

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: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/25/2022 6:15 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/25/2022	Time: 6:15 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION 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 SAINT ANTHONY MEDICAL CENTER (14-0233) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	692,752	-40,380	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	692,752	-40,380	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: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 6:15 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 5666 EAST STATE STREET			PO Box:				1.00	
2.00	City: ROCKFORD			State: IL		Zip Code: 61108-2472		County: WINNEBAGO 2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)
				1.00	2.00	3.00	4.00	5.00	6.00 V 7.00 XVIII 8.00 XIX
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			SAINT ANTHONY MEDICAL CENTER	140233	40420	1	07/01/1966	N P O 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2020	09/30/2021	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N 22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N 22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 6:15 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.	1,763	576	0	0	6,784	75	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 St	Date of Geogra	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
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: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 6:15 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)			20.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1		60.03	
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 10/01/2020
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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	7.52	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.64	0.000000	67.00
67.01				0.00	0.00	0.000000	67.01
67.02				0.00	0.00	0.000000	67.02

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 6:15 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
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.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	860,113		1,800,000		2,394,154	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 6:15 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB1728		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 06101		141.00	
142.00	Street: 800 N.E. GLEN OAK AVENUE	PO Box:				142.00	
143.00	City: PEORIA	State: IL		Zip Code: 61603		143.00	
		1.00		2.00		3.00	
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.					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		2.00			
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	
		4.00		5.00		6.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		1.00		2.00		3.00	
		4.00		5.00		6.00	
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		2.00		3.00	
		4.00		5.00		6.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 6:15 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 6:15 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2022 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 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	12/15/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 6:15 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	
		1.00	2.00	
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.	DEBRA	DIDIER	41.00
42.00	Enter the employer/company name of the cost report preparer	OSF HEALTHCARE SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-994-3887	DEBRA.J.DIDIER@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 6:15 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.	GOVT REPORTING ANALYST		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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 6:15 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	203	74,095	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)		203	74,095	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,870	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)		241	87,965	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)		241			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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 6:15 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)	16,940	1,201	44,070			1.00
2.00	HMO and other (see instructions)	13,735	7,360				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)	16,940	1,201	44,070			7.00
8.00	INTENSIVE CARE UNIT	3,768	496	11,388			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		66	603			13.00
14.00	Total (see instructions)	20,708	1,763	56,061	8.15	1,362.06	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)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				8.15	1,362.06	27.00
28.00	Observation Bed Days		630	3,887			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	75	215			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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 6:15 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	3,968	163	10,042	1.00
2.00 HMO and other (see instructions)			2,203	998		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	3,968	163	10,042	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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 6:15 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	99,133,381	1,897,786	101,031,167	2,817,450.00	35.86	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		146,790	0	146,790	1,003.00	146.35	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		6,376,945	0	6,376,945	27,867.00	228.84	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	315,711	315,711	12,610.00	25.04	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,697,425	851,564	4,548,989	103,773.00	43.84	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,753,839	0	2,753,839	23,311.00	118.13	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		630,012	0	630,012	3,880.00	162.37	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		27,635,701	0	27,635,701	730,973.00	37.81	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,046,699	0	26,046,699			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,149,116	0	1,149,116			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		18,048	0	18,048			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		505,557	0	505,557			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		103,591	0	103,591			25.00
25.50	Home office wage-related (core)		10,133,780	0	10,133,780			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 6:15 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	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,700,293	-1,700,038	255	7.00	36.43	26.00
27.00	Administrative & General	5.00	5,958,125	495,733	6,453,858	158,586.00	40.70	27.00
28.00	Administrative & General under contract (see inst.)		2,088,814	0	2,088,814	15,007.00	139.19	28.00
29.00	Maintenance & Repairs	6.00	2,181,963	27,489	2,209,452	92,347.00	23.93	29.00
30.00	Operation of Plant	7.00	1,003,646	18,520	1,022,166	46,734.00	21.87	30.00
31.00	Laundry & Linen Service	8.00	120,249	3,312	123,561	7,061.00	17.50	31.00
32.00	Housekeeping	9.00	2,021,457	51,671	2,073,128	127,144.00	16.31	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,679,152	-1,055,255	623,897	44,480.00	14.03	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,100,958	1,100,958	51,444.00	21.40	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,202,368	55,178	1,257,546	28,559.00	44.03	38.00
39.00	Central Services and Supply	14.00	0	1,500	1,500	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,364,248	20,358	2,384,606	59,309.00	40.21	40.00
41.00	Medical Records & Medical Records Library	16.00	435,892	2,726	438,618	21,891.00	20.04	41.00
42.00	Social Service	17.00	357,844	17,815	375,659	8,563.00	43.87	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/25/2022 6:15 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)	94,845,250	1,582,075	96,427,325	2,791,980.00	34.54	1.00
2.00	Excluded area salaries (see instructions)	3,697,425	851,564	4,548,989	103,773.00	43.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,147,825	730,511	91,878,336	2,688,207.00	34.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,019,552	0	31,019,552	758,164.00	40.91	4.00
5.00	Subtotal wage-related costs (see inst.)	36,198,527	0	36,198,527	0.00	39.40	5.00
6.00	Total (sum of lines 3 thru 5)	158,365,904	730,511	159,096,415	3,446,371.00	46.16	6.00
7.00	Total overhead cost (see instructions)	21,114,051	-960,033	20,154,018	661,132.00	30.48	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2022 6:15 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,071,008	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)		1,135,700	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)		14,378,858	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		170,481	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		873,322	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,952,639	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		6	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		240,998	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,823,012	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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/25/2022 6:15 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	2,753,839	27,823,012	1.00
2.00	Hospital	2,753,839	27,823,012	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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/25/2022 6:15 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)			0.191522 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	27,133,510		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	227,801,222		6.00
7.00	Medicaid cost (line 1 times line 6)	43,628,946		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)	16,495,436		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)	16,495,436		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)	21,260,366	1,830,075	23,090,441 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,071,828	1,830,075	5,901,903 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	4,071,828	1,830,075	5,901,903 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)	8,409,024		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	813,875		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,252,115		27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,156,909		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,808,946		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,710,849		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	24,206,285		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

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

Worksheet A

Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,136,000	5,136,000	195,320	5,331,320	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,321,842	8,321,842	94,319	8,416,161	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,700,293	28,306,780	30,007,073	315,072	30,322,145	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,958,125	77,538,773	83,496,898	-7,166,237	76,330,661	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,181,963	8,265,664	10,447,627	-3,944,009	6,503,618	6.00
7.00	00700	OPERATION OF PLANT	1,003,646	3,173,795	4,177,441	21,934	4,199,375	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	120,249	1,102,324	1,222,573	3,312	1,225,885	8.00
9.00	00900	HOUSEKEEPING	2,021,457	846,594	2,868,051	60,742	2,928,793	9.00
10.00	01000	DIETARY	1,679,152	1,180,336	2,859,488	-1,825,624	1,033,864	10.00
11.00	01100	CAFETERIA	0	0	0	1,874,861	1,874,861	11.00
13.00	01300	NURSING ADMINISTRATION	1,202,368	36,073	1,238,441	91,423	1,329,864	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,500	1,500	14.00
15.00	01500	PHARMACY	2,364,248	1,627,902	3,992,150	458,023	4,450,173	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	435,892	111,347	547,239	40,301	587,540	16.00
17.00	01700	SOCIAL SERVICE	357,844	318,861	676,705	3,093,116	3,769,821	17.00
20.00	02000	NURSING PROGRAM	3,365,135	401,038	3,766,173	971,661	4,737,834	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	315,711	315,711	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	315,711	305,357	621,068	-307,660	313,408	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	472,518	0	472,518	255,158	727,676	23.01
23.02	02302	PHARMACY RESIDENCY	354,250	7,497	361,747	3,578	365,325	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,678,635	11,734,899	31,413,534	-1,480,252	29,933,282	30.00
31.00	03100	INTENSIVE CARE UNIT	8,358,342	4,295,045	12,653,387	236,073	12,889,460	31.00
43.00	04300	NURSERY	0	0	0	219,381	219,381	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,292,169	23,458,030	30,750,199	-21,584,950	9,165,249	50.00
51.00	05100	RECOVERY ROOM	1,049,431	63,493	1,112,924	18,642	1,131,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	213	213	1,175,341	1,175,554	52.00
53.00	05300	ANESTHESIOLOGY	0	7,221,723	7,221,723	-10,187	7,211,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,776,299	1,195,157	3,971,456	2,836,446	6,807,902	54.00
54.01	05401	ULTRASOUND	1,272,617	197,700	1,470,317	219,731	1,690,048	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,579,596	546,315	8,125,911	679,083	8,804,994	55.00
56.00	05600	RADIOISOTOPE	337,324	615,481	952,805	210,653	1,163,458	56.00
57.00	05700	CT SCAN	1,016,553	526,653	1,543,206	314,322	1,857,528	57.00
58.00	05800	MRI	575,603	91,782	667,385	214,728	882,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,094,529	13,582,809	17,677,338	-12,819,554	4,857,784	59.00
60.00	06000	LABORATORY	5,233,386	4,705,749	9,939,135	635,686	10,574,821	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,477,224	1,477,224	0	1,477,224	63.00
65.00	06500	RESPIRATORY THERAPY	2,218,908	593,789	2,812,697	-386,112	2,426,585	65.00
66.00	06600	PHYSICAL THERAPY	2,608,554	197,850	2,806,404	218,307	3,024,711	66.00
67.00	06700	OCCUPATIONAL THERAPY	328,168	36,881	365,049	59,739	424,788	67.00
68.00	06800	SPEECH PATHOLOGY	255,688	4,247	259,935	44,985	304,920	68.00
69.00	06900	ELECTROCARDIOLOGY	366,246	37,050	403,296	14,673	417,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	658,083	533,015	1,191,098	15,336	1,206,434	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315	-288,217	-287,902	19,683,798	19,395,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,831,311	18,831,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,793,750	33,793,750	390,171	34,183,921	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,030,491	706,608	2,737,099	-557,770	2,179,329	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	730,739	805,194	1,535,933	-728,476	807,457	76.01
76.97	07697	CARDIAC REHABILITATION	470,849	153,299	624,148	8,433	632,581	76.97
76.99	07699	LITHOTRIPSY	0	6,500	6,500	0	6,500	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,525,962	3,317,898	4,843,860	-178,709	4,665,151	90.00
91.00	09100	EMERGENCY	5,636,521	5,180,389	10,816,910	-836,313	9,980,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,627,859	251,470,709	351,098,568	1,997,017	353,095,585	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	10,232	10,232	44,344	54,576	192.00
193.01	19301	CONVENT	0	4,083	4,083	0	4,083	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	-494,478	3,562,880	3,068,402	-2,041,361	1,027,041	193.02
200.00		TOTAL (SUM OF LINES 118 through 199)	99,133,381	255,047,904	354,181,285	0	354,181,285	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

