	850,753	12	0	10.00
11.00	01100	CAFETERIA	7,743	70,198	690,525	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	897	446,916	2,358,850	2	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,598	157,132	3,672,030	30	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	54,815	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,103	4,138	464,634	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	43	0	101,979	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,104	428,174	19,173,981	332	162,922,649	30.00
31.00	03100	INTENSIVE CARE UNIT	17,021	217,788	3,745,009	47	33,884,891	31.00
43.00	04300	NURSERY	1,929	58,936	1,453,735	39	11,980,561	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,428	1,780,262	5,704,267	70	175,999,422	50.00
51.00	05100	RECOVERY ROOM	3,522	42,762	901,298	10	15,702,872	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,836	108,862	2,942,249	61	21,258,270	52.00
53.00	05300	ANESTHESIOLOGY	1,303	28,736	146,962	13	42,923,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,108	401,323	2,418,782	92	46,187,011	54.00
54.01	03630	ULTRA SOUND	307	70,273	1,025,657	7	32,500,776	54.01
54.02	03480	NUCLEAR ONCOLOGY	9,727	397,306	1,383,308	20	42,979,523	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	9,195	65,367	1,681,528	23	24,059,761	55.00
56.00	05600	RADIOISOTOPE	1,136	74,175	586,806	11	25,487,947	56.00
57.00	05700	CT SCAN	1,714	295,007	1,149,557	13	149,278,294	57.00
58.00	05800	MRI	3,442	186,513	1,118,253	12	67,811,201	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,692	290,759	2,179,551	45	42,251,818	59.00
60.00	06000	LABORATORY	13,918	616,137	3,405,982	84	172,311,210	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,703	48,420	1,368,015	32	14,680,762	64.00
65.00	06500	RESPIRATORY THERAPY	1,067	69,557	1,436,965	24	21,617,327	65.00
66.00	06600	PHYSICAL THERAPY	4,592	43,029	5,102,324	64	50,746,059	66.00
69.00	06900	ELECTROCARDIOLOGY	2,952	203,046	1,153,553	46	62,650,933	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	101,256,180	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	64,491,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	427,017,703	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,816,927	74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,193	265,969	2,115,789	74	33,304,555	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	2,223	487,899	0	3,255,765	75.02
75.03	07503	NEURODIAGNOSTICS	1,832	137	186,742	1	5,448,528	75.03
76.97	07697	CARDIAC REHABILITATION	4,715	3,516	483,957	29	2,483,348	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	154,459	0	1,962,851	90.00
90.03	09003	GENETIC TESTING	3,341	10,047	451,675	2	293,065	90.03
90.04	09004	CHRONIC PAIN CLINIC	2,879	9,961	224,913	30	7,239,369	90.04
90.05	09005	DIABETES EDUCATION	0	635	11,638	7	0	90.05
90.06	09006	WOUND CARE	2,703	0	1,053,928	10	12,012,663	90.06
90.07	09007	SLEEP LAB	0	0	0	2	0	90.07
91.00	09100	EMERGENCY	24,838	241,524	5,365,548	136	161,922,811	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT T)	IS (GROSS REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NEW MME DEPT)				
			1.00	2.00	4.00	5.01	5.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	397,164	7,275,563	85,198,880	1,744	2,043,509,116	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,672	148	54,878	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	746,928	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
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)	14,720,814	7,171,351	4,622,195	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.909441	0.893889	0.054217	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

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Cost Center Description			PURCHASING (PURCHASING)	PT REG (GROSS REVE NUE)	PT ACCTS (GROSS REVE NUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING	28,248,642					5.03
5.04	00570	PT REG	0	2,043,509,116				5.04
5.05	00580	PT ACCTS	0	0	2,043,509,116			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	328,296	768,924	768,924	-88,238,035	245,318,930	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	167,107	0	0	0	12,859,861	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,207	0	0	0	1,166,708	8.00
9.00	00900	HOUSEKEEPING	266,339	0	0	0	3,939,095	9.00
10.00	01000	DIETARY	55,941	0	0	0	2,498,030	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,202,057	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	16,445	0	0	0	3,452,361	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	185,797	0	0	0	5,293,274	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	57	0	0	0	61,210	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,092,883	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	136,629	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,609,719	162,922,649	162,922,649	0	32,274,212	30.00
31.00	03100	INTENSIVE CARE UNIT	488,841	33,884,891	33,884,891	0	6,159,590	31.00
43.00	04300	NURSERY	37,964	11,980,561	11,980,561	0	2,069,846	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,506,525	175,999,422	175,999,422	0	14,005,254	50.00
51.00	05100	RECOVERY ROOM	46,989	15,702,872	15,702,872	0	1,360,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	288,494	21,258,270	21,258,270	0	4,397,515	52.00
53.00	05300	ANESTHESIOLOGY	354,486	42,923,682	42,923,682	0	761,605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,728	46,187,011	46,187,011	0	4,439,717	54.00
54.01	03630	ULTRA SOUND	17,460	32,500,776	32,500,776	0	1,417,121	54.01
54.02	03480	NUCLEAR ONCOLOGY	31,613	42,979,523	42,979,523	0	2,878,540	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	249,270	24,059,761	24,059,761	0	3,486,954	55.00
56.00	05600	RADIOISOTOPE	560,951	25,487,947	25,487,947	0	1,680,306	56.00
57.00	05700	CT SCAN	417,103	149,278,294	149,278,294	0	2,298,351	57.00
58.00	05800	MRI	224,508	67,811,201	67,811,201	0	2,007,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	346,102	42,251,818	42,251,818	0	4,035,767	59.00
60.00	06000	LABORATORY	1,087,523	172,311,210	172,311,210	0	14,729,822	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	251,102	14,680,762	14,680,762	0	2,199,666	64.00
65.00	06500	RESPIRATORY THERAPY	82,404	21,617,327	21,617,327	0	2,087,813	65.00
66.00	06600	PHYSICAL THERAPY	48,017	50,746,059	50,746,059	0	6,970,289	66.00
69.00	06900	ELECTROCARDIOLOGY	37,294	62,650,933	62,650,933	0	3,283,612	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,108,812	101,256,180	101,256,180	0	9,157,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,329,588	64,491,458	64,491,458	0	10,154,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	427,017,703	427,017,703	0	51,627,832	73.00
74.00	07400	RENAL DIALYSIS	0	4,816,927	4,816,927	0	545,009	74.00
75.00	07500	ASC (NON-DISTINCT PART)	373,229	33,304,555	33,304,555	0	4,066,660	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	2,722	3,255,765	3,255,765	0	656,592	75.02
75.03	07503	NEURODIAGNOSTICS	300	5,448,528	5,448,528	0	336,743	75.03
76.97	07697	CARDIAC REHABILITATION	10,632	2,483,348	2,483,348	0	828,442	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21	1,962,851	1,962,851	0	201,566	90.00
90.03	09003	GENETIC TESTING	9,422	293,065	293,065	0	267,033	90.03
90.04	09004	CHRONIC PAIN CLINIC	55,705	7,239,369	7,239,369	0	503,212	90.04
90.05	09005	DIABETES EDUCATION	362	0	0	0	13,789	90.05
90.06	09006	WOUND CARE	398,645	12,012,663	12,012,663	0	1,976,399	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	791,959	161,922,811	161,922,811	0	9,189,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,993,679	2,043,509,116	2,043,509,116	-88,238,035	234,770,721	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		PURCHASING (PURCHASING)	PT REG (GROSS REVE NUE)	PT ACCTS (GROSS REVE NUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76,441	0	0	1,587,008	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	178,522	0	0	8,961,201	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,481,466	156,127	0	88,238,035	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.087844	0.000076	0.000000	0.359687	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	458,804	156,127	0	9,717,162	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016242	0.000076	0.000000	0.039610	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: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	IS					5.02
5.03	00560	PURCHASING					5.03
5.04	00570	PT REG					5.04
5.05	00580	PT ACCTS					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	359,445			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,600	728,641		8.00
9.00	00900	HOUSEKEEPING	0	5,781	0	351,064	9.00
10.00	01000	DIETARY	0	8,811	0	8,811	10.00