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

Worksheet A

Date/Time Prepared:
2/25/2022 6:15 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	2,596,109	7,927,429	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,619,640	11,035,801	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	975,133	31,297,278	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-29,396,353	46,934,308	5.00
6.00	00600	MAINTENANCE & REPAIRS	31,118	6,534,736	6.00
7.00	00700	OPERATION OF PLANT	-4,405	4,194,970	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,225,885	8.00
9.00	00900	HOUSEKEEPING	0	2,928,793	9.00
10.00	01000	DIETARY	0	1,033,864	10.00
11.00	01100	CAFETERIA	-589,632	1,285,229	11.00
13.00	01300	NURSING ADMINISTRATION	3,555,433	4,885,297	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,500	14.00
15.00	01500	PHARMACY	499,829	4,950,002	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-513	587,027	16.00
17.00	01700	SOCIAL SERVICE	191,425	3,961,246	17.00
20.00	02000	NURSING PROGRAM	-5,721,890	-984,056	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	315,711	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	313,408	22.00
23.00	02300	MEDTECH SCHOOL	0	0	23.00
23.01	02301	PARAMED TRAINING	-196,177	531,499	23.01
23.02	02302	PHARMACY RESIDENCY	0	365,325	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,594,875	23,338,407	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,889,460	31.00
43.00	04300	NURSERY	0	219,381	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-40,563	9,124,686	50.00
51.00	05100	RECOVERY ROOM	0	1,131,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,175,554	52.00
53.00	05300	ANESTHESIOLOGY	-6,540,115	671,421	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-268,770	6,539,132	54.00
54.01	05401	ULTRASOUND	10,039	1,700,087	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,463,235	4,341,759	55.00
56.00	05600	RADIOISOTOPE	10,538	1,173,996	56.00
57.00	05700	CT SCAN	19,300	1,876,828	57.00
58.00	05800	MRI	6,624	888,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	-384,626	4,473,158	59.00
60.00	06000	LABORATORY	-7,155	10,567,666	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,477,224	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,426,585	65.00
66.00	06600	PHYSICAL THERAPY	-219,126	2,805,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	424,788	67.00
68.00	06800	SPEECH PATHOLOGY	0	304,920	68.00
69.00	06900	ELECTROCARDIOLOGY	0	417,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-28,425	1,178,009	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,395,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,831,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,183,921	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	-150,823	2,028,506	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	-5,400	802,057	76.01
76.97	07697	CARDIAC REHABILITATION	-4,605	627,976	76.97
76.99	07699	LITHOTRIPSY	0	6,500	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-3,168,260	1,496,891	90.00
91.00	09100	EMERGENCY	-4,244,239	5,736,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-51,513,999	301,581,586	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	84,645	139,221	192.00
193.01	19301	CONVENT	0	4,083	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	1,027,041	193.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-51,429,354	302,751,931	200.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 6:15 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	289,639		1.00
	0		0	289,639		
	B - CAFETERIA - DIETARY					
1.00	CAFETERIA	11.00	1,100,958	773,903		1.00
	0		1,100,958	773,903		
	C - ALTERNATIVE BIRTH CENTER					
1.00	NURSERY	43.00	209,033	10,348		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,119,902	55,439		2.00
	0		1,328,935	65,787		
	D - CFH - RRC IMAGING SERVICES					
1.00	ULTRASOUND	54.01	120,861	139,316		1.00
2.00	RADIOISOTOPE	56.00	126,871	146,244		2.00
3.00	CT SCAN	57.00	234,889	270,755		3.00
4.00	MRI	58.00	79,744	91,921		4.00
5.00	ELECTROCARDIOLOGY	69.00	2,492	2,872		5.00
	0		564,857	651,108		
	E - RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	315,711	0		1.00
	APPRVD					
	TOTALS		315,711	0		
	F - RADIOLOGY ADMIN					
1.00	RADIOISOTOPE	56.00	42,907	58		1.00
2.00	MRI	58.00	30,054	41		2.00
3.00	ULTRASOUND	54.01	66,213	90		3.00
4.00	CT SCAN	57.00	69,495	95		4.00
	0		208,669	284		
	G - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	390,171		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
	0		0	390,171		
	H - SFI ROCK CUT RENT EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,501		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,502		2.00
3.00	ULTRASOUND	54.01	0	5,259		3.00
4.00	RADIOISOTOPE	56.00	0	5,521		4.00
5.00	CT SCAN	57.00	0	10,221		5.00
6.00	MRI	58.00	0	3,470		6.00
7.00	LABORATORY	60.00	0	3,974		7.00
8.00	PHYSICAL THERAPY	66.00	0	9,625		8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	44,344		9.00
	0		0	96,417		
	I - SHORT TERM DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,663		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	7,769		2.00
3.00	HOUSEKEEPING	9.00	0	9,071		3.00
4.00	DIETARY	10.00	0	1,300		4.00
5.00	PHARMACY	15.00	0	519		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,123		6.00
7.00	NURSING PROGRAM	20.00	0	753		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	32,770		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	1,083		9.00
10.00	OPERATING ROOM	50.00	0	8,427		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	619		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	999		12.00
13.00	CT SCAN	57.00	0	5,341		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	13,733		14.00
15.00	LABORATORY	60.00	0	8,483		15.00
16.00	PHYSICAL THERAPY	66.00	0	7,972		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	533		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,112		18.00
19.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	282		19.00
20.00	EMERGENCY	91.00	0	24,681		20.00
21.00	MED TRANS / WELLNESS / FDN	193.02	0	202		21.00
	0		0	150,435		

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - IMPLANTABLE MEDICAL DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,831,311		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
	0		0	18,831,311		
	K - MEDICAL/SURGICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,683,795		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
	0		0	19,683,795		
	L - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	29,137	385		1.00
2.00	SPEECH PATHOLOGY	68.00	20,747	274		2.00
	0		49,884	659		
	M - MINISTRY ALLOCATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,778,102		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	668,002		2.00
3.00	PHARMACY	15.00	0	435,151		3.00
4.00	SOCIAL SERVICE	17.00	0	3,183,950		4.00
5.00	PHYSICAL THERAPY	66.00	0	234,346		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	30,483		6.00
7.00	SPEECH PATHOLOGY	68.00	0	21,706		7.00
	0		0	8,351,740		
	N - HTM OSFMG COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,270,810		1.00
2.00	LABORATORY	60.00	0	303,224		2.00
	0		0	4,574,034		
	O - OSFMG HOSPITALIST & PALLIATIVE					
1.00	ADULTS & PEDIATRICS	30.00	240,342	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,538		2.00
	0		240,342	26,538		
	P - PHYSICIAN COST					
1.00	ADULTS & PEDIATRICS	30.00	0	33,828		1.00
	TOTALS		0	33,828		
	R - SHARED SALARY RECLASS					
1.00	LABORATORY	60.00	119,224	0		1.00
2.00	EMERGENCY	91.00	78,016	0		2.00
3.00	MED TRANS / WELLNESS / FDN	193.02	699,751	0		3.00
4.00		0.00	0	0		4.00
	0		896,991	0		
	S - OTHER BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	512,396	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	35,258	0		2.00
3.00	OPERATION OF PLANT	7.00	18,520	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	3,312	0		4.00
5.00	HOUSEKEEPING	9.00	60,742	0		5.00
6.00	DIETARY	10.00	47,003	0		6.00
7.00	NURSING ADMINISTRATION	13.00	55,178	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	1,500	0		8.00
9.00	PHARMACY	15.00	20,877	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	3,849	0		10.00
11.00	SOCIAL SERVICE	17.00	17,815	0		11.00
12.00	NURSING PROGRAM	20.00	99,205	0		12.00
13.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	6,238	0		13.00
14.00	PARAMED TRAINING	23.01	22,235	0		14.00
15.00	PHARMACY RESIDENCY	23.02	3,578	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	390,481	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	146,463	0		17.00
18.00	OPERATING ROOM	50.00	168,716	0		18.00
19.00	RECOVERY ROOM	51.00	18,642	0		19.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/25/2022 6:15 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	90,288	0	20.00
21.00	ULTRASOUND	54.01	24,768	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	144,478	0	22.00
23.00	RADIOISOTOPE	56.00	5,979	0	23.00
24.00	CT SCAN	57.00	20,227	0	24.00
25.00	MRI	58.00	10,483	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	92,812	0	26.00
27.00	LABORATORY	60.00	172,099	0	27.00
28.00	RESPIRATORY THERAPY	65.00	54,890	0	28.00
29.00	PHYSICAL THERAPY	66.00	26,035	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	2,898	0	30.00
31.00	SPEECH PATHOLOGY	68.00	2,258	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	9,309	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	15,336	0	33.00
34.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	3	0	34.00
35.00	SURGERY/CARDIAC AMB DAY CARE	75.01	55,245	0	35.00
36.00	GASTRO INTESTINAL SERVICES	76.01	24,972	0	36.00
37.00	CARDIAC REHABILITATION	76.97	8,433	0	37.00
38.00	CLINIC	90.00	45,484	0	38.00
39.00	EMERGENCY	91.00	145,171	0	39.00
40.00	MED TRANS / WELLNESS / FDN	193.02	27,750	0	40.00
	0		2,610,926	0	
T - RECLASS FOUNDATION ACTIVITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	316,702	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	23,182	2.00
3.00	OPERATION OF PLANT	7.00	0	3,414	3.00
4.00	DIETARY	10.00	0	2,234	4.00
5.00	NURSING ADMINISTRATION	13.00	0	36,245	5.00
6.00	PHARMACY	15.00	0	1,995	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	36,452	7.00
8.00	SOCIAL SERVICE	17.00	0	1,841	8.00
9.00	NURSING PROGRAM	20.00	0	872,456	9.00
10.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	1,813	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	130,916	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	89,610	12.00
13.00	OPERATING ROOM	50.00	0	2,835	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,816	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	877,775	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	8,031	16.00
17.00	LABORATORY	60.00	0	42,627	17.00
18.00	GASTRO INTESTINAL SERVICES	76.01	0	7,938	18.00
19.00	CLINIC	90.00	0	16,512	19.00
20.00	EMERGENCY	91.00	0	28,398	20.00
21.00	PARAMED TRAINING	23.01	0	232,923	21.00
	TOTALS		0	2,760,715	
U - OSFMG MINISTRY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	560,725	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	560,725	
V - CONTRACT LABOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	111,646	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	111,646	
500.00	Grand Total: Increases		7,317,273	57,352,735	500.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
2/25/2022 6:15 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	289,639	0		1.00
	0		0	289,639			
	B - CAFETERIA - DIETARY						
1.00	DIETARY	10.00	1,100,958	773,903	0		1.00
	0		1,100,958	773,903			
	C - ALTERNATIVE BIRTH CENTER						
1.00	ADULTS & PEDIATRICS	30.00	1,328,935	65,787	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		1,328,935	65,787			
	D - CFH - RRC IMAGING SERVICES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	564,857	651,108	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	0.00	0	0	0		5.00
	0		564,857	651,108			
	E - RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM.	22.00	315,711	0	0		1.00
	COSTS APPRVD						
	TOTALS		315,711	0			
	F - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	208,669	284	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
	0		208,669	284			
	G - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	15,961	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	10,187	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	133,052	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,167	0		4.00
5.00	RADIOISOTOPE	56.00	0	116,927	0		5.00
6.00	CT SCAN	57.00	0	82,385	0		6.00
7.00	MRI	58.00	0	985	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	3,279	0		8.00
9.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	10,911	0		9.00
10.00	GASTRO INTESTINAL SERVICES	76.01	0	3,317	0		10.00
	0		0	390,171			
	H - SFI ROCK CUT RENT EXP						
1.00	MAINTENANCE & REPAIRS	6.00	0	96,417	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	0.00	0	0	0		9.00
	0		0	96,417			
	I - SHORT TERM DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	16,663	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	7,769	0	0		2.00
3.00	HOUSEKEEPING	9.00	9,071	0	0		3.00
4.00	DIETARY	10.00	1,300	0	0		4.00
5.00	PHARMACY	15.00	519	0	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	1,123	0	0		6.00
7.00	NURSING PROGRAM	20.00	753	0	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	32,770	0	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	1,083	0	0		9.00
10.00	OPERATING ROOM	50.00	8,427	0	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	619	0	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	999	0	0		12.00
13.00	CT SCAN	57.00	5,341	0	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	13,733	0	0		14.00
15.00	LABORATORY	60.00	8,483	0	0		15.00
16.00	PHYSICAL THERAPY	66.00	7,972	0	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	533	0	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	8,112	0	0		18.00
19.00	SURGERY/CARDIAC AMB DAY CARE	75.01	282	0	0		19.00
20.00	EMERGENCY	91.00	24,681	0	0		20.00
21.00	MED TRANS / WELLNESS / FDN	193.02	202	0	0		21.00
	0		150,435	0			

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	J - IMPLANTABLE MEDICAL DEVICES						
1.00	OPERATING ROOM	50.00	0	12,890,446	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	5,680,847	0		2.00
3.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	14,317	0		3.00
4.00	GASTRO INTESTINAL SERVICES	76.01	0	61,277	0		4.00
5.00	CLINIC	90.00	0	184,403	0		5.00
6.00	EMERGENCY	91.00	0	21	0		6.00
	0		0	18,831,311			
	K - MEDICAL/SURGICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	93,833	0		1.00
2.00	ULTRASOUND	54.01	0	136,776	0		2.00
3.00	OPERATING ROOM	50.00	0	8,866,055	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	330,003	0		4.00
5.00	CT SCAN	57.00	0	208,975	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	7,236,271	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	441,002	0		7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	3,164	0		8.00
9.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	587,787	0		9.00
10.00	GASTRO INTESTINAL SERVICES	76.01	0	696,792	0		10.00
11.00	EMERGENCY	91.00	0	1,083,137	0		11.00
	0		0	19,683,795			
	L - REHAB ADMIN						
1.00	PHYSICAL THERAPY	66.00	49,884	659	0		1.00
2.00		0.00	0	0	0		2.00
	0		49,884	659			
	M - MINISTRY ALLOCATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,351,740	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	8,351,740			
	N - HTM OSFMG COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	4,574,034	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	4,574,034			
	O - OSFMG HOSPITALIST & PALLIATIVE						
1.00	ADULTS & PEDIATRICS	30.00	0	266,880	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	266,880			
	P - PHYSICIAN COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	33,828	0		1.00
	TOTALS		0	33,828			
	R - SHARED SALARY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	878,642	0		1.00
2.00	LABORATORY	60.00	0	5,462	0		2.00
3.00	EMERGENCY	91.00	0	4,740	0		3.00
4.00	MED TRANS / WELLNESS / FDN	193.02	0	8,147	0		4.00
	0		0	896,991			
	S - OTHER BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,700,038	910,888	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
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

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
0			1,700,038	910,888			
T - RECLASS FOUNDATION ACTIVITY							
1.00	MED TRANS / WELLNESS / FDN	193.02	0	2,760,715	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
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
TOTALS			0	2,760,715			
U - OSFMG MINISTRY							
1.00	ADULTS & PEDIATRICS	30.00	0	504,423	0		1.00
2.00	CLINIC	90.00	0	56,302	0		2.00
TOTALS			0	560,725			
V - CONTRACT LABOR							
1.00	SOCIAL SERVICE	17.00	0	110,490	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	1,156	0		2.00
TOTALS			0	111,646			
500.00	Grand Total: Decreases		5,419,487	59,250,521			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/25/2022 6:15 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	4,174,274	8,152,010	0	8,152,010	0	1.00
2.00	Land Improvements	2,741,276	0	0	0	0	2.00
3.00	Buildings and Fixtures	223,644,162	31,911,263	0	31,911,263	0	3.00
4.00	Building Improvements	254,040	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	118,269,706	5,258,950	0	5,258,950	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	349,083,458	45,322,223	0	45,322,223	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	349,083,458	45,322,223	0	45,322,223	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,326,284	0				1.00
2.00	Land Improvements	2,741,276	0				2.00
3.00	Buildings and Fixtures	255,555,425	0				3.00
4.00	Building Improvements	254,040	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	123,528,656	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	394,405,681	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	394,405,681	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	5,136,000	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,321,842	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,457,842	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	5,136,000				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,321,842				2.00
3.00	Total (sum of lines 1-2)	0	13,457,842				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/25/2022 6:15 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	255,809,465	0	255,809,465	0.674357	195,320	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	123,528,656	0	123,528,656	0.325643	94,319	2.00
3.00	Total (sum of lines 1-2)	379,338,121	0	379,338,121	1.000000	289,639	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	195,320	7,732,109	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	94,319	10,941,482	0	2.00
3.00	Total (sum of lines 1-2)	0	0	289,639	18,673,591	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	195,320	0	0	7,927,429	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	94,319	0	0	11,035,801	2.00
3.00	Total (sum of lines 1-2)	0	289,639	0	0	18,963,230	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 6:15 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	-24,967,005			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	-9,913,262			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-589,632	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	B	-513	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-5,707,416	NURSING PROGRAM	20.00	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)	B	-271,842	ADMINISTRATIVE & GENERAL	5.00	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	A	1,724,543	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	2,461,365	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE OFFSETS - ADMIN	B	-34,081	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	OTHER REVENUE OFFSETS - EMPLOYEE BEN	B	-2,567	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

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

Worksheet A-8

Date/Time Prepared:
2/25/2022 6:15 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	2.00	3.00	4.00	5.00		
33.02 OTHER REVENUE OFFSETS - TRAUMA CENTE	B	-16,575	EMERGENCY	91.00	0	33.02
33.03 OTHER REVENUE OFFSETS -OPERATION OF	B	-4,405	OPERATION OF PLANT	7.00	0	33.03
33.04 OTHER REVENUE OFFSETS - CON	B	-14,239	NURSING PROGRAM	20.00	0	33.04
33.05 OTHER REVENUE OFFSETS -PARAMED	B	-93,457	PARAMED TRAINING	23.01	0	33.05
33.06 OCCUP MED PORTION OF EE HEALTH SERVI	A	-101,026	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07 OTHER REVENUE OFFSETS - CARDIAC REHA	B	-4,605	CARDIAC REHABILITATION	76.97	0	33.07
33.08 OTHER REVENUE OFFSETS -WEIGHT MGMT	B	-2,352	CLINIC	90.00	0	33.08
33.09 OTHER REVENUE OFFSETS - SURGERY	B	-6,563	OPERATING ROOM	50.00	0	33.09
33.10 OTHER REVENUE OFFSETS - RADIOLOGY	B	-7,780	RADIOLOGY-THERAPEUTIC	55.00	0	33.10
33.11 PHYSICIAN EMPLOYEE BENEFIT OFFSET	A	-423,814	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12 OTHER REVENUE OFFSETS - PT	B	-237,498	PHYSICAL THERAPY	66.00	0	33.12
33.13 OTHER REVENUE OFFSETS - SURGERY / AM	B	-11,429	SURGERY/CARDIAC AMB DAY CARE	75.01	0	33.13
33.17 APP SALARIES	A	-800	ADULTS & PEDIATRICS	30.00	0	33.17
33.19 APP SALARIES	A	-75,044	RADIOLOGY-DIAGNOSTIC	54.00	0	33.19
33.21 APP SALARIES	A	-350,283	RADIOLOGY-THERAPEUTIC	55.00	0	33.21
33.23 APP SALARIES	A	-115,855	SURGERY/CARDIAC AMB DAY CARE	75.01	0	33.23
33.24 APP SALARIES	A	-122,024	CLINIC	90.00	0	33.24
33.25 APP / PA PART B BENEFITS	A	-126,508	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26 PENSION COSTS	A	1,629,048	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.28 MEDICAID PROVIDER TAX EXPENSE	A	-13,884,436	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.32 MARKETING AND ADVERTISING	A	-7,078	EMERGENCY	91.00	0	33.32
33.36 MARKETING AND ADVERTISING	A	-105	LABORATORY	60.00	0	33.36
33.37 MARKETING AND ADVERTISING	A	-210	RADIOLOGY-THERAPEUTIC	55.00	0	33.37
33.38 MARKETING AND ADVERTISING	A	-235	NURSING PROGRAM	20.00	0	33.38
33.39 MARKETING AND ADVERTISING	A	-210	CT SCAN	57.00	0	33.39
33.40 LOBBYING EXPENSES	A	-48,741	ADMINISTRATIVE & GENERAL	5.00	0	33.40
33.41 PARAMED NEG EXP REMOVED ON WS A	A	-102,720	PARAMED TRAINING	23.01	0	33.41
33.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.42
37.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01
37.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.02
37.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.03
37.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,429,354				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: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 6:15 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL BLDG HO BLDG CAPITA	871,566	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	3,597,302	3,439,027	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G HO MANAGEMENT	22,067,734	37,224,742	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION - EMP BE	3,778,102	3,778,102	3.01
3.02	6.00	MAINTENANCE & REPAIRS	MINISTRY ALLOCATION	1,592,110	1,592,110	3.02
3.03	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY ALLOCATION	303,224	303,224	3.03
3.04	60.00	LABORATORY	MINISTRY ALLOCATION	234,346	234,346	3.04
3.05	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	30,483	30,483	3.05
3.06	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	21,706	21,706	3.06
3.07	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	1,781,230	1,781,230	3.07
3.08	15.00	PHARMACY	MINISTRY ALLOCATION-OSFMG	504,423	504,423	3.08
3.09	30.00	ADULTS & PEDIATRICS	MINISTRY ALLOCATION-OSFMG	56,302	56,302	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - ADMIN	778,489	0	3.10
3.11	15.00	PHARMACY	HO FUNCTIONAL - SUPPLY CHAIN	499,829	0	3.11
3.12	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	3,555,433	0	3.12
3.13	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - REVENUE CYC	10,589,857	11,225,562	3.13
3.14	17.00	SOCIAL SERVICE	HO FUNCTIONAL - CARE MGMT	3,375,375	3,183,950	3.14
3.15	60.00	LABORATORY	PCI PURCH LAB	1,764,588	1,764,588	3.15
3.16	90.00	CLINIC	PCI PURCH SVC-EQUIP RENTAL-W	110,633	173,391	3.16
3.17	60.00	LABORATORY	PCI PURCH SVC-HTS-LAB	288,589	303,224	3.17
3.18	54.00	RADIOLOGY-DIAGNOSTIC	PCI PURCH SVC-HTS-RADIOLOGY	4,064,672	4,270,810	3.18
3.19	6.00	MAINTENANCE & REPAIRS	PCI PURCH SVC-HTS-PLANT OPS	879,504	924,108	3.19
3.20	5.00	ADMINISTRATIVE & GENERAL	PCI BUILDING RENTS-ROCK CUT	21,820	7,501	3.20
3.21	6.00	MAINTENANCE & REPAIRS	PCI BUILDING RENTS-ROCK CUT	115,392	39,670	3.21
3.22	54.00	RADIOLOGY-DIAGNOSTIC	PCI BUILDING RENTS-ROCK CUT	18,914	6,502	3.22
3.23	54.01	ULTRASOUND	PCI BUILDING RENTS-ROCK CUT	15,298	5,259	3.23
3.24	56.00	RADIOISOTOPE	PCI BUILDING RENTS-ROCK CUT	16,059	5,521	3.24
3.25	57.00	CT SCAN	PCI BUILDING RENTS-ROCK CUT	29,731	10,221	3.25
3.26	58.00	MRI	PCI BUILDING RENTS-ROCK CUT	10,094	3,470	3.26
3.27	60.00	LABORATORY	PCI BUILDING RENTS-ROCK CUT	11,559	3,974	3.27
3.28	66.00	PHYSICAL THERAPY	PCI BUILDING RENTS-ROCK CUT	27,997	9,625	3.28
3.29	192.00	PHYSICIANS' PRIVATE OFFICES	PCI BUILDING RENTS-ROCK CUT	128,989	44,344	3.29
3.30	90.00	CLINIC	PCI BUILDING RENTS-STATE & R	67,623	123,353	3.30
3.31	5.00	ADMINISTRATIVE & GENERAL	PCI BUILDING RENTS-STATE & R	62,452	113,919	3.31
3.32	5.00	ADMINISTRATIVE & GENERAL	PCI-CREDENTIALING	135,960	135,960	3.32
3.33	31.00	INTENSIVE CARE UNIT	ST GABRIEL EICU	1,151,953	1,151,953	3.33
3.34	0.00			0	0	3.34
3.35	0.00			0	0	3.35
3.36	0.00			0	0	3.36
3.37	0.00			0	0	3.37
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.			62,559,338	72,472,600	5.00

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

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

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

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

6.00	B	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00

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

Provider CCN: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 6:15 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00
100.00	G. Other (financial or non-financial) specify:	B			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: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 6:15 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	871,566	9		1.00
2.00	158,275	9		2.00
3.00	-15,157,008	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	778,489	0		3.10
3.11	499,829	0		3.11
3.12	3,555,433	0		3.12
3.13	-635,705	0		3.13
3.14	191,425	0		3.14
3.15	0	0		3.15
3.16	-62,758	0		3.16
3.17	-14,635	0		3.17
3.18	-206,138	0		3.18
3.19	-44,604	0		3.19
3.20	14,319	0		3.20
3.21	75,722	0		3.21
3.22	12,412	0		3.22
3.23	10,039	0		3.23
3.24	10,538	0		3.24
3.25	19,510	0		3.25
3.26	6,624	0		3.26
3.27	7,585	0		3.27
3.28	18,372	0		3.28
3.29	84,645	0		3.29
3.30	-55,730	0		3.30
3.31	-51,467	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	0	0		3.34
3.35	0	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
4.00	0	0		4.00
5.00	-9,913,262			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2022 6:15 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