11.00	01100	CAFETERIA	0	7,743	0	7,743	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	897	0	897	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	3,598	0	3,598	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,103	0	5,103	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	43	0	43	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	111,104	290,982	111,104	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,021	47,180	17,021	31.00
43.00	04300	NURSERY	0	1,929	8,201	1,929	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	45,428	2,333	45,428	50.00
51.00	05100	RECOVERY ROOM	0	3,522	33,485	3,522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,836	84,955	3,836	52.00
53.00	05300	ANESTHESIOLOGY	0	1,303	0	1,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,108	44,116	17,108	54.00
54.01	03630	ULTRA SOUND	0	307	19,638	307	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	9,727	0	9,727	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,195	0	9,195	55.00
56.00	05600	RADIOISOTOPE	0	1,136	4,077	1,136	56.00
57.00	05700	CT SCAN	0	1,714	23,147	1,714	57.00
58.00	05800	MRI	0	3,442	9,178	3,442	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,692	0	13,692	59.00
60.00	06000	LABORATORY	0	13,918	0	13,918	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	2,703	0	2,703	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,067	0	1,067	65.00
66.00	06600	PHYSICAL THERAPY	0	4,592	0	4,592	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,952	20,542	2,952	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	17,193	59,314	17,193	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	1,832	0	1,832	75.03
76.97	07697	CARDIAC REHABILITATION	0	4,715	0	4,715	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	0	3,341	0	3,341	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	2,879	0	2,879	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	2,703	0	2,703	90.06
90.07	09007	SLEEP LAB	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	24,838	81,493	24,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	357,773	728,641	349,392	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,672	0	1,672	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	17,485,386	1,712,836	5,637,156	3,966,636	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	48.645512	2.350727	16.057346	36.452691	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	982,027	149,398	530,810	533,859	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.732065	0.205036	1.512004	4.906071	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: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			CAFETERIA (NUMBER OF FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF S ERV)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY S TAT)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	88,617					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,445	0	764,844			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	3,317	0	0	0	51,594,556	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	2	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,430	0	302,332	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,050	0	67,105	0	0	31.00
43.00	04300	NURSERY	1,042	0	26,870	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,210	0	73,871	0	0	50.00
51.00	05100	RECOVERY ROOM	810	0	16,146	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,044	0	46,315	0	0	52.00
53.00	05300	ANESTHESIOLOGY	305	0	391	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,076	0	857	0	0	54.00
54.01	03630	ULTRA SOUND	1,078	0	206	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	1,219	0	3,270	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,674	0	23,615	0	0	55.00
56.00	05600	RADIOISOTOPE	640	0	244	0	0	56.00
57.00	05700	CT SCAN	1,362	0	349	0	0	57.00
58.00	05800	MRI	1,210	0	263	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,059	0	23,414	0	0	59.00
60.00	06000	LABORATORY	5,312	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,431	0	27,107	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,741	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,469	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,309	0	10,797	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	51,594,556	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,313	0	33,332	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	683	0	517	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	233	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	641	0	6,223	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	175	0	1,245	0	0	90.00
90.03	09003	GENETIC TESTING	658	0	6,965	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	283	0	3,710	0	0	90.04
90.05	09005	DIABETES EDUCATION	26	0	151	0	0	90.05
90.06	09006	WOUND CARE	1,176	0	9,278	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	6,093	0	80,271	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		CAFETERIA (NUMBER OF FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF S ERV)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY S TAT)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	88,517	0	764,844	0	51,594,556	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	100	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,135,415	0	4,811,085	0	7,509,927	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.097126	0.000000	6.290283	0.000000	0.145557	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	429,013	0	585,260	0	517,272	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.841204	0.000000	0.765202	0.000000	0.010026	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: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	IS						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	PT REG						5.04
5.05	00580	PT ACCTS						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,042,740,192					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			1,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,922,649	0	0	0	599	30.00
31.00	03100	INTENSIVE CARE UNIT	33,884,891	0	0	0	89	31.00
43.00	04300	NURSERY	11,980,561	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	175,999,422	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	15,702,872	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,258,270	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	42,923,682	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,187,011	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	32,500,776	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	42,979,523	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	24,059,761	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	25,487,947	0	0	0	0	56.00
57.00	05700	CT SCAN	149,278,294	0	0	0	0	57.00
58.00	05800	MRI	67,811,201	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,251,818	0	0	0	0	59.00
60.00	06000	LABORATORY	172,311,210	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	14,680,762	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,617,327	0	0	0	85	65.00
66.00	06600	PHYSICAL THERAPY	50,746,059	0	0	0	68	66.00
69.00	06900	ELECTROCARDIOLOGY	62,650,933	0	0	0	108	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	101,256,180	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,491,458	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	427,017,703	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,816,927	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	33,304,555	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	3,255,765	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	5,448,528	0	0	0	17	75.03
76.97	07697	CARDIAC REHABILITATION	2,483,348	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,962,851	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	293,065	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	7,239,369	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	12,012,663	0	0	0	23	90.06
90.07	09007	SLEEP LAB	0	0	0	0	11	90.07
91.00	09100	EMERGENCY	161,922,811	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,042,740,192	0	0	0	1,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	83,250	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	83.250000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	2,431	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	2.431000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B-1
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-OTHER		
			PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	IS			5.02
5.03	00560	PURCHASING			5.03
5.04	00570	PT REG			5.04