(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: 14-0233

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 6:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	105,881	105,881	0	197,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	6,594,075	6,594,075	0	197,500	0	2.00
3.00	50.00	OPERATING ROOM	34,000	34,000	0	246,400	0	3.00
4.00	53.00	ANESTHESIOLOGY	6,540,115	6,540,115	0	239,400	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	4,104,962	4,104,962	0	271,900	11,977	5.00
6.00	59.00	CARDIAC CATHETERIZATION	384,626	384,626	0	211,500	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	28,425	28,425	0	211,500	0	7.00
8.00	75.01	SURGERY/CARDIAC AMB DAY CARE	23,539	23,539	0	211,500	0	8.00
9.00	76.01	GASTRO INTESTINAL SERVICES	5,400	5,400	0	211,500	0	9.00
10.00	90.00	CLINIC	2,925,396	2,925,396	0	211,500	2,269	10.00
11.00	91.00	EMERGENCY	4,220,586	4,220,586	0	211,500	0	11.00
200.00			24,967,005	24,967,005	0		14,246	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	1,565,647	78,282	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	75.01	SURGERY/CARDIAC AMB DAY CARE	0	0	0	0	0	8.00
9.00	76.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	9.00
10.00	90.00	CLINIC	230,718	11,536	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			1,796,365	89,818	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	105,881		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	6,594,075		2.00
3.00	50.00	OPERATING ROOM	0	0	0	34,000		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	6,540,115		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	1,565,647	0	4,104,962		5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	384,626		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	28,425		7.00
8.00	75.01	SURGERY/CARDIAC AMB DAY CARE	0	0	0	23,539		8.00
9.00	76.01	GASTRO INTESTINAL SERVICES	0	0	0	5,400		9.00
10.00	90.00	CLINIC	0	230,718	0	2,925,396		10.00
11.00	91.00	EMERGENCY	0	0	0	4,220,586		11.00
200.00			0	1,796,365	0	24,967,005		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,927,429	7,927,429			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,035,801		11,035,801		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	31,297,278	48,832	532	31,346,642	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	46,934,308	535,280	1,903,472	2,123,048	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,534,736	2,066,135	81,143	728,512	6.00
7.00	00700	OPERATION OF PLANT	4,194,970	203,805	188,524	337,034	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,225,885	1,086	0	40,741	8.00
9.00	00900	HOUSEKEEPING	2,928,793	65,395	15,017	683,562	9.00
10.00	01000	DIETARY	1,033,864	44,570	29,888	205,714	10.00
11.00	01100	CAFETERIA	1,285,229	84,869	11,957	363,013	11.00
13.00	01300	NURSING ADMINISTRATION	4,885,297	16,518	239,441	414,644	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,500	7,894	6,002	495	14.00
15.00	01500	PHARMACY	4,950,002	46,103	124,258	786,265	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	587,027	23,490	462	144,623	16.00
17.00	01700	SOCIAL SERVICE	3,961,246	21,446	0	123,864	17.00
20.00	02000	NURSING PROGRAM	-984,056	121,573	257,522	1,142,031	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	315,711	0	0	104,098	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	313,408	0	0	2,057	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	531,499	94,232	50,691	163,132	23.01
23.02	02302	PHARMACY RESIDENCY	365,325	1,040	0	117,985	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,338,407	942,945	1,092,183	6,247,586	30.00
31.00	03100	INTENSIVE CARE UNIT	12,889,460	402,637	80,264	2,803,890	31.00
43.00	04300	NURSERY	219,381	12,448	2,429	68,923	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,124,686	415,240	1,795,388	2,446,051	50.00
51.00	05100	RECOVERY ROOM	1,131,566	95,045	36,480	352,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,175,554	67,302	13,011	369,260	52.00
53.00	05300	ANESTHESIOLOGY	671,421	1,487	149,922	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,539,132	346,459	734,291	689,930	54.00
54.01	05401	ULTRASOUND	1,700,087	22,906	175,468	489,463	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,341,759	280,042	183,193	1,192,982	55.00
56.00	05600	RADIOISOTOPE	1,173,996	12,393	203,863	169,176	56.00
57.00	05700	CT SCAN	1,876,828	17,047	515,452	440,454	57.00
58.00	05800	MRI	888,737	44,187	553,973	229,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,473,158	89,724	1,596,029	1,376,143	59.00
60.00	06000	LABORATORY	10,567,666	136,074	321,009	1,779,526	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,477,224	0	5,151	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,426,585	65,705	196,654	749,728	65.00
66.00	06600	PHYSICAL THERAPY	2,805,585	215,459	4,439	849,614	66.00
67.00	06700	OCCUPATIONAL THERAPY	424,788	16,435	0	118,592	67.00
68.00	06800	SPEECH PATHOLOGY	304,920	3,349	853	91,892	68.00
69.00	06900	ELECTROCARDIOLOGY	417,969	10,029	45,272	124,652	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,178,009	56,525	70,756	219,369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,395,896	0	0	105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,831,311	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,183,921	2,263	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,028,506	69,821	48,114	687,626	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	802,057	48,385	142,889	249,177	76.01
76.97	07697	CARDIAC REHABILITATION	627,976	4,180	4,335	158,031	76.97
76.99	07699	LITHOTRIPSY	6,500	2,090	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,496,891	52,537	4,453	393,002	90.00
91.00	09100	EMERGENCY	5,736,358	207,967	95,626	1,569,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	301,581,586	7,022,949	10,980,406	31,346,642	300,621,711
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	139,221	816,864	26,663	0	192.00
193.01	19301	CONVENT	4,083	3,285	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	1,027,041	84,331	28,732	0	193.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
202.00	TOTAL (sum lines 118 through 201)	302,751,931	7,927,429	11,035,801	31,346,642	302,751,931	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	51,496,108					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,928,734	11,339,260				6.00
7.00	00700	OPERATION OF PLANT	1,009,267	437,923	6,371,523			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	259,824	2,333	1,364	1,531,233		8.00
9.00	00900	HOUSEKEEPING	756,851	140,517	82,128	0	4,672,263	9.00
10.00	01000	DIETARY	269,318	95,769	55,974	0	41,591	10.00
11.00	01100	CAFETERIA	357,660	182,362	106,585	0	79,197	11.00
13.00	01300	NURSING ADMINISTRATION	1,138,709	35,492	20,744	0	15,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,257	16,962	9,914	0	7,366	14.00
15.00	01500	PHARMACY	1,210,593	99,064	57,900	0	43,022	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	154,864	50,473	29,500	0	21,920	16.00
17.00	01700	SOCIAL SERVICE	841,659	46,081	26,933	0	20,012	17.00
20.00	02000	NURSING PROGRAM	110,075	261,228	152,681	0	113,448	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	86,042	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	64,656	0	0	0	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	172,071	202,480	118,344	0	87,934	23.01
23.02	02302	PHARMACY RESIDENCY	99,270	2,235	1,307	0	971	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,480,907	2,026,140	1,184,219	857,716	879,923	30.00
31.00	03100	INTENSIVE CARE UNIT	3,315,404	865,160	505,662	146,329	375,727	31.00
43.00	04300	NURSERY	62,138	26,746	15,633	6,564	11,616	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,824,560	892,240	521,489	193,487	387,487	50.00
51.00	05100	RECOVERY ROOM	331,056	204,226	119,364	3,748	88,692	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	333,078	144,615	84,523	35,170	62,804	52.00
53.00	05300	ANESTHESIOLOGY	168,643	3,196	1,868	0	1,388	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,703,138	744,448	435,109	3,054	323,304	54.00
54.01	05401	ULTRASOUND	489,417	49,218	28,767	1,944	21,375	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,229,315	601,735	351,697	2,638	261,325	55.00
56.00	05600	RADIOISOTOPE	319,613	26,629	15,564	1,481	11,565	56.00
57.00	05700	CT SCAN	584,077	36,629	21,409	5,831	15,908	57.00
58.00	05800	MRI	351,774	94,946	55,493	975	41,234	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,544,347	192,794	112,682	48,036	83,728	59.00
60.00	06000	LABORATORY	2,624,300	292,387	170,892	0	126,980	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	303,820	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	704,773	141,183	82,518	0	61,314	65.00
66.00	06600	PHYSICAL THERAPY	794,221	462,964	270,589	0	201,059	66.00
67.00	06700	OCCUPATIONAL THERAPY	114,737	35,315	20,641	0	15,337	67.00
68.00	06800	SPEECH PATHOLOGY	82,190	7,196	4,206	0	3,125	68.00
69.00	06900	ELECTROCARDIOLOGY	122,547	21,550	12,595	0	9,359	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	312,486	121,457	70,988	2,314	52,747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,975,307	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,859,571	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,006,602	4,863	2,842	0	2,112	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	580,856	150,027	87,687	11,939	65,155	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	254,658	103,966	60,765	4,535	45,151	76.01
76.97	07697	CARDIAC REHABILITATION	162,841	8,981	5,249	0	3,900	76.97
76.99	07699	LITHOTRIPSY	1,761	4,490	2,625	0	1,950	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	399,023	112,888	65,980	0	49,026	90.00
91.00	09100	EMERGENCY	1,559,499	446,865	261,180	205,472	194,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,059,509	9,395,773	5,235,610	1,531,233	3,828,233	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	201,419	1,755,223	1,025,878	0	762,269	192.00
193.01	19301	CONVENT	1,510	7,059	4,126	0	3,066	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	233,670	181,205	105,909	0	78,695	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	51,496,108	11,339,260	6,371,523	1,531,233	4,672,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,776,688					10.00
11.00	01100	CAFETERIA	0	2,470,872				11.00
13.00	01300	NURSING ADMINISTRATION	0	30,516	6,796,775			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	53,390		14.00
15.00	01500	PHARMACY	0	63,481	291,652	131	7,672,471	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,388	0	21	0	16.00
17.00	01700	SOCIAL SERVICE	0	10,692	49,204	0	0	17.00
20.00	02000	NURSING PROGRAM	0	78,405	0	42	53	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	13,587	0	3	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	0	15,369	0	13	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	8,687	39,645	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,475,527	626,572	2,877,619	2,713	9,561	30.00
31.00	03100	INTENSIVE CARE UNIT	151,385	239,224	1,098,268	1,850	7,320	31.00
43.00	04300	NURSERY	7,448	6,237	28,698	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,398	237,665	1,091,860	631	0	50.00
51.00	05100	RECOVERY ROOM	0	28,065	128,848	67	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,890	33,411	153,760	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	606	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	64,150	0	603	131	54.00
54.01	05401	ULTRASOUND	0	36,084	0	34	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	35,909	110,257	506,098	591	0	55.00
56.00	05600	RADIOISOTOPE	0	12,028	0	576	0	56.00
57.00	05700	CT SCAN	0	38,757	0	11	0	57.00
58.00	05800	MRI	0	16,706	0	84	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,811	97,115	0	135	0	59.00
60.00	06000	LABORATORY	0	198,463	0	1,061	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	71,500	0	62	510	65.00
66.00	06600	PHYSICAL THERAPY	0	70,164	0	16	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,023	0	7	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,796	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,037	0	36	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,942	0	104	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	39	22,285	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,298	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	83	7,648,682	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	12,447	61,477	282,662	50	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	19,379	88,633	28	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	14,701	0	12	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	34,748	159,789	119	6,214	90.00
91.00	09100	EMERGENCY	26,873	153,246	0	109	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,776,688	2,470,872	6,796,775	53,381	7,672,471	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	9	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,776,688	2,470,872	6,796,775	53,390	7,672,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	
			16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,035,768					16.00
17.00	01700	SOCIAL SERVICE	0	5,101,137				17.00
20.00	02000	NURSING PROGRAM	0	0	1,253,002			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		505,851		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0			393,711	22.00
23.00	02300	MEDTECH SCHOOL	0	0				23.00
23.01	02301	PARAMED TRAINING	0	0				23.01
23.02	02302	PHARMACY RESIDENCY	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,962	4,010,044	716,390	120,834	94,047	30.00
31.00	03100	INTENSIVE CARE UNIT	58,609	1,036,224	237,919	0	0	31.00
43.00	04300	NURSERY	1,115	54,869	24,698	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,342	0	5,574	97,787	76,109	50.00
51.00	05100	RECOVERY ROOM	5,723	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,941	0	132,237	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,632	0	0	9,307	7,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,822	0	5,574	2,515	1,958	54.00
54.01	05401	ULTRASOUND	39,288	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	42,338	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	17,649	0	0	0	0	56.00
57.00	05700	CT SCAN	73,049	0	0	0	0	57.00
58.00	05800	MRI	18,211	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,538	0	10,684	0	0	59.00
60.00	06000	LABORATORY	144,548	0	0	2,515	1,958	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,124	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,781	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,720	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,719	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,056	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,568	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,452	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,800	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,523	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	122,839	0	0	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	6,155	0	13,007	0	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	8,958	0	5,574	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,047	0	9,755	0	0	76.97
76.99	07699	LITHOTRIPSY	95	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,466	0	53,963	17,042	13,264	90.00
91.00	09100	EMERGENCY	58,698	0	37,627	121,841	94,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,035,768	5,101,137	1,253,002	371,841	289,410	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	134,010	104,301	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	0	0	193.02
200.00		Cross Foot Adjustments			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)	1,035,768	5,101,137	1,253,002	505,851	393,711	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			MEDTECH SCHOOL	PARAMED TRAINING	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD						22.00
23.00	02300	MEDTECH SCHOOL	0					23.00
23.01	02301	PARAMED TRAINING		1,435,765				23.01
23.02	02302	PHARMACY RESIDENCY			636,465			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	385,079	53,456,374	-214,881	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	73,131	24,288,463	0	31.00
43.00	04300	NURSERY	0	0	0	548,943	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	53,705	20,230,699	-173,896	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,525,050	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,650,556	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,037,714	-16,551	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,619,618	-4,473	54.00
54.01	05401	ULTRASOUND	0	0	0	3,054,051	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,139,879	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,964,533	0	56.00
57.00	05700	CT SCAN	0	0	0	3,625,452	0	57.00
58.00	05800	MRI	0	0	0	2,295,770	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	9,699,924	0	59.00
60.00	06000	LABORATORY	0	0	0	16,367,379	-4,473	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,792,319	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,523,313	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,684,830	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	757,594	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	506,583	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	787,614	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,116,149	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	23,440,432	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,783,703	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	53,705	49,027,912	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0	0	4,105,529	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	1,834,155	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,001,008	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	19,511	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,862,405	-30,306	90.00
91.00	09100	EMERGENCY	0	1,435,765	70,845	12,275,900	-216,671	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,435,765	636,465	296,023,362	-661,251	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	4,965,848	-238,311	192.00
193.01	19301	CONVENT	0	0	0	23,129	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	1,739,592	0	193.02
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)	0	1,435,765	636,465	302,751,931	-899,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
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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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
23.00	02300	MEDTECH SCHOOL	23.00
23.01	02301	PARAMED TRAINING	23.01
23.02	02302	PHARMACY RESIDENCY	23.02
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	05401	ULTRASOUND	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	75.01
76.00	03950	DIABETIC SERVICE	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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
193.01	19301	CONVENT	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	193.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
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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	48,832	532	49,364	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	576,942	535,280	1,903,472	3,015,694	5.00
6.00	00600	MAINTENANCE & REPAIRS	248,404	2,066,135	81,143	2,395,682	6.00
7.00	00700	OPERATION OF PLANT	74,458	203,805	188,524	466,787	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,086	0	1,086	8.00
9.00	00900	HOUSEKEEPING	0	65,395	15,017	80,412	9.00
10.00	01000	DIETARY	0	44,570	29,888	74,458	10.00
11.00	01100	CAFETERIA	0	84,869	11,957	96,826	11.00
13.00	01300	NURSING ADMINISTRATION	0	16,518	239,441	255,959	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,894	6,002	13,896	14.00
15.00	01500	PHARMACY	127,900	46,103	124,258	298,261	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,490	462	23,952	16.00
17.00	01700	SOCIAL SERVICE	0	21,446	0	21,446	17.00
20.00	02000	NURSING PROGRAM	779,779	121,573	257,522	1,158,874	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	26,366	94,232	50,691	171,289	23.01
23.02	02302	PHARMACY RESIDENCY	0	1,040	0	1,040	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,186	942,945	1,092,183	2,064,314	30.00
31.00	03100	INTENSIVE CARE UNIT	0	402,637	80,264	482,901	31.00
43.00	04300	NURSERY	0	12,448	2,429	14,877	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	361,682	415,240	1,795,388	2,572,310	50.00
51.00	05100	RECOVERY ROOM	0	95,045	36,480	131,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	67,302	13,011	80,313	52.00
53.00	05300	ANESTHESIOLOGY	0	1,487	149,922	151,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	353,118	346,459	734,291	1,433,868	54.00
54.01	05401	ULTRASOUND	16,648	22,906	175,468	215,022	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	975	280,042	183,193	464,210	55.00
56.00	05600	RADIOISOTOPE	16,059	12,393	203,863	232,315	56.00
57.00	05700	CT SCAN	151,121	17,047	515,452	683,620	57.00
58.00	05800	MRI	10,094	44,187	553,973	608,254	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	89,724	1,596,029	1,685,753	59.00
60.00	06000	LABORATORY	10,968	136,074	321,009	468,051	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	5,151	5,151	63.00
65.00	06500	RESPIRATORY THERAPY	120,789	65,705	196,654	383,148	65.00
66.00	06600	PHYSICAL THERAPY	62,352	215,459	4,439	282,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,435	0	16,435	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,349	853	4,202	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,029	45,272	55,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,201	56,525	70,756	237,482	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	309,655	0	0	309,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,263	0	2,263	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	69,821	48,114	117,935	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	48,385	142,889	191,274	76.01
76.97	07697	CARDIAC REHABILITATION	100,571	4,180	4,335	109,086	76.97
76.99	07699	LITHOTRIPSY	0	2,090	0	2,090	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,189	52,537	4,453	65,179	90.00
91.00	09100	EMERGENCY	0	207,967	95,626	303,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,495,457	7,022,949	10,980,406	21,498,812	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	128,989	816,864	26,663	972,516	192.00
193.01	19301	CONVENT	0	3,285	0	3,285	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	84,331	28,732	113,063	193.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,624,446	7,927,429	11,035,801	22,587,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,019,036					5.00
6.00	00600	MAINTENANCE & REPAIRS	113,077	2,509,906				6.00
7.00	00700	OPERATION OF PLANT	59,171	96,933	623,422			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,233	517	133	17,033		8.00
9.00	00900	HOUSEKEEPING	44,372	31,103	8,036	0	164,999	9.00
10.00	01000	DIETARY	15,789	21,198	5,477	0	1,469	10.00
11.00	01100	CAFETERIA	20,969	40,365	10,429	0	2,797	11.00
13.00	01300	NURSING ADMINISTRATION	66,760	7,856	2,030	0	544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	191	3,754	970	0	260	14.00
15.00	01500	PHARMACY	70,974	21,927	5,665	0	1,519	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,079	11,172	2,886	0	774	16.00
17.00	01700	SOCIAL SERVICE	49,344	10,200	2,635	0	707	17.00
20.00	02000	NURSING PROGRAM	6,453	57,822	14,939	0	4,006	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,044	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	3,791	0	0	0	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	10,088	44,818	11,579	0	3,105	23.01
23.02	02302	PHARMACY RESIDENCY	5,820	495	128	0	34	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	379,959	448,481	115,868	9,541	31,076	30.00
31.00	03100	INTENSIVE CARE UNIT	194,374	191,500	49,476	1,628	13,269	31.00
43.00	04300	NURSERY	3,643	5,920	1,530	73	410	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	165,597	197,494	51,025	2,152	13,684	50.00
51.00	05100	RECOVERY ROOM	19,409	45,205	11,679	42	3,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,528	32,010	8,270	391	2,218	52.00
53.00	05300	ANESTHESIOLOGY	9,887	707	183	0	49	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,851	164,781	42,573	34	11,417	54.00
54.01	05401	ULTRASOUND	28,693	10,894	2,815	22	755	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	72,072	133,192	34,412	29	9,229	55.00
56.00	05600	RADIOISOTOPE	18,738	5,894	1,523	16	408	56.00
57.00	05700	CT SCAN	34,243	8,108	2,095	65	562	57.00
58.00	05800	MRI	20,624	21,016	5,430	11	1,456	58.00
59.00	05900	CARDIAC CATHETERIZATION	90,541	42,674	11,025	534	2,957	59.00
60.00	06000	LABORATORY	153,856	64,719	16,721	0	4,484	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,812	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	41,319	31,250	8,074	0	2,165	65.00
66.00	06600	PHYSICAL THERAPY	46,563	102,475	26,476	0	7,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,727	7,817	2,020	0	542	67.00
68.00	06800	SPEECH PATHOLOGY	4,819	1,593	412	0	110	68.00
69.00	06900	ELECTROCARDIOLOGY	7,185	4,770	1,232	0	331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,320	26,884	6,946	26	1,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,062	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	226,277	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,727	1,076	278	0	75	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	34,054	33,208	8,580	133	2,301	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	14,930	23,012	5,946	50	1,594	76.01
76.97	07697	CARDIAC REHABILITATION	9,547	1,988	514	0	138	76.97
76.99	07699	LITHOTRIPSY	103	994	257	0	69	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23,394	24,987	6,456	0	1,731	90.00
91.00	09100	EMERGENCY	91,430	98,912	25,555	2,286	6,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,993,439	2,079,721	512,278	17,033	135,193	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	11,809	388,513	100,377	0	26,919	192.00
193.01	19301	CONVENT	89	1,563	404	0	108	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	13,699	40,109	10,363	0	2,779	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,019,036	2,509,906	623,422	17,033	164,999	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	118,715					10.00
11.00	01100	CAFETERIA	0	171,957				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,124	335,926			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	19,072		14.00
15.00	01500	PHARMACY	0	4,418	14,415	47	418,464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,628	0	8	0	16.00
17.00	01700	SOCIAL SERVICE	0	744	2,432	0	0	17.00
20.00	02000	NURSING PROGRAM	0	5,456	0	15	3	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	946	0	1	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	0	1,070	0	5	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	605	1,959	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,592	43,603	142,225	969	521	30.00
31.00	03100	INTENSIVE CARE UNIT	10,115	16,649	54,281	661	399	31.00
43.00	04300	NURSERY	498	434	1,418	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93	16,540	53,965	225	0	50.00
51.00	05100	RECOVERY ROOM	0	1,953	6,368	24	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,665	2,325	7,599	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	217	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,464	0	215	7	54.00
54.01	05401	ULTRASOUND	0	2,511	0	12	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,399	7,673	25,014	211	0	55.00
56.00	05600	RADIOISOTOPE	0	837	0	206	0	56.00
57.00	05700	CT SCAN	0	2,697	0	4	0	57.00
58.00	05800	MRI	0	1,163	0	30	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,725	6,759	0	48	0	59.00
60.00	06000	LABORATORY	0	13,812	0	379	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,976	0	22	28	65.00
66.00	06600	PHYSICAL THERAPY	0	4,883	0	6	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	698	0	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	543	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,116	0	13	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,597	0	37	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2	7,960	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,608	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29	417,167	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	832	4,278	13,970	18	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	1,349	4,381	10	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,023	0	4	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,418	7,897	43	339	90.00
91.00	09100	EMERGENCY	1,796	10,665	0	39	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,715	171,957	335,926	19,069	418,464	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	3	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	118,715	171,957	335,926	19,072	418,464	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	
			16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,727					16.00
17.00	01700	SOCIAL SERVICE	0	87,703				17.00
20.00	02000	NURSING PROGRAM	0	0	699,784			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		5,208		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0			4,741	22.00
23.00	02300	MEDTECH SCHOOL	0	0				23.00
23.01	02301	PARAMED TRAINING	0	0				23.01
23.02	02302	PHARMACY RESIDENCY	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,189	68,944				30.00
31.00	03100	INTENSIVE CARE UNIT	2,791	17,816				31.00
43.00	04300	NURSERY	53	943				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,112	0				50.00
51.00	05100	RECOVERY ROOM	273	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	283	0				52.00
53.00	05300	ANESTHESIOLOGY	1,078	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,230	0				54.00
54.01	05401	ULTRASOUND	1,871	0				54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,016	0				55.00
56.00	05600	RADIOISOTOPE	840	0				56.00
57.00	05700	CT SCAN	3,479	0				57.00
58.00	05800	MRI	867	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	2,359	0				59.00
60.00	06000	LABORATORY	7,286	0				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	292	0				63.00
65.00	06500	RESPIRATORY THERAPY	1,085	0				65.00
66.00	06600	PHYSICAL THERAPY	510	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	82	0				67.00
68.00	06800	SPEECH PATHOLOGY	50	0				68.00
69.00	06900	ELECTROCARDIOLOGY	360	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	402	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,229	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,406	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,849	0				73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	293	0				75.01
76.00	03950	DIABETIC SERVICE	0	0				76.00
76.01	03340	GASTRO INTESTINAL SERVICES	427	0				76.01
76.97	07697	CARDIAC REHABILITATION	50	0				76.97
76.99	07699	LITHOTRIPSY	5	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	165	0				90.00
91.00	09100	EMERGENCY	2,795	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,727	87,703	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.01	19301	CONVENT	0	0				193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0				193.02
200.00		Cross Foot Adjustments			699,784	5,208	4,741	200.00
201.00		Negative Cost Centers	0	0	549,582	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	49,727	87,703	1,249,366	5,208	4,741	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