5.05	00580	PT ACCTS			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,000		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		52	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	599	6	30.00
31.00	03100	INTENSIVE CARE UNIT	89	6	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85	0	65.00
66.00	06600	PHYSICAL THERAPY	68	0	66.00
69.00	06900	ELECTROCARDIOLOGY	108	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	75.01
75.02	07502	PSYCH	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	17	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.03	09003	GENETIC TESTING	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	90.05
90.06	09006	WOUND CARE	23	0	90.06
90.07	09007	SLEEP LAB	11	0	90.07
91.00	09100	EMERGENCY	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet B-1
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00	23.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	52	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOME HEALTH AGENCY	0	0	192.01
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)	3,175,845	188,603	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,175.845000	3,626.980769	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	296,650	7,191	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	296.650000	138.288462	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

Health Financial Systems			DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 1/26/2022 1:00 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	57,708,211		57,708,211	0	57,708,211	30.00
31.00	03100	INTENSIVE CARE UNIT	10,655,023		10,655,023	0	10,655,023	31.00
43.00	04300	NURSERY	3,152,562		3,152,562	0	3,152,562	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,625,976		22,625,976	0	22,625,976	50.00
51.00	05100	RECOVERY ROOM	2,277,690		2,277,690	0	2,277,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,791,836		6,791,836	0	6,791,836	52.00
53.00	05300	ANESTHESIOLOGY	1,129,662		1,129,662	0	1,129,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,326,780		7,326,780	0	7,326,780	54.00
54.01	03630	ULTRA SOUND	2,020,142		2,020,142	0	2,020,142	54.01
54.02	03480	NUCLEAR ONCOLOGY	4,593,221		4,593,221	0	4,593,221	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	5,570,851		5,570,851	0	5,570,851	55.00
56.00	05600	RADIOISOTOPE	2,384,733		2,384,733	0	2,384,733	56.00
57.00	05700	CT SCAN	3,325,365		3,325,365	0	3,325,365	57.00
58.00	05800	MRI	3,004,500		3,004,500	0	3,004,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,570,188		6,570,188	0	6,570,188	59.00
60.00	06000	LABORATORY	21,056,485		21,056,485	0	21,056,485	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,370,743		3,370,743	0	3,370,743	64.00
65.00	06500	RESPIRATORY THERAPY	2,949,763	0	2,949,763	0	2,949,763	65.00
66.00	06600	PHYSICAL THERAPY	9,930,410	0	9,930,410	0	9,930,410	66.00
69.00	06900	ELECTROCARDIOLOGY	4,803,436		4,803,436	0	4,803,436	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,451,621		12,451,621	0	12,451,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,806,301		13,806,301	0	13,806,301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,830,941		77,830,941	0	77,830,941	73.00
74.00	07400	RENAL DIALYSIS	741,042		741,042	0	741,042	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,046,657		7,046,657	0	7,046,657	75.00
75.01	07501	LITHOTRIPSY	0		0	0	0	75.01
75.02	07502	PSYCH	912,470		912,470	0	912,470	75.02
75.03	07503	NEURODIAGNOSTICS	582,016		582,016	0	582,016	75.03
76.97	07697	CARDIAC REHABILITATION	1,486,086		1,486,086	0	1,486,086	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	286,115		286,115	0	286,115	90.00
90.03	09003	GENETIC TESTING	638,922		638,922	0	638,922	90.03
90.04	09004	CHRONIC PAIN CLINIC	900,646		900,646	0	900,646	90.04
90.05	09005	DIABETES EDUCATION	20,326		20,326	0	20,326	90.05
90.06	09006	WOUND CARE	2,948,875		2,948,875	0	2,948,875	90.06
90.07	09007	SLEEP LAB	0		0	0	0	90.07
91.00	09100	EMERGENCY	14,945,419		14,945,419	35,780	14,981,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,384,674		4,384,674		4,384,674	92.00
200.00		Subtotal (see instructions)	320,229,688	0	320,229,688	35,780	320,265,468	200.00
201.00		Less Observation Beds	4,384,674		4,384,674		4,384,674	201.00
202.00		Total (see instructions)	315,845,014	0	315,845,014	35,780	315,880,794	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 1:00 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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	136,606,252		136,606,252			30.00	
31.00	03100	INTENSIVE CARE UNIT	33,398,943		33,398,943			31.00	
43.00	04300	NURSERY	11,980,561		11,980,561			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,149,713	128,849,709	175,999,422	0.128557	0.000000	50.00	
51.00	05100	RECOVERY ROOM	7,073,830	8,629,042	15,702,872	0.145049	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,988,298	1,061,040	21,049,338	0.322663	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	13,359,010	29,564,672	42,923,682	0.026318	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,118,166	39,068,846	46,187,012	0.158633	0.000000	54.00	
54.01	03630	ULTRA SOUND	4,917,757	27,583,019	32,500,776	0.062157	0.000000	54.01	
54.02	03480	NUCLEAR ONCOLOGY	682,744	42,296,779	42,979,523	0.106870	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	110,458	23,949,303	24,059,761	0.231542	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,917,376	22,570,571	25,487,947	0.093563	0.000000	56.00	
57.00	05700	CT SCAN	35,370,524	113,907,770	149,278,294	0.022276	0.000000	57.00	
58.00	05800	MRI	8,615,029	59,196,172	67,811,201	0.044307	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	20,789,416	21,462,402	42,251,818	0.155501	0.000000	59.00	
60.00	06000	LABORATORY	62,305,465	110,005,745	172,311,210	0.122200	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	1,441,077	13,239,685	14,680,762	0.229603	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	19,357,028	2,260,299	21,617,327	0.136454	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,724,820	39,021,239	50,746,059	0.195688	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	16,580,944	46,069,989	62,650,933	0.076670	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,310,185	51,945,995	101,256,180	0.122971	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,721,002	38,770,456	64,491,458	0.214080	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	61,425,381	365,592,322	427,017,703	0.182266	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	4,625,510	191,417	4,816,927	0.153841	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	5,499,754	27,804,801	33,304,555	0.211582	0.000000	75.00	
75.01	07501	LITHOTRIPSY	0	0	0	0.000000	0.000000	75.01	
75.02	07502	PSYCH	637	3,255,128	3,255,765	0.280263	0.000000	75.02	
75.03	07503	NEURODIAGNOSTICS	1,665,178	3,783,350	5,448,528	0.106821	0.000000	75.03	
76.97	07697	CARDIAC REHABILITATION	58,326	2,425,022	2,483,348	0.598420	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	750	1,962,101	1,962,851	0.145765	0.000000	90.00	
90.03	09003	GENETIC TESTING	0	293,065	293,065	2.180138	0.000000	90.03	
90.04	09004	CHRONIC PAIN CLINIC	2,405	7,236,964	7,239,369	0.124409	0.000000	90.04	
90.05	09005	DIABETES EDUCATION	0	0	0	0.000000	0.000000	90.05	
90.06	09006	WOUND CARE	22,561	11,990,102	12,012,663	0.245481	0.000000	90.06	
90.07	09007	SLEEP LAB	0	0	0	0.000000	0.000000	90.07	
91.00	09100	EMERGENCY	39,260,892	122,661,919	161,922,811	0.092300	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,296,556	16,714,722	27,011,278	0.162328	0.000000	92.00	
200.00		Subtotal (see instructions)	659,376,548	1,383,363,646	2,042,740,194			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	659,376,548	1,383,363,646	2,042,740,194			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 1:00 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
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.128557			50.00
51.00	05100	RECOVERY ROOM	0.145049			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.322663			52.00
53.00	05300	ANESTHESIOLOGY	0.026318			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158633			54.00
54.01	03630	ULTRA SOUND	0.062157			54.01
54.02	03480	NUCLEAR ONCOLOGY	0.106870			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231542			55.00
56.00	05600	RADIOISOTOPE	0.093563			56.00
57.00	05700	CT SCAN	0.022276			57.00
58.00	05800	MRI	0.044307			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.155501			59.00
60.00	06000	LABORATORY	0.122200			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.229603			64.00
65.00	06500	RESPIRATORY THERAPY	0.136454			65.00
66.00	06600	PHYSICAL THERAPY	0.195688			66.00