Period:
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To 09/30/2021Worksheet B
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Cost Center Description			MEDTECH SCHOOL	PARAMED TRAINING	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD						22.00
23.00	02300	MEDTECH SCHOOL	0					23.00
23.01	02301	PARAMED TRAINING		242,211				23.01
23.02	02302	PHARMACY RESIDENCY			10,267			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				3,418,139	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,040,273	0	31.00
43.00	04300	NURSERY				29,907	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				3,080,047	0	50.00
51.00	05100	RECOVERY ROOM				220,164	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				156,183	0	52.00
53.00	05300	ANESTHESIOLOGY				163,530	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,759,526	0	54.00
54.01	05401	ULTRASOUND				263,365	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC				752,335	0	55.00
56.00	05600	RADIOISOTOPE				261,043	0	56.00
57.00	05700	CT SCAN				735,566	0	57.00
58.00	05800	MRI				659,212	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,846,541	0	59.00
60.00	06000	LABORATORY				732,109	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				23,255	0	63.00
65.00	06500	RESPIRATORY THERAPY				473,247	0	65.00
66.00	06600	PHYSICAL THERAPY				471,600	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				34,511	0	67.00
68.00	06800	SPEECH PATHOLOGY				11,874	0	68.00
69.00	06900	ELECTROCARDIOLOGY				70,504	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				293,902	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				552,908	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				237,291	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				837,464	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE				216,684	0	75.01
76.00	03950	DIABETIC SERVICE				0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES				243,365	0	76.01
76.97	07697	CARDIAC REHABILITATION				122,599	0	76.97
76.99	07699	LITHOTRIPSY				3,518	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				133,228	0	90.00
91.00	09100	EMERGENCY				546,394	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	19,390,284	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				1,500,134	0	192.00
193.01	19301	CONVENT				5,449	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN				180,016	0	193.02
200.00		Cross Foot Adjustments	0	242,211	10,267	962,211	0	200.00
201.00		Negative Cost Centers	0	0	0	549,582	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	242,211	10,267	22,587,676	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

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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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
23.00	02300	MEDTECH SCHOOL	23.00
23.01	02301	PARAMED TRAINING	23.01
23.02	02302	PHARMACY RESIDENCY	23.02
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	05401	ULTRASOUND	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	75.01
76.00	03950	DIABETIC SERVICE	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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
193.01	19301	CONVENT	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	193.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	868,688					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,502,455				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,351	362	95,068,932			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	58,656	1,294,038	6,438,844	-51,496,108	251,255,823	5.00
6.00	00600	MAINTENANCE & REPAIRS	226,407	55,163	2,209,452	0	9,410,526	6.00
7.00	00700	OPERATION OF PLANT	22,333	128,164	1,022,166	0	4,924,333	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	119	0	123,561	0	1,267,712	8.00
9.00	00900	HOUSEKEEPING	7,166	10,209	2,073,127	0	3,692,767	9.00
10.00	01000	DIETARY	4,884	20,319	623,897	0	1,314,036	10.00
11.00	01100	CAFETERIA	9,300	8,129	1,100,958	0	1,745,068	11.00
13.00	01300	NURSING ADMINISTRATION	1,810	162,779	1,257,546	0	5,555,900	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	865	4,080	1,500	0	15,891	14.00
15.00	01500	PHARMACY	5,052	84,474	2,384,607	0	5,906,628	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,574	314	438,618	0	755,602	16.00
17.00	01700	SOCIAL SERVICE	2,350	0	375,659	0	4,106,556	17.00
20.00	02000	NURSING PROGRAM	13,322	175,071	3,463,587	0	537,070	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	315,711	0	419,809	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	6,238	0	315,465	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	10,326	34,461	494,753	0	839,554	23.01
23.02	02302	PHARMACY RESIDENCY	114	0	357,828	0	484,350	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,328	742,497	18,947,753	0	31,621,121	30.00
31.00	03100	INTENSIVE CARE UNIT	44,121	54,566	8,503,722	0	16,176,251	31.00
43.00	04300	NURSERY	1,364	1,651	209,033	0	303,181	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,502	1,220,556	7,418,458	0	13,781,365	50.00
51.00	05100	RECOVERY ROOM	10,415	24,800	1,068,073	0	1,615,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,375	8,845	1,119,902	0	1,625,127	52.00
53.00	05300	ANESTHESIOLOGY	163	101,921	0	0	822,830	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,965	499,192	2,092,441	0	8,309,812	54.00
54.01	05401	ULTRASOUND	2,510	119,288	1,484,459	0	2,387,924	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	30,687	124,540	3,618,112	0	5,997,976	55.00
56.00	05600	RADIOISOTOPE	1,358	138,592	513,082	0	1,559,428	56.00
57.00	05700	CT SCAN	1,868	350,419	1,335,823	0	2,849,781	57.00
58.00	05800	MRI	4,842	376,607	695,884	0	1,716,347	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,832	1,085,026	4,173,607	0	7,535,054	59.00
60.00	06000	LABORATORY	14,911	218,231	5,397,002	0	12,804,275	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,502	0	0	1,482,375	63.00
65.00	06500	RESPIRATORY THERAPY	7,200	133,691	2,273,798	0	3,438,672	65.00
66.00	06600	PHYSICAL THERAPY	23,610	3,018	2,576,734	0	3,875,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,801	0	359,669	0	559,815	67.00
68.00	06800	SPEECH PATHOLOGY	367	580	278,693	0	401,014	68.00
69.00	06900	ELECTROCARDIOLOGY	1,099	30,777	378,047	0	597,922	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,194	48,102	665,308	0	1,524,659	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	318	0	19,396,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,831,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248	0	0	0	34,186,184	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	7,651	32,709	2,085,454	0	2,834,067	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	5,302	97,140	755,711	0	1,242,508	76.01
76.97	07697	CARDIAC REHABILITATION	458	2,947	479,282	0	794,522	76.97
76.99	07699	LITHOTRIPSY	229	0	0	0	8,590	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,757	3,027	1,191,908	0	1,946,883	90.00
91.00	09100	EMERGENCY	22,789	65,009	4,758,607	0	7,608,983	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	769,575	7,464,796	95,068,932	-51,496,108	249,125,603	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	89,512	18,126	0	0	982,748	192.00
193.01	19301	CONVENT	360	0	0	0	7,368	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	9,241	19,533	0	0	1,140,104	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	7,927,429	11,035,801	31,346,642		51,496,108	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.125749	1.470959	0.329725		0.204955	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			49,364		3,019,036	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000519		0.012016	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: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet B-1 Date/Time Prepared: 2/25/2022 6:15 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	
5.00	00500	ADMINISTRATIVE & GENERAL							5.00	
6.00	00600	MAINTENANCE & REPAIRS	578,274						6.00	
7.00	00700	OPERATION OF PLANT	22,333	555,941					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	119	119	1,054,875				8.00	
9.00	00900	HOUSEKEEPING	7,166	7,166	0	548,656			9.00	
10.00	01000	DIETARY	4,884	4,884	0	4,884	158,873		10.00	
11.00	01100	CAFETERIA	9,300	9,300	0	9,300	0		11.00	
13.00	01300	NURSING ADMINISTRATION	1,810	1,810	0	1,810	0		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	865	865	0	865	0		14.00	
15.00	01500	PHARMACY	5,052	5,052	0	5,052	0		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,574	2,574	0	2,574	0		16.00	
17.00	01700	SOCIAL SERVICE	2,350	2,350	0	2,350	0		17.00	
20.00	02000	NURSING PROGRAM	13,322	13,322	0	13,322	0		20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0		22.00	
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0		23.00	
23.01	02301	PARAMED TRAINING	10,326	10,326	0	10,326	0		23.01	
23.02	02302	PHARMACY RESIDENCY	114	114	0	114	0		23.02	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	103,328	103,328	590,886	103,328	131,943		30.00	
31.00	03100	INTENSIVE CARE UNIT	44,121	44,121	100,807	44,121	13,537		31.00	
43.00	04300	NURSERY	1,364	1,364	4,522	1,364	666		43.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	45,502	45,502	133,294	45,502	125		50.00	
51.00	05100	RECOVERY ROOM	10,415	10,415	2,582	10,415	0		51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,375	7,375	24,229	7,375	3,567		52.00	
53.00	05300	ANESTHESIOLOGY	163	163	0	163	0		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,965	37,965	2,104	37,965	0		54.00	
54.01	05401	ULTRASOUND	2,510	2,510	1,339	2,510	0		54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	30,687	30,687	1,817	30,687	3,211		55.00	
56.00	05600	RADIOISOTOPE	1,358	1,358	1,020	1,358	0		56.00	
57.00	05700	CT SCAN	1,868	1,868	4,017	1,868	0		57.00	
58.00	05800	MRI	4,842	4,842	672	4,842	0		58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,832	9,832	33,092	9,832	2,308		59.00	
60.00	06000	LABORATORY	14,911	14,911	0	14,911	0		60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00	
65.00	06500	RESPIRATORY THERAPY	7,200	7,200	0	7,200	0		65.00	
66.00	06600	PHYSICAL THERAPY	23,610	23,610	0	23,610	0		66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,801	1,801	0	1,801	0		67.00	
68.00	06800	SPEECH PATHOLOGY	367	367	0	367	0		68.00	
69.00	06900	ELECTROCARDIOLOGY	1,099	1,099	0	1,099	0		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,194	6,194	1,594	6,194	0		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	248	248	0	248	0		73.00	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	7,651	7,651	8,225	7,651	1,113		75.01	
76.00	03950	DIABETIC SERVICE	0	0	0	0	0		76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	5,302	5,302	3,124	5,302	0		76.01	
76.97	07697	CARDIAC REHABILITATION	458	458	0	458	0		76.97	
76.99	07699	LITHOTRIPSY	229	229	0	229	0		76.99	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	5,757	5,757	0	5,757	0		90.00	
91.00	09100	EMERGENCY	22,789	22,789	141,551	22,789	2,403		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0		95.00	
SPECIAL PURPOSE COST CENTERS										
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,161	456,828	1,054,875	449,543	158,873		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	89,512	89,512	0	89,512	0		192.00	
193.01	19301	CONVENT	360	360	0	360	0		193.01	
193.02	19302	MED TRANS / WELLNESS / FDN	9,241	9,241	0	9,241	0		193.02	
200.00		Cross Foot Adjustments							200.00	
201.00		Negative Cost Centers							201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	11,339,260	6,371,523	1,531,233	4,672,263	1,776,688		202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	19.608801	11.460790	1.451578	8.515833	11.183071		203.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 6:15 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	
204.00		Cost to be allocated (per Wkst. B, Part II)	2,509,906	623,422	17,033	164,999	118,715	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.340340	1.121382	0.016147	0.300733	0.747232	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: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	11,093					11.00
13.00	01300	NURSING ADMINISTRATION	137	1,382,163				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	47,189,561			14.00
15.00	01500	PHARMACY	285	59,309	115,760	34,325,374		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	105	0	18,629	0	1,542,185,143	16.00
17.00	01700	SOCIAL SERVICE	48	10,006	418	0	0	17.00
20.00	02000	NURSING PROGRAM	352	0	37,107	236	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	61	0	2,721	0	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	69	0	11,662	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	39	8,062	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,813	585,180	2,398,352	42,773	130,896,506	30.00
31.00	03100	INTENSIVE CARE UNIT	1,074	223,339	1,635,717	32,750	87,216,432	31.00
43.00	04300	NURSERY	28	5,836	0	0	1,658,633	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,067	222,036	557,489	0	97,234,559	50.00
51.00	05100	RECOVERY ROOM	126	26,202	58,907	0	8,516,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150	31,268	59	0	8,841,410	52.00
53.00	05300	ANESTHESIOLOGY	0	0	535,939	0	33,677,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	288	0	532,914	585	38,425,337	54.00
54.01	05401	ULTRASOUND	162	0	29,931	0	58,464,926	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	495	102,918	522,153	0	63,002,882	55.00
56.00	05600	RADIOISOTOPE	54	0	509,170	0	26,263,292	56.00
57.00	05700	CT SCAN	174	0	10,081	0	108,703,488	57.00
58.00	05800	MRI	75	0	73,897	0	27,099,934	58.00
59.00	05900	CARDIAC CATHETERIZATION	436	0	119,602	0	73,716,913	59.00
60.00	06000	LABORATORY	891	0	938,020	0	215,965,713	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	9,112,975	63.00
65.00	06500	RESPIRATORY THERAPY	321	0	54,667	2,281	33,899,916	65.00
66.00	06600	PHYSICAL THERAPY	315	0	14,225	0	15,952,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	45	0	6,439	0	2,558,111	67.00
68.00	06800	SPEECH PATHOLOGY	35	0	140	0	1,571,250	68.00
69.00	06900	ELECTROCARDIOLOGY	72	0	32,083	0	11,261,231	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103	0	91,786	0	12,578,015	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8	19,689,100	0	69,643,163	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,831,051	0	106,433,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	72,993	34,218,948	182,795,558	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	276	57,481	44,201	0	9,159,331	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	87	18,024	24,362	0	13,330,663	76.01
76.97	07697	CARDIAC REHABILITATION	66	0	10,583	0	1,558,095	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	141,194	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	156	32,494	105,387	27,800	5,157,005	90.00
91.00	09100	EMERGENCY	688	0	96,311	1	87,348,472	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,093	1,382,163	47,181,856	34,325,374	1,542,185,143	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	7,705	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,470,872	6,796,775	53,390	7,672,471	1,035,768	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	222.741549	4.917492	0.001131	0.223522	0.000672	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	171,957	335,926	19,072	418,464	49,727	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	15.501397	0.243044	0.000404	0.012191	0.000032	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: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS				MEDTECH SCHOOL (ASSIGNED TIME)	
			SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	56,061					17.00
20.00	02000	NURSING PROGRAM	0	16,184				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		16,088			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0			16,088		22.00
23.00	02300	MEDTECH SCHOOL	0				0	23.00
23.01	02301	PARAMED TRAINING	0					23.01
23.02	02302	PHARMACY RESIDENCY	0					23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,070	9,253	3,843	3,843	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,388	3,073	0	0	0	31.00
43.00	04300	NURSERY	603	319	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	72	3,110	3,110	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,708	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	296	296	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72	80	80	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
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	138	0	0	0	59.00
60.00	06000	LABORATORY	0	0	80	80	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	168	0	0	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	72	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	126	0	0	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	697	542	542	0	90.00
91.00	09100	EMERGENCY	0	486	3,875	3,875	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	56,061	16,184	11,826	11,826	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,262	4,262	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		MEDTECH SCHOOL (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
					21.00	22.00		
			17.00	20.00			23.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	5,101,137	1,253,002	505,851	393,711	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	90.992615	77.422269	31.442752	24.472340	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	87,703	1,249,366	5,208	4,741	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.564421	43.239249	0.323720	0.294692	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED TRAINING (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	
			23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
23.00	02300	MEDTECH SCHOOL			23.00
23.01	02301	PARAMED TRAINING	100		23.01
23.02	02302	PHARMACY RESIDENCY		557	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	337	30.00
31.00	03100	INTENSIVE CARE UNIT	0	64	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	47	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	05401	ULTRASOUND	0	0	54.01
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	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	47	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	100	62	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	557	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.01	19301	CONVENT	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	193.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,435,765	636,465	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14,357.650000	1,142.666068	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED TRAINING (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	
			23.01	23.02	
204.00		Cost to be allocated (per Wkst. B, Part II)	242,211	10,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2,422.110000	18.432675	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 6:15 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,241,493		53,241,493	0	53,241,493	30.00
31.00	03100	INTENSIVE CARE UNIT	24,288,463		24,288,463	0	24,288,463	31.00
43.00	04300	NURSERY	548,943		548,943	0	548,943	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,056,803		20,056,803	0	20,056,803	50.00
51.00	05100	RECOVERY ROOM	2,525,050		2,525,050	0	2,525,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,650,556		2,650,556	0	2,650,556	52.00
53.00	05300	ANESTHESIOLOGY	1,021,163		1,021,163	0	1,021,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,615,145		11,615,145	0	11,615,145	54.00
54.01	05401	ULTRASOUND	3,054,051		3,054,051	0	3,054,051	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,139,879		9,139,879	0	9,139,879	55.00
56.00	05600	RADIOISOTOPE	1,964,533		1,964,533	0	1,964,533	56.00
57.00	05700	CT SCAN	3,625,452		3,625,452	0	3,625,452	57.00
58.00	05800	MRI	2,295,770		2,295,770	0	2,295,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,699,924		9,699,924	0	9,699,924	59.00
60.00	06000	LABORATORY	16,362,906		16,362,906	0	16,362,906	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,792,319		1,792,319	0	1,792,319	63.00
65.00	06500	RESPIRATORY THERAPY	4,523,313	0	4,523,313	0	4,523,313	65.00
66.00	06600	PHYSICAL THERAPY	5,684,830	0	5,684,830	0	5,684,830	66.00
67.00	06700	OCCUPATIONAL THERAPY	757,594	0	757,594	0	757,594	67.00
68.00	06800	SPEECH PATHOLOGY	506,583	0	506,583	0	506,583	68.00
69.00	06900	ELECTROCARDIOLOGY	787,614		787,614	0	787,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,116,149		2,116,149	0	2,116,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,440,432		23,440,432	0	23,440,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,783,703		22,783,703	0	22,783,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,027,912		49,027,912	0	49,027,912	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	4,105,529		4,105,529	0	4,105,529	75.01
76.00	03950	DIABETIC SERVICE	0		0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,834,155		1,834,155	0	1,834,155	76.01
76.97	07697	CARDIAC REHABILITATION	1,001,008		1,001,008	0	1,001,008	76.97
76.99	07699	LITHOTRIPSY	19,511		19,511	0	19,511	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,832,099		2,832,099	0	2,832,099	90.00
91.00	09100	EMERGENCY	12,059,229		12,059,229	0	12,059,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,315,309		4,315,309	0	4,315,309	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	299,677,420	0	299,677,420	0	299,677,420	200.00
201.00		Less Observation Beds	4,315,309		4,315,309	0	4,315,309	201.00
202.00		Total (see instructions)	295,362,111	0	295,362,111	0	295,362,111	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	120,539,891		120,539,891			30.00
31.00	03100	INTENSIVE CARE UNIT	87,216,432		87,216,432			31.00
43.00	04300	NURSERY	1,658,633		1,658,633			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,522,119	53,712,440	97,234,559	0.206272	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,119,103	5,397,063	8,516,166	0.296501	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,568,529	272,881	8,841,410	0.299789	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,093,784	18,584,149	33,677,933	0.030321	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,836,745	25,588,592	38,425,337	0.302278	0.000000	54.00
54.01	05401	ULTRASOUND	19,307,280	39,157,646	58,464,926	0.052237	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	951,837	62,051,045	63,002,882	0.145071	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,064,982	23,198,310	26,263,292	0.074801	0.000000	56.00
57.00	05700	CT SCAN	41,490,965	67,212,523	108,703,488	0.033352	0.000000	57.00
58.00	05800	MRI	8,750,649	18,349,285	27,099,934	0.084715	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,904,909	36,812,004	73,716,913	0.131583	0.000000	59.00
60.00	06000	LABORATORY	103,839,446	112,126,267	215,965,713	0.075766	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,395,707	1,717,268	9,112,975	0.196678	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	31,567,950	2,331,966	33,899,916	0.133431	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,763,594	10,188,723	15,952,317	0.356364	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,650,341	907,770	2,558,111	0.296154	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,044,376	526,874	1,571,250	0.322408	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,096,385	8,164,846	11,261,231	0.069940	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,214,451	7,363,564	12,578,015	0.168242	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,062,649	27,580,514	69,643,163	0.336579	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,151,565	53,282,158	106,433,723	0.214065	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,318,075	114,477,483	182,795,558	0.268212	0.000000	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,657,381	6,501,950	9,159,331	0.448235	0.000000	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,824,136	8,506,527	13,330,663	0.137589	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	1,378	1,556,717	1,558,095	0.642456	0.000000	76.97
76.99	07699	LITHOTRIPSY	0	141,194	141,194	0.138186	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	143,908	5,013,097	5,157,005	0.549175	0.000000	90.00
91.00	09100	EMERGENCY	36,615,762	50,732,710	87,348,472	0.138059	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,151,899	6,204,716	10,356,615	0.416672	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	774,524,861	767,660,282	1,542,185,143			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	774,524,861	767,660,282	1,542,185,143			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/25/2022 6:15 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206272		50.00
51.00	05100	RECOVERY ROOM	0.296501		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.299789		52.00
53.00	05300	ANESTHESIOLOGY	0.030321		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302278		54.00
54.01	05401	ULTRASOUND	0.052237		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.145071		55.00
56.00	05600	RADIOISOTOPE	0.074801		56.00
57.00	05700	CT SCAN	0.033352		57.00
58.00	05800	MRI	0.084715		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583		59.00
60.00	06000	LABORATORY	0.075766		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.196678		63.00
65.00	06500	RESPIRATORY THERAPY	0.133431		65.00
66.00	06600	PHYSICAL THERAPY	0.356364		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296154		67.00
68.00	06800	SPEECH PATHOLOGY	0.322408		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069940		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168242		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336579		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214065		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268212		73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.448235		75.01
76.00	03950	DIABETIC SERVICE	0.000000		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.137589		76.01
76.97	07697	CARDIAC REHABILITATION	0.642456		76.97
76.99	07699	LITHOTRIPSY	0.138186		76.99
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.549175		90.00
91.00	09100	EMERGENCY	0.138059		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.416672		92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 6:15 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,241,493		53,241,493	0	53,241,493	30.00
31.00	03100	INTENSIVE CARE UNIT	24,288,463		24,288,463	0	24,288,463	31.00
43.00	04300	NURSERY	548,943		548,943	0	548,943	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,056,803		20,056,803	0	20,056,803	50.00
51.00	05100	RECOVERY ROOM	2,525,050		2,525,050	0	2,525,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,650,556		2,650,556	0	2,650,556	52.00
53.00	05300	ANESTHESIOLOGY	1,021,163		1,021,163	0	1,021,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,615,145		11,615,145	0	11,615,145	54.00
54.01	05401	ULTRASOUND	3,054,051		3,054,051	0	3,054,051	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,139,879		9,139,879	0	9,139,879	55.00
56.00	05600	RADIOISOTOPE	1,964,533		1,964,533	0	1,964,533	56.00
57.00	05700	CT SCAN	3,625,452		3,625,452	0	3,625,452	57.00
58.00	05800	MRI	2,295,770		2,295,770	0	2,295,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,699,924		9,699,924	0	9,699,924	59.00
60.00	06000	LABORATORY	16,362,906		16,362,906	0	16,362,906	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,792,319		1,792,319	0	1,792,319	63.00
65.00	06500	RESPIRATORY THERAPY	4,523,313	0	4,523,313	0	4,523,313	65.00
66.00	06600	PHYSICAL THERAPY	5,684,830	0	5,684,830	0	5,684,830	66.00
67.00	06700	OCCUPATIONAL THERAPY	757,594	0	757,594	0	757,594	67.00
68.00	06800	SPEECH PATHOLOGY	506,583	0	506,583	0	506,583	68.00
69.00	06900	ELECTROCARDIOLOGY	787,614		787,614	0	787,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,116,149		2,116,149	0	2,116,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,440,432		23,440,432	0	23,440,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,783,703		22,783,703	0	22,783,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,027,912		49,027,912	0	49,027,912	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	4,105,529		4,105,529	0	4,105,529	75.01
76.00	03950	DIABETIC SERVICE	0		0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,834,155		1,834,155	0	1,834,155	76.01
76.97	07697	CARDIAC REHABILITATION	1,001,008		1,001,008	0	1,001,008	76.97
76.99	07699	LITHOTRIPSY	19,511		19,511	0	19,511	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,832,099		2,832,099	0	2,832,099	90.00
91.00	09100	EMERGENCY	12,059,229		12,059,229	0	12,059,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,315,309		4,315,309	0	4,315,309	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	299,677,420	0	299,677,420	0	299,677,420	200.00
201.00		Less Observation Beds	4,315,309		4,315,309	0	4,315,309	201.00
202.00		Total (see instructions)	295,362,111	0	295,362,111	0	295,362,111	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 6:15 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	120,539,891		120,539,891			30.00	
31.00	03100	INTENSIVE CARE UNIT	87,216,432		87,216,432			31.00	
43.00	04300	NURSERY	1,658,633		1,658,633			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,522,119	53,712,440	97,234,559	0.206272	0.000000	50.00	
51.00	05100	RECOVERY ROOM	3,119,103	5,397,063	8,516,166	0.296501	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,568,529	272,881	8,841,410	0.299789	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	15,093,784	18,584,149	33,677,933	0.030321	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,836,745	25,588,592	38,425,337	0.302278	0.000000	54.00	
54.01	05401	ULTRASOUND	19,307,280	39,157,646	58,464,926	0.052237	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	951,837	62,051,045	63,002,882	0.145071	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,064,982	23,198,310	26,263,292	0.074801	0.000000	56.00	
57.00	05700	CT SCAN	41,490,965	67,212,523	108,703,488	0.033352	0.000000	57.00	
58.00	05800	MRI	8,750,649	18,349,285	27,099,934	0.084715	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	36,904,909	36,812,004	73,716,913	0.131583	0.000000	59.00	
60.00	06000	LABORATORY	103,839,446	112,126,267	215,965,713	0.075766	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,395,707	1,717,268	9,112,975	0.196678	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	31,567,950	2,331,966	33,899,916	0.133431	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	5,763,594	10,188,723	15,952,317	0.356364	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,650,341	907,770	2,558,111	0.296154	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,044,376	526,874	1,571,250	0.322408	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	3,096,385	8,164,846	11,261,231	0.069940	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	5,214,451	7,363,564	12,578,015	0.168242	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,062,649	27,580,514	69,643,163	0.336579	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,151,565	53,282,158	106,433,723	0.214065	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	68,318,075	114,477,483	182,795,558	0.268212	0.000000	73.00	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,657,381	6,501,950	9,159,331	0.448235	0.000000	75.01	
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	4,824,136	8,506,527	13,330,663	0.137589	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	1,378	1,556,717	1,558,095	0.642456	0.000000	76.97	
76.99	07699	LITHOTRIPSY	0	141,194	141,194	0.138186	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	143,908	5,013,097	5,157,005	0.549175	0.000000	90.00	
91.00	09100	EMERGENCY	36,615,762	50,732,710	87,348,472	0.138059	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,151,899	6,204,716	10,356,615	0.416672	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
200.00		Subtotal (see instructions)	774,524,861	767,660,282	1,542,185,143			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	774,524,861	767,660,282	1,542,185,143			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet C Part I Date/Time Prepared: 2/25/2022 6:15 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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	05401	ULTRASOUND	0.000000		54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.000000		75.01
76.00	03950	DIABETIC SERVICE	0.000000		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/25/2022 6:15 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,418,139	0	3,418,139	47,957	71.28	30.00
31.00	INTENSIVE CARE UNIT	1,040,273		1,040,273	11,388	91.35	31.00
43.00	NURSERY	29,907		29,907	603	49.60	43.00
200.00	Total (lines 30 through 199)	4,488,319		4,488,319	59,948		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	16,940	1,207,483				
31.00	INTENSIVE CARE UNIT	3,768	344,207				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	20,708	1,551,690				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges		Capital Costs (column 3 x column 4)
1.00			2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,080,047	97,234,559	0.031676	14,551,373	460,929	50.00
51.00	05100	RECOVERY ROOM	220,164	8,516,166	0.025852	1,237,147	31,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	156,183	8,841,410	0.017665	17,705	313	52.00
53.00	05300	ANESTHESIOLOGY	163,530	33,677,933	0.004856	5,883,301	28,569	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,759,526	38,425,337	0.045791	5,545,458	253,932	54.00
54.01	05401	ULTRASOUND	263,365	58,464,926	0.004505	7,700,974	34,693	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	752,335	63,002,882	0.011941	349,526	4,174	55.00
56.00	05600	RADIOISOTOPE	261,043	26,263,292	0.009939	1,471,272	14,623	56.00
57.00	05700	CT SCAN	735,566	108,703,488	0.006767	14,787,675	100,068	57.00
58.00	05800	MRI	659,212	27,099,934	0.024325	3,304,941	80,393	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,846,541	73,716,913	0.025049	15,245,809	381,892	59.00
60.00	06000	LABORATORY	732,109	215,965,713	0.003390	38,750,860	131,365	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,255	9,112,975	0.002552	2,553,095	6,515	63.00
65.00	06500	RESPIRATORY THERAPY	473,247	33,899,916	0.013960	10,972,636	153,178	65.00
66.00	06600	PHYSICAL THERAPY	471,600	15,952,317	0.029563	2,373,929	70,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,511	2,558,111	0.013491	393,454	5,308	67.00
68.00	06800	SPEECH PATHOLOGY	11,874	1,571,250	0.007557	440,701	3,330	68.00
69.00	06900	ELECTROCARDIOLOGY	70,504	11,261,231	0.006261	1,365,457	8,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	293,902	12,578,015	0.023366	1,775,734	41,492	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	552,908	69,643,163	0.007939	15,023,016	119,268	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	237,291	106,433,723	0.002229	22,898,843	51,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	837,464	182,795,558	0.004581	24,139,506	110,583	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	216,684	9,159,331	0.023657	1,397,026	33,049	75.01
76.00	03950	DIABETIC SERVICE	0	0	0.000000	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	243,365	13,330,663	0.018256	2,046,531	37,361	76.01
76.97	07697	CARDIAC REHABILITATION	122,599	1,558,095	0.078685	490	39	76.97
76.99	07699	LITHOTRIPSY	3,518	141,194	0.024916	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	133,228	5,157,005	0.025834	30,426	786	90.00
91.00	09100	EMERGENCY	546,394	87,348,472	0.006255	12,106,511	75,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	277,047	10,356,615	0.026751	1,472,331	39,386	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,179,012	1,332,770,187		207,835,727	2,278,726	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/25/2022 6:15 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	716,390	0	385,079	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	237,919	0	73,131	0	31.00		
43.00	04300	NURSERY	0	24,698	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	979,007	0	458,210	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	1,101,469	47,957	22.97	16,940	30.00		
31.00	03100	INTENSIVE CARE UNIT		311,050	11,388	27.31	3,768	31.00		
43.00	04300	NURSERY		24,698	603	40.96	0	43.00		
200.00	Total (lines 30 through 199)			1,437,217	59,948		20,708	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	389,112						30.00	
31.00	03100	INTENSIVE CARE UNIT	102,904						31.00	
43.00	04300	NURSERY	0						43.00	
200.00	Total (lines 30 through 199)		492,016						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 6:15 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	5,574	0	53,705
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	132,237	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,574	0	0
54.01	05401	ULTRASOUND	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	10,684	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	53,705
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0	13,007	0	0
76.00	03950	DIABETIC SERVICE	0	0	0	0	0
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	5,574	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	9,755	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	53,963	0	0
91.00	09100	EMERGENCY	0	0	37,627	0	1,506,610
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	58,062	0	31,213
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	332,057	0	1,645,233