69.00	06900	ELECTROCARDIOLOGY	0.076670			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.122971			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214080			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182266			73.00
74.00	07400	RENAL DIALYSIS	0.153841			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.211582			75.00
75.01	07501	LITHOTRIPSY	0.000000			75.01
75.02	07502	PSYCH	0.280263			75.02
75.03	07503	NEURODIAGNOSTICS	0.106821			75.03
76.97	07697	CARDIAC REHABILITATION	0.598420			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.145765			90.00
90.03	09003	GENETIC TESTING	2.180138			90.03
90.04	09004	CHRONIC PAIN CLINIC	0.124409			90.04
90.05	09005	DIABETES EDUCATION	0.000000			90.05
90.06	09006	WOUND CARE	0.245481			90.06
90.07	09007	SLEEP LAB	0.000000			90.07
91.00	09100	EMERGENCY	0.092521			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.162328			92.00
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: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,660,411		59,660,411	0
31.00	03100	INTENSIVE CARE UNIT	10,945,082		10,945,082	0
43.00	04300	NURSERY	3,152,562		3,152,562	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,625,976		22,625,976	0
51.00	05100	RECOVERY ROOM	2,277,690		2,277,690	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,791,836		6,791,836	0
53.00	05300	ANESTHESIOLOGY	1,129,662		1,129,662	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,326,780		7,326,780	0
54.01	03630	ULTRA SOUND	2,020,142		2,020,142	0
54.02	03480	NUCLEAR ONCOLOGY	4,593,221		4,593,221	0
55.00	05500	RADIOLOGY-THERAPEUTIC	5,570,851		5,570,851	0
56.00	05600	RADIOISOTOPE	2,384,733		2,384,733	0
57.00	05700	CT SCAN	3,325,365		3,325,365	0
58.00	05800	MRI	3,004,500		3,004,500	0
59.00	05900	CARDIAC CATHETERIZATION	6,570,188		6,570,188	0
60.00	06000	LABORATORY	21,056,485		21,056,485	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
64.00	06400	INTRAVENOUS THERAPY	3,370,743		3,370,743	0
65.00	06500	RESPIRATORY THERAPY	3,226,786	0	3,226,786	0
66.00	06600	PHYSICAL THERAPY	10,152,028	0	10,152,028	0
69.00	06900	ELECTROCARDIOLOGY	5,155,418		5,155,418	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,451,621		12,451,621	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,806,301		13,806,301	0
73.00	07300	DRUGS CHARGED TO PATIENTS	77,830,941		77,830,941	0
74.00	07400	RENAL DIALYSIS	741,042		741,042	0
75.00	07500	ASC (NON-DISTINCT PART)	7,046,657		7,046,657	0
75.01	07501	LITHOTRIPSY	0		0	0
75.02	07502	PSYCH	912,470		912,470	0
75.03	07503	NEURODIAGNOSTICS	637,420		637,420	0
76.97	07697	CARDIAC REHABILITATION	1,486,086		1,486,086	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	286,115		286,115	0
90.03	09003	GENETIC TESTING	638,922		638,922	0
90.04	09004	CHRONIC PAIN CLINIC	900,646		900,646	0
90.05	09005	DIABETES EDUCATION	20,326		20,326	0
90.06	09006	WOUND CARE	3,023,834		3,023,834	0
90.07	09007	SLEEP LAB	35,850		35,850	0
91.00	09100	EMERGENCY	14,945,419		14,945,419	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,532,992		4,532,992	0
200.00		Subtotal (see instructions)	323,637,101	0	323,637,101	0
201.00		Less Observation Beds	4,532,992		4,532,992	0
202.00		Total (see instructions)	319,104,109	0	319,104,109	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 1:00 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	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01	
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0.000000	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	LITHOTRIPSY	0	0	0	0.000000	0.000000	75.01	
75.02	07502	PSYCH	0	0	0	0.000000	0.000000	75.02	
75.03	07503	NEURODIAGNOSTICS	0	0	0	0.000000	0.000000	75.03	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.03	09003	GENETIC TESTING	0	0	0	0.000000	0.000000	90.03	
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0.000000	0.000000	90.04	
90.05	09005	DIABETES EDUCATION	0	0	0	0.000000	0.000000	90.05	
90.06	09006	WOUND CARE	0	0	0	0.000000	0.000000	90.06	
90.07	09007	SLEEP LAB	0	0	0	0.000000	0.000000	90.07	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 1:00 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
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
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	03480	NUCLEAR ONCOLOGY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	LITHOTRIPSY	0.000000			75.01
75.02	07502	PSYCH	0.000000			75.02
75.03	07503	NEURODIAGNOSTICS	0.000000			75.03
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.03	09003	GENETIC TESTING	0.000000			90.03
90.04	09004	CHRONIC PAIN CLINIC	0.000000			90.04
90.05	09005	DIABETES EDUCATION	0.000000			90.05
90.06	09006	WOUND CARE	0.000000			90.06
90.07	09007	SLEEP LAB	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,313,087	0	7,313,087	33,193	220.32	30.00	
31.00	INTENSIVE CARE UNIT	1,315,748		1,315,748	4,812	273.43	31.00	
43.00	NURSERY	242,870		242,870	2,174	111.72	43.00	
200.00	Total (lines 30 through 199)	8,871,705		8,871,705	40,179		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	11,748	2,588,319					30.00
31.00	INTENSIVE CARE UNIT	1,819	497,369					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	13,567	3,085,688					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/26/2022 1:00 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	4,145,382	175,999,422	0.023553	14,829,954	349,290	50.00
51.00	05100	RECOVERY ROOM	262,158	15,702,872	0.016695	1,783,494	29,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	503,260	21,049,338	0.023909	19,606	469	52.00
53.00	05300	ANESTHESIOLOGY	120,273	42,923,682	0.002802	4,269,682	11,964	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,270,183	46,187,012	0.027501	3,220,741	88,574	54.00
54.01	03630	ULTRA SOUND	143,739	32,500,776	0.004423	2,008,826	8,885	54.01
54.02	03480	NUCLEAR ONCOLOGY	881,648	42,979,523	0.020513	240,565	4,935	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	611,848	24,059,761	0.025430	78,082	1,986	55.00
56.00	05600	RADIOISOTOPE	194,781	25,487,947	0.007642	1,385,403	10,587	56.00
57.00	05700	CT SCAN	455,007	149,278,294	0.003048	14,206,246	43,301	57.00
58.00	05800	MRI	404,625	67,811,201	0.005967	3,749,854	22,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,019,952	42,251,818	0.024140	8,654,938	208,930	59.00
60.00	06000	LABORATORY	1,763,457	172,311,210	0.010234	23,831,502	243,892	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	274,513	14,680,762	0.018699	449,671	8,408	64.00
65.00	06500	RESPIRATORY THERAPY	200,194	21,617,327	0.009261	8,260,300	76,499	65.00
66.00	06600	PHYSICAL THERAPY	547,916	50,746,059	0.010797	6,366,861	68,743	66.00
69.00	06900	ELECTROCARDIOLOGY	457,228	62,650,933	0.007298	7,540,511	55,031	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	502,135	101,256,180	0.004959	18,435,969	91,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	558,620	64,491,458	0.008662	12,321,453	106,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,595,606	427,017,703	0.006078	22,872,079	139,016	73.00
74.00	07400	RENAL DIALYSIS	21,954	4,816,927	0.004558	1,998,646	9,110	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,163,838	33,304,555	0.034945	2,674,169	93,449	75.00
75.01	07501	LITHOTRIPSY	0	0	0.000000	0	0	75.01
75.02	07502	PSYCH	31,989	3,255,765	0.009825	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	90,400	5,448,528	0.016592	739,120	12,263	75.03
76.97	07697	CARDIAC REHABILITATION	238,314	2,483,348	0.095965	25,435	2,441	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,956	1,962,851	0.005072	0	0	90.00
90.03	09003	GENETIC TESTING	165,788	293,065	0.565704	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	152,981	7,239,369	0.021132	2,405	51	90.04
90.05	09005	DIABETES EDUCATION	1,362	0	0.000000	0	0	90.05
90.06	09006	WOUND CARE	209,704	12,012,663	0.017457	11,811	206	90.06
90.07	09007	SLEEP LAB	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,734,867	161,922,811	0.010714	16,992,707	182,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	555,648	27,011,278	0.020571	4,685,593	96,387	92.00
200.00	Total (lines 50 through 199)		21,289,326	1,860,754,438		181,655,623	1,966,779	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/26/2022 1:00 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	21,762	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	21,762	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	43,524	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	21,762	33,193	0.66	11,748	30.00		
31.00	03100	INTENSIVE CARE UNIT		21,762	4,812	4.52	1,819	31.00		
43.00	04300	NURSERY		0	2,174	0.00	0	43.00		
200.00		Total (lines 30 through 199)		43,524	40,179		13,567	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	7,754						30.00	