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 6:15 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		59,279	59,279	97,234,559	0.000610	50.00
51.00	05100	RECOVERY ROOM	0		0	0	8,516,166	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		132,237	132,237	8,841,410	0.014957	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	33,677,933	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		5,574	5,574	38,425,337	0.000145	54.00
54.01	05401	ULTRASOUND	0		0	0	58,464,926	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	63,002,882	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	26,263,292	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	108,703,488	0.000000	57.00
58.00	05800	MRI	0		0	0	27,099,934	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		10,684	10,684	73,716,913	0.000145	59.00
60.00	06000	LABORATORY	0		0	0	215,965,713	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	9,112,975	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	33,899,916	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	15,952,317	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	2,558,111	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	1,571,250	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	11,261,231	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	12,578,015	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	69,643,163	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	106,433,723	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		53,705	53,705	182,795,558	0.000294	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0		13,007	13,007	9,159,331	0.001420	75.01
76.00	03950	DIABETIC SERVICE	0		0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		5,574	5,574	13,330,663	0.000418	76.01
76.97	07697	CARDIAC REHABILITATION	0		9,755	9,755	1,558,095	0.006261	76.97
76.99	07699	LITHOTRIPSY	0		0	0	141,194	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		53,963	53,963	5,157,005	0.010464	90.00
91.00	09100	EMERGENCY	0		1,544,237	1,544,237	87,348,472	0.017679	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		89,275	89,275	10,356,615	0.008620	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0		1,977,290	1,977,290	1,332,770,187		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 6:15 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	0.000610	14,551,373	8,876	12,515,962	7,635	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,237,147	0	1,133,154	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.014957	17,705	265	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	5,883,301	0	5,236,865	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000145	5,545,458	804	7,483,769	1,085	54.00	
54.01	05401	ULTRASOUND	0.000000	7,700,974	0	9,992,066	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	349,526	0	21,479,510	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	1,471,272	0	8,563,748	0	56.00	
57.00	05700	CT SCAN	0.000000	14,787,675	0	17,002,215	0	57.00	
58.00	05800	MRI	0.000000	3,304,941	0	3,334,869	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000145	15,245,809	2,211	13,024,632	1,889	59.00	
60.00	06000	LABORATORY	0.000000	38,750,860	0	15,679,442	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,553,095	0	589,088	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	10,972,636	0	628,193	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	2,373,929	0	169,900	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	393,454	0	22,741	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	440,701	0	4,138	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,365,457	0	2,200,759	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,775,734	0	1,834,286	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	15,023,016	0	8,794,000	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	22,898,843	0	16,900,475	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000294	24,139,506	7,097	43,466,684	12,779	73.00	
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.001420	1,397,026	1,984	1,267,532	1,800	75.01	
76.00	03950	DIABETIC SERVICE	0.000000	0	0	0	0	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	0.000418	2,046,531	855	2,835,158	1,185	76.01	
76.97	07697	CARDIAC REHABILITATION	0.006261	490	3	446,200	2,794	76.97	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.010464	30,426	318	1,855,409	19,415	90.00	
91.00	09100	EMERGENCY	0.017679	12,106,511	214,031	11,018,938	194,804	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.008620	1,472,331	12,691	714,315	6,157	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		207,835,727	249,135	208,194,048	249,543	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part V Date/Time Prepared: 2/25/2022 6:15 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	0.206272	12,515,962	0	0	2,581,693	50.00
51.00	05100	RECOVERY ROOM	0.296501	1,133,154	0	0	335,981	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.299789	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030321	5,236,865	0	0	158,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302278	7,483,769	0	0	2,262,179	54.00
54.01	05401	ULTRASOUND	0.052237	9,992,066	0	0	521,956	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.145071	21,479,510	0	185	3,116,054	55.00
56.00	05600	RADIOISOTOPE	0.074801	8,563,748	0	0	640,577	56.00
57.00	05700	CT SCAN	0.033352	17,002,215	0	0	567,058	57.00
58.00	05800	MRI	0.084715	3,334,869	0	0	282,513	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	13,024,632	0	0	1,713,820	59.00
60.00	06000	LABORATORY	0.075766	15,679,442	0	0	1,187,969	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.196678	589,088	0	0	115,861	63.00
65.00	06500	RESPIRATORY THERAPY	0.133431	628,193	0	0	83,820	65.00
66.00	06600	PHYSICAL THERAPY	0.356364	169,900	0	0	60,546	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296154	22,741	0	0	6,735	67.00
68.00	06800	SPEECH PATHOLOGY	0.322408	4,138	0	0	1,334	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069940	2,200,759	0	0	153,921	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168242	1,834,286	0	0	308,604	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336579	8,794,000	0	0	2,959,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214065	16,900,475	0	0	3,617,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268212	43,466,684	208	30,599	11,658,286	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.448235	1,267,532	0	0	568,152	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.137589	2,835,158	0	0	390,087	76.01
76.97	07697	CARDIAC REHABILITATION	0.642456	446,200	0	0	286,664	76.97
76.99	07699	LITHOTRIPSY	0.138186	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.549175	1,855,409	0	0	1,018,944	90.00
91.00	09100	EMERGENCY	0.138059	11,018,938	0	0	1,521,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.416672	714,315	0	0	297,635	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		208,194,048	208	30,784	36,418,116	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		208,194,048	208	30,784	36,418,116	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part V Date/Time Prepared: 2/25/2022 6:15 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				
51.00	05100	RECOVERY ROOM	0	0				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				
53.00	05300	ANESTHESIOLOGY	0	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				
54.01	05401	ULTRASOUND	0	0				
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27				
56.00	05600	RADIOISOTOPE	0	0				
57.00	05700	CT SCAN	0	0				
58.00	05800	MRI	0	0				
59.00	05900	CARDIAC CATHETERIZATION	0	0				
60.00	06000	LABORATORY	0	0				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				
65.00	06500	RESPIRATORY THERAPY	0	0				
66.00	06600	PHYSICAL THERAPY	0	0				
67.00	06700	OCCUPATIONAL THERAPY	0	0				
68.00	06800	SPEECH PATHOLOGY	0	0				
69.00	06900	ELECTROCARDIOLOGY	0	0				
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				
73.00	07300	DRUGS CHARGED TO PATIENTS	56	8,207				
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0				
76.00	03950	DIABETIC SERVICE	0	0				
76.01	03340	GASTRO INTESTINAL SERVICES	0	0				
76.97	07697	CARDIAC REHABILITATION	0	0				
76.99	07699	LITHOTRIPSY	0	0				
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				
91.00	09100	EMERGENCY	0	0				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					
200.00		Subtotal (see instructions)	56	8,234				
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					
202.00		Net Charges (line 200 - line 201)	56	8,234				