31.00	03100	INTENSIVE CARE UNIT	8,222						31.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	15,976						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 1:00 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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	21,762	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	123,317	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	0	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	1,653	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	146,732	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 1:00 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	175,999,422	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,702,872	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,049,338	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	42,923,682	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,187,012	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	32,500,776	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	42,979,523	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,762	21,762	24,059,761	0.000904	55.00
56.00	05600	RADIOISOTOPE	0	0	0	25,487,947	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	149,278,294	0.000000	57.00
58.00	05800	MRI	0	0	0	67,811,201	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	42,251,818	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	172,311,210	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	14,680,762	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,617,327	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	50,746,059	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	62,650,933	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	101,256,180	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	64,491,458	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	123,317	123,317	427,017,703	0.000289	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,816,927	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	33,304,555	0.000000	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0.000000	75.01
75.02	07502	PSYCH	0	0	0	3,255,765	0.000000	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	5,448,528	0.000000	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,483,348	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,962,851	0.000000	90.00
90.03	09003	GENETIC TESTING	0	0	0	293,065	0.000000	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	7,239,369	0.000000	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	12,012,663	0.000000	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	161,922,811	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,653	1,653	27,011,278	0.000061	92.00
200.00	Total (lines 50 through 199)		0	146,732	146,732	1,860,754,438		200.00

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021	Worksheet D Part IV Date/Time Prepared: 1/26/2022 1:00 pm	
			Title XVIII		Hospital	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	14,829,954	0	25,137,253	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	1,783,494	0	1,496,902	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	19,606	0	1,008	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,269,682	0	5,790,601	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,220,741	0	7,171,230	0 54.00
54.01	03630	ULTRA SOUND	0.000000	2,008,826	0	5,604,322	0 54.01
54.02	03480	NUCLEAR ONCOLOGY	0.000000	240,565	0	20,342,171	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000904	78,082	71	9,262,298	8,373 55.00
56.00	05600	RADIOISOTOPE	0.000000	1,385,403	0	9,688,670	0 56.00
57.00	05700	CT SCAN	0.000000	14,206,246	0	35,268,951	0 57.00
58.00	05800	MRI	0.000000	3,749,854	0	15,484,731	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,654,938	0	9,600,950	0 59.00
60.00	06000	LABORATORY	0.000000	23,831,502	0	19,353,872	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	449,671	0	4,434,370	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,260,300	0	679,199	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,366,861	0	283,485	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,540,511	0	15,133,731	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	18,435,969	0	12,606,722	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,321,453	0	12,320,090	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000289	22,872,079	6,610	137,185,312	39,647 73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,998,646	0	60,518	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	2,674,169	0	6,882,422	0 75.00
75.01	07501	LITHOTRIPSY	0.000000	0	0	0	0 75.01
75.02	07502	PSYCH	0.000000	0	0	0	0 75.02
75.03	07503	NEURODIAGNOSTICS	0.000000	739,120	0	843,001	0 75.03
76.97	07697	CARDIAC REHABILITATION	0.000000	25,435	0	1,055,505	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	1,002,031	0 90.00
90.03	09003	GENETIC TESTING	0.000000	0	0	2,619	0 90.03
90.04	09004	CHRONIC PAIN CLINIC	0.000000	2,405	0	2,792,390	0 90.04
90.05	09005	DIABETES EDUCATION	0.000000	0	0	0	0 90.05
90.06	09006	WOUND CARE	0.000000	11,811	0	4,292,560	0 90.06
90.07	09007	SLEEP LAB	0.000000	0	0	0	0 90.07
91.00	09100	EMERGENCY	0.000000	16,992,707	0	23,340,121	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000061	4,685,593	286	6,086,438	371 92.00
200.00		Total (lines 50 through 199)		181,655,623	6,967	393,203,473	48,391 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/26/2022 1:00 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.128557	25,137,253	0	0	3,231,570	50.00	
51.00	05100 RECOVERY ROOM	0.145049	1,496,902	0	0	217,124	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.322663	1,008	0	0	325	52.00	
53.00	05300 ANESTHESIOLOGY	0.026318	5,790,601	0	0	152,397	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.158633	7,171,230	0	0	1,137,594	54.00	
54.01	03630 ULTRA SOUND	0.062157	5,604,322	0	0	348,348	54.01	
54.02	03480 NUCLEAR ONCOLOGY	0.106870	20,342,171	0	0	2,173,968	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.231542	9,262,298	0	0	2,144,611	55.00	
56.00	05600 RADIOISOTOPE	0.093563	9,688,670	0	0	906,501	56.00	
57.00	05700 CT SCAN	0.022276	35,268,951	0	0	785,651	57.00	
58.00	05800 MRI	0.044307	15,484,731	0	0	686,082	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.155501	9,600,950	0	0	1,492,957	59.00	
60.00	06000 LABORATORY	0.122200	19,353,872	23,430	0	2,365,043	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
64.00	06400 INTRAVENOUS THERAPY	0.229603	4,434,370	0	0	1,018,145	64.00	
65.00	06500 RESPIRATORY THERAPY	0.136454	679,199	0	0	92,679	65.00	
66.00	06600 PHYSICAL THERAPY	0.195688	283,485	0	0	55,475	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.076670	15,133,731	0	0	1,160,303	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.122971	12,606,722	0	0	1,550,261	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.214080	12,320,090	0	0	2,637,485	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.182266	137,185,312	0	34,494	25,004,218	73.00	
74.00	07400 RENAL DIALYSIS	0.153841	60,518	0	0	9,310	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.211582	6,882,422	0	0	1,456,197	75.00	
75.01	07501 LITHOTRIPSY	0.000000	0	0	0	0	75.01	
75.02	07502 PSYCH	0.280263	0	0	0	0	75.02	
75.03	07503 NEURODIAGNOSTICS	0.106821	843,001	0	0	90,050	75.03	
76.97	07697 CARDIAC REHABILITATION	0.598420	1,055,505	0	0	631,635	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.145765	1,002,031	0	0	146,061	90.00	
90.03	09003 GENETIC TESTING	2.180138	2,619	0	0	5,710	90.03	
90.04	09004 CHRONIC PAIN CLINIC	0.124409	2,792,390	0	0	347,398	90.04	
90.05	09005 DIABETES EDUCATION	0.000000	0	0	0	0	90.05	
90.06	09006 WOUND CARE	0.245481	4,292,560	0	0	1,053,742	90.06	
90.07	09007 SLEEP LAB	0.000000	0	0	0	0	90.07	
91.00	09100 EMERGENCY	0.092300	23,340,121	0	0	2,154,293	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.162328	6,086,438	0	0	987,999	92.00	
200.00	Subtotal (see instructions)		393,203,473	23,430	34,494	54,043,132	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		393,203,473	23,430	34,494	54,043,132	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/26/2022 1:00 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	2,863	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,287		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	LITHOTRIPSY	0	0		75.01
75.02	07502	PSYCH	0	0		75.02
75.03	07503	NEURODIAGNOSTICS	0	0		75.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.03	09003	GENETIC TESTING	0	0		90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0		90.04
90.05	09005	DIABETES EDUCATION	0	0		90.05
90.06	09006	WOUND CARE	0	0		90.06
90.07	09007	SLEEP LAB	0	0		90.07
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)	2,863	6,287		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,863	6,287		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		7,313,087	0	7,313,087	33,193	220.32	30.00
31.00	INTENSIVE CARE UNIT		1,315,748		1,315,748	4,812	273.43	31.00
43.00	NURSERY		242,870		242,870	2,174	111.72	43.00
200.00	Total (lines 30 through 199)		8,871,705		8,871,705	40,179		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,070	235,742				
31.00	INTENSIVE CARE UNIT		10	2,734				
43.00	NURSERY		286	31,952				
200.00	Total (lines 30 through 199)		1,366	270,428				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	4,145,382	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	262,158	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	503,260	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	120,273	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,270,183	0	0.000000	0	54.00
54.01	03630	ULTRA SOUND	143,739	0	0.000000	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	881,648	0	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	611,848	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	194,781	0	0.000000	0	56.00
57.00	05700	CT SCAN	455,007	0	0.000000	0	57.00
58.00	05800	MRI	404,625	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,019,952	0	0.000000	0	59.00
60.00	06000	LABORATORY	1,763,457	0	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	274,513	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	200,194	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	547,916	0	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	457,228	0	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	502,135	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	558,620	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,595,606	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	21,954	0	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,163,838	0	0.000000	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0.000000	0	75.01
75.02	07502	PSYCH	31,989	0	0.000000	0	75.02
75.03	07503	NEURODIAGNOSTICS	90,400	0	0.000000	0	75.03
76.97	07697	CARDIAC REHABILITATION	238,314	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,956	0	0.000000	0	90.00
90.03	09003	GENETIC TESTING	165,788	0	0.000000	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	152,981	0	0.000000	0	90.04
90.05	09005	DIABETES EDUCATION	1,362	0	0.000000	0	90.05
90.06	09006	WOUND CARE	209,704	0	0.000000	0	90.06
90.07	09007	SLEEP LAB	0	0	0.000000	0	90.07
91.00	09100	EMERGENCY	1,734,867	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	555,650	0	0.000000	0	92.00
200.00		Total (lines 50 through 199)	21,289,328	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/26/2022 1:00 pm	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	21,762	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	21,762	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	43,524	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	21,762	33,193	0.66	1,070	30.00		
31.00	03100	INTENSIVE CARE UNIT		21,762	4,812	4.52	10	31.00		
43.00	04300	NURSERY		0	2,174	0.00	286	43.00		
200.00		Total (lines 30 through 199)		43,524	40,179		1,366	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	706						30.00	
31.00	03100	INTENSIVE CARE UNIT	45						31.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	751						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	21,762	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	123,317	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0	0	0	0	0	75.01
75.02	07502	PSYCH	0	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	0	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	1,655	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	146,734	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/26/2022 1:00 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY		0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	21,762	21,762	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	123,317	123,317	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	07501	LITHOTRIPSY		0	0	0	0	0.000000	75.01
75.02	07502	PSYCH		0	0	0	0	0.000000	75.02
75.03	07503	NEURODIAGNOSTICS		0	0	0	0	0.000000	75.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.03	09003	GENETIC TESTING		0	0	0	0	0.000000	90.03
90.04	09004	CHRONIC PAIN CLINIC		0	0	0	0	0.000000	90.04
90.05	09005	DIABETES EDUCATION		0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE		0	0	0	0	0.000000	90.06
90.07	09007	SLEEP LAB		0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	1,655	1,655	0	0.000000	92.00
200.00		Total (lines 50 through 199)		0	146,734	146,734	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	LITHOTRIPSY	0.000000	0	0	0	0	75.01
75.02	07502	PSYCH	0.000000	0	0	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0.000000	0	0	0	0	75.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.03	09003	GENETIC TESTING	0.000000	0	0	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DIABETES EDUCATION	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000	0	0	0	0	90.06
90.07	09007	SLEEP LAB	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,193	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,193	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)		30,671	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)		11,748	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)		57,708,211	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)		57,708,211	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)		57,708,211	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)		1,738.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,424,720	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		20,424,720	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,655,023	4,812	2,214.26	1,819	4,027,739		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,265,290		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,717,749		49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,101,664		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,973,746		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,075,410		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,642,339		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)					2,522		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,738.57		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,384,674		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 1:00 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	7,313,087	57,708,211	0.126725	4,384,674	555,648
91.00	Nursing Program cost	0	57,708,211	0.000000	4,384,674	0
92.00	Allied health cost	21,762	57,708,211	0.000377	4,384,674	1,653
93.00	All other Medical Education	0	57,708,211	0.000000	4,384,674	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:

1/26/2022 1:00 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	33,193	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,193	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)	30,671	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,070	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)	2,174	15.00
16.00	Nursery days (title V or XIX only)	286	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)	59,660,411	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)	59,660,411	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)	59,660,411	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)	1,797.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,923,197	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)	1,923,197	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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)	3,152,562	2,174	1,450.12	286	414,734	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,945,082	4,812	2,274.54	10	22,745	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,360,676	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,522	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,797.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,532,992	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 1:00 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,313,087	59,660,411	0.122579	4,532,992	555,650	90.00
91.00	Nursing Program cost	0	59,660,411	0.000000	4,532,992	0	91.00
92.00	Allied health cost	21,762	59,660,411	0.000365	4,532,992	1,655	92.00
93.00	All other Medical Education	0	59,660,411	0.000000	4,532,992	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/26/2022 1:00 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		46,696,766		30.00
31.00	03100	INTENSIVE CARE UNIT		12,642,056		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.128557	14,829,954	1,906,494	50.00
51.00	05100	RECOVERY ROOM	0.145049	1,783,494	258,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.322663	19,606	6,326	52.00
53.00	05300	ANESTHESIOLOGY	0.026318	4,269,682	112,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158633	3,220,741	510,916	54.00
54.01	03630	ULTRA SOUND	0.062157	2,008,826	124,863	54.01
54.02	03480	NUCLEAR ONCOLOGY	0.106870	240,565	25,709	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231542	78,082	18,079	55.00
56.00	05600	RADIOISOTOPE	0.093563	1,385,403	129,622	56.00
57.00	05700	CT SCAN	0.022276	14,206,246	316,458	57.00
58.00	05800	MRI	0.044307	3,749,854	166,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.155501	8,654,938	1,345,852	59.00
60.00	06000	LABORATORY	0.122200	23,831,502	2,912,210	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.229603	449,671	103,246	64.00
65.00	06500	RESPIRATORY THERAPY	0.136454	8,260,300	1,127,151	65.00
66.00	06600	PHYSICAL THERAPY	0.195688	6,366,861	1,245,918	66.00
69.00	06900	ELECTROCARDIOLOGY	0.076670	7,540,511	578,131	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.122971	18,435,969	2,267,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214080	12,321,453	2,637,777	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182266	22,872,079	4,168,802	73.00
74.00	07400	RENAL DIALYSIS	0.153841	1,998,646	307,474	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.211582	2,674,169	565,806	75.00
75.01	07501	LITHOTRIPSY	0.000000	0	0	75.01
75.02	07502	PSYCH	0.280263	0	0	75.02
75.03	07503	NEURODIAGNOSTICS	0.106821	739,120	78,954	75.03
76.97	07697	CARDIAC REHABILITATION	0.598420	25,435	15,221	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.145765	0	0	90.00
90.03	09003	GENETIC TESTING	2.180138	0	0	90.03
90.04	09004	CHRONIC PAIN CLINIC	0.124409	2,405	299	90.04
90.05	09005	DIABETES EDUCATION	0.000000	0	0	90.05
90.06	09006	WOUND CARE	0.245481	11,811	2,899	90.06
90.07	09007	SLEEP LAB	0.000000	0	0	90.07
91.00	09100	EMERGENCY	0.092521	16,992,707	1,572,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.162328	4,685,593	760,603	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		181,655,623	23,265,290	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)		181,655,623	0	202.00

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 1:00 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)			2,409,404	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			29,467,757	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)			31,161	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			877,115	2.04
3.00	Managed Care Simulated Payments			11,837,476	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			136.26	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			17.09	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			17.09	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.125422	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.125736	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.125422	21.00
22.00	IME payment adjustment (see instructions)			2,109,439	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			783,333	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			2,109,439	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			783,333	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			0.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)			11.70	31.00
32.00	Sum of lines 30 and 31			12.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A
Date/Time Prepared:
1/26/2022 1:00 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	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	34,894,876			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			35,678,209	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,828,046	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			466,293	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			661,443	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			15,976	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			6,967	58.00
59.00	Total (sum of amounts on lines 49 through 58)			39,656,934	59.00
60.00	Primary payer payments			205	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			39,656,729	61.00
62.00	Deductibles billed to program beneficiaries			3,508,684	62.00
63.00	Coinsurance billed to program beneficiaries			23,554	63.00
64.00	Allowable bad debts (see instructions)			338,721	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			220,169	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			169,158	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			36,344,660	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)				70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			126,798	70.93
70.94	HRR adjustment amount (see instructions)			-30,063	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A
Date/Time Prepared:
1/26/2022 1:00 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			36,441,395	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			34,704,984	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,736,411	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,160,669	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)			587,204	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			182,940	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	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	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	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

Health Financial Systems		DELNOR-COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/26/2022 1:00 pm	
		Title XVIII	Hospital	PPS	
			1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		9,150	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		53,994,741	2.00	
3.00	OPPS payments		43,068,797	3.00	
4.00	Outlier payment (see instructions)		212,096	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.765	5.00	
6.00	Line 2 times line 5		41,305,977	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		48,391	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,150	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		57,924	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)		57,924	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)		57,924	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		48,774	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)		9,150	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)		43,329,284	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)		7,328,549	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)		36,009,885	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		528,184	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)		36,538,069	30.00	
31.00	Primary payer payments		1,306	31.00	
32.00	Subtotal (line 30 minus line 31)		36,536,763	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)		460,320	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		299,208	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,893	36.00	
37.00	Subtotal (see instructions)		36,835,971	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		-64	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)		36,836,035	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		36,410,298	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)		425,737	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)		275,492	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: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
1/26/2022 1:00 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		32,716,459		35,951,312	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	08/30/2021	1,988,525	08/30/2021	458,986	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)		1,988,525		458,986	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)		34,704,984		36,410,298	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,736,411		425,737	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		36,441,395		36,836,035	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part II
Date/Time Prepared:
1/26/2022 1:00 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet E-3
Part VII
Date/Time Prepared:
1/26/2022 1:00 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,360,676		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,360,676	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,360,676	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		2,360,676	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		2,360,676	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0211		Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/26/2022 1:00 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.			0.00	1.00	
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00	
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01	
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00	
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01	
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02	
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00	
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00	
7.00	Enter the lesser of line 5 or line 6			0.00	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.	0.00	0.00	0.00	8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01	
11.00	Total weighted FTE count	0.00	0.00		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00	
15.00	Adjustment for residents in initial years of new programs	17.09	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	17.09	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	17.09	0.00		17.00	
18.00	Per resident amount	109,127.63	0.00		18.00	
19.00	Approved amount for resident costs	1,864,991	0	1,864,991	19.00	
				1.00		
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00	
24.00	Multiply line 22 time line 23			0	24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			1,864,991	25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	13,567	1,837	3,964		26.00
27.00	Total Inpatient Days (see instructions)	35,879	35,879	35,879		27.00
28.00	Ratio of inpatient days to total inpatient days	0.378132	0.051200	0.110482		28.00
29.00	Program direct GME amount	705,213	95,488	206,048	1,006,749	29.00
29.01	Percent reduction for MA DGME		4.07	4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		3,886	8,386	12,272	30.00
31.00	Net Program direct GME amount				994,477	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0211	Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/26/2022 1:00 pm
		Title XVIII	Hospital	PPS
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,816,927	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		47,717,749	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		205	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		47,717,544	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		54,052,282	42.00
43.00	Primary payer payments (see instructions)		1,306	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		54,050,976	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		101,768,520	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.468883	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.531117	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		994,477	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		466,293	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		528,184	50.00

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

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet G

Date/Time Prepared:
1/26/2022 1:00 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	148,250,960	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	168,689,284	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-128,655,521	0	0	0	6.00
7.00	Inventory	6,026,130	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,243,347	0	0	0	9.00
10.00	Due from other funds	8,873,390	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	204,427,590	0	0	0	11.00
FIXED ASSETS						
12.00	Land	29,894,220	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	308,209,200	0	0	0	15.00
16.00	Accumulated depreciation	-86,901,248	0	0	0	16.00
17.00	Leasehold improvements	8,379,680	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	80,068,630	0	0	0	19.00
20.00	Accumulated depreciation	-53,447,181	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	286,203,301	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	130,615,979	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	9,314,130	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	139,930,109	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	630,561,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,045,240	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,420,110	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,913,570	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,378,920	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	71,015,690	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	71,015,690	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	91,394,610	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	539,166,390	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)	539,166,390	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	630,561,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet G-1

Date/Time Prepared:
1/26/2022 1:00 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		488,659,920		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		50,490,899				2.00
3.00	Total (sum of line 1 and line 2)		539,150,819		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	FUND BALANCE TRANSFER	15,571		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)		15,571		0		10.00
11.00	Subtotal (line 3 plus line 10)		539,166,390		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		539,166,390		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	FUND BALANCE TRANSFER		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/26/2022 1:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	138,441,808		138,441,808	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	138,441,808		138,441,808	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	36,342,457		36,342,457	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	36,342,457		36,342,457	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	174,784,265		174,784,265	17.00
18.00	Ancillary services	424,176,911	0	424,176,911	18.00
19.00	Outpatient services	39,950,340	1,404,647,180	1,444,597,520	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	638,911,516	1,404,647,180	2,043,558,696	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		366,545,679		29.00
30.00	BAD DEBTS	3,720,843			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)		3,720,843		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)		370,266,522		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021

Worksheet G-3

Date/Time Prepared:
1/26/2022 1:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,043,558,696	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,638,164,718	2.00
3.00	Net patient revenues (line 1 minus line 2)	405,393,978	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	370,266,522	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,127,456	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	56,394	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	875,489	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	169,688	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	RENTAL INCOME	9,030,200	24.00
24.01	OTHER REVENUE	4,073,500	24.01
24.02	WORKSHOPS CONFERENCES ETC	0	24.02
24.03	GRANT REVENUE	0	24.03
24.04	DONATION INCOME	0	24.04
24.05	NRCC CAFETERIA	0	24.05
24.06	RENT INCOME	0	24.06
24.07	CORP BILLING ADJ	0	24.07
24.08	ESCROW INTEREST INCOME	0	24.08
24.09	INSTYMEDS REVENUE	0	24.09
24.10	OTHER SERVICE REVENUE	0	24.10
24.11	WORK ORDER REVENUE	0	24.11
24.12	NON-PATIENT MEDICAL SUPPLIES	0	24.12
24.13	GIFT SHOP SALES	0	24.13
24.14	COST OF CONSIGNMENT SALE	0	24.14
24.15	AP CASH DISCOUNT	0	24.15
24.16	OTHER OPERATING INCOME	0	24.16
24.17	NMFF OTHER OP INCOME - RENT	0	24.17
24.18	MISC	0	24.18
24.50	COVID-19 PHE Funding	1,214,731	24.50
25.00	Total other income (sum of lines 6-24)	15,420,002	25.00
26.00	Total (line 5 plus line 25)	50,547,458	26.00
27.00	NON OPERATING	56,559	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	56,559	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	50,490,899	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0211

Period:
From 09/01/2020
To 08/31/2021Worksheet L
Parts I-III
Date/Time Prepared:
1/26/2022 1:00 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	2,453,995	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	186,811	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)	98.30	3.00
4.00	Number of interns & residents (see instructions)	17.09	4.00
5.00	Indirect medical education percentage (see instructions)	5.03	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)	123,436	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	11.70	8.00
9.00	Sum of lines 7 and 8	12.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)	2.60	10.00
11.00	Disproportionate share adjustment (see instructions)	63,804	11.00
12.00	Total prospective capital payments (see instructions)	2,828,046	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