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 6:15 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			47,957	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			47,957	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)			44,070	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)			16,940	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)			53,241,493	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)			53,241,493	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)			53,241,493	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)			1,110.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			18,806,619	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)			18,806,619	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0233

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

Worksheet D-1

Date/Time Prepared:
2/25/2022 6:15 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
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	24,288,463	11,388	2,132.81	3,768	8,036,428
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					34,614,164
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,457,211
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,043,706
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,527,861
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,571,567
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					56,885,644
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					3,887
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,110.19
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,315,309

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0233		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/25/2022 6:15 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	3,418,139	53,241,493	0.064201	4,315,309	277,047		90.00		
91.00	Nursing Program cost	716,390	53,241,493	0.013455	4,315,309	58,062		91.00		
92.00	Allied health cost	385,079	53,241,493	0.007233	4,315,309	31,213		92.00		
93.00	All other Medical Education	0	53,241,493	0.000000	4,315,309	0		93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 6:15 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		45,058,467	30.00
31.00	03100	INTENSIVE CARE UNIT		28,732,155	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.206272	14,551,373	50.00
51.00	05100	RECOVERY ROOM	0.296501	1,237,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.299789	17,705	52.00
53.00	05300	ANESTHESIOLOGY	0.030321	5,883,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302278	5,545,458	54.00
54.01	05401	ULTRASOUND	0.052237	7,700,974	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.145071	349,526	55.00
56.00	05600	RADIOISOTOPE	0.074801	1,471,272	56.00
57.00	05700	CT SCAN	0.033352	14,787,675	57.00
58.00	05800	MRI	0.084715	3,304,941	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131583	15,245,809	59.00
60.00	06000	LABORATORY	0.075766	38,750,860	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.196678	2,553,095	63.00
65.00	06500	RESPIRATORY THERAPY	0.133431	10,972,636	65.00
66.00	06600	PHYSICAL THERAPY	0.356364	2,373,929	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.296154	393,454	67.00
68.00	06800	SPEECH PATHOLOGY	0.322408	440,701	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069940	1,365,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168242	1,775,734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336579	15,023,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214065	22,898,843	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268212	24,139,506	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.448235	1,397,026	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.137589	2,046,531	76.01
76.97	07697	CARDIAC REHABILITATION	0.642456	490	76.97
76.99	07699	LITHOTRIPSY	0.138186	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.549175	30,426	90.00
91.00	09100	EMERGENCY	0.138059	12,106,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.416672	1,472,331	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		207,835,727	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		207,835,727	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 6:15 pm
		Title XVIII	Hospital	PPS
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		48,362,316	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,367,369	2.04
3.00	Managed Care Simulated Payments		28,313,485	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		230.35	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		8.35	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).		-3.35	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		5.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.99	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.16	11.00
12.00	Current year allowable FTE (see instructions)		8.15	12.00
13.00	Total allowable FTE count for the prior year.		7.51	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.		6.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.		7.50	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		7.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.032559	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.032442	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.032442	21.00
22.00	IME payment adjustment (see instructions)		849,678	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		497,440	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.01	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)		849,678	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		497,440	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.34	31.00
32.00	Sum of lines 30 and 31		19.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.30	33.00
34.00	Disproportionate share adjustment (see instructions)		640,801	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 6:15 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000331341	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,746,822	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,746,822	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,746,822		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)		53,966,986		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)			54,464,426	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,911,680	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).			290,011	52.00
53.00	Nursing and Allied Health Managed Care payment			226,933	53.00
54.00	Special add-on payments for new technologies			363,146	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			492,016	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			249,135	58.00
59.00	Total (sum of amounts on lines 49 through 58)			59,997,347	59.00
60.00	Primary payer payments			1,633	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			59,995,714	61.00
62.00	Deductibles billed to program beneficiaries			4,207,076	62.00
63.00	Coinsurance billed to program beneficiaries			105,795	63.00
64.00	Allowable bad debts (see instructions)			607,051	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			394,583	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			607,051	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			56,077,426	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-646,287	70.93
70.94	HRR adjustment amount (see instructions)			-1,257,117	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/25/2022 6:15 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	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	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			568,358	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			53,605,664	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			52,912,912	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)			692,752	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,472,068	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 6:15 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	48,362,316	0	0	48,362,316	48,362,316
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,367,369	0	0	1,367,369	1,367,369
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	28,313,485	0	0	28,313,485	28,313,485
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032442	0.032442	0.032442	0.032442	
6.00	IME payment adjustment (see instructions)	22.00	849,678	0	0	849,678	849,678
6.01	IME payment adjustment for managed care (see instructions)	22.01	497,440	0	0	497,440	497,440
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	849,678	0	0	849,678	849,678
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	497,440	0	0	497,440	497,440
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0530	0.0530	0.0530	0.0530	
11.00	Disproportionate share adjustment (see instructions)	34.00	640,801	0	0	640,801	640,801
11.01	Uncompensated care payments	36.00	2,746,822	0	0	2,746,822	2,746,822
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	53,966,986	0	0	53,966,986	53,966,986
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	54,464,426	0	0	54,464,426	54,464,426
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,911,680	0	0	3,911,680	3,911,680
17.00	Special add-on payments for new technologies	54.00	363,146	0	0	363,146	363,146
17.01	Net organ acquisition cost						

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/25/2022 6:15 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	58,739,252	58,739,252	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,697,939	0	0	3,697,939	3,697,939	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	161,970	0	0	161,970	161,970	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0140	0.0140	0.0140	0.0140		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	51,771	0	0	51,771	51,771	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,911,680	0	0	3,911,680	3,911,680	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 6:15 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	48,362,316		48,362,316	48,362,316	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,367,369		1,367,369	1,367,369	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	28,313,485	0	28,313,485	28,313,485	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.032442	0.032442	0.032442		5.00
6.00	IME payment adjustment (see instructions)	22.00	849,678	0	849,678	849,678	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	497,440	0	497,440	497,440	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	849,678	0	849,678	849,678	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	497,440	0	497,440	497,440	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0530	0.0530	0.0530		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	640,801	0	640,801	640,801	11.00
11.01	Uncompensated care payments	36.00	2,746,822	0	2,746,822	2,746,822	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	53,966,986	0	53,966,986	53,966,986	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	54,464,426	0	54,464,426	54,464,426	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,911,680	0	3,911,680	3,911,680	16.00
17.00	Special add-on payments for new technologies	54.00	363,146	0	363,146	363,146	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	58,739,252	58,739,252	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/25/2022 6:15 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,697,939	0	3,697,939	3,697,939	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	161,970	0	161,970	161,970	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0140	0.0140	0.0140		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	51,771	0	51,771	51,771	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,911,680	0	3,911,680	3,911,680	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-646,287	0	-646,287	-646,287	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,257,117	0	-1,257,117	-1,257,117	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	568,358	568,358	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/25/2022 6:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,290	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,168,573	2.00
3.00	OPPS payments		35,152,193	3.00
4.00	Outlier payment (see instructions)		99,284	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		249,543	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,290	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30,992	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)		30,992	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)		30,992	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		22,702	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,290	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)		35,501,020	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)		5,963,956	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)		29,545,354	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		171,882	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)		29,717,236	30.00
31.00	Primary payer payments		3,077	31.00
32.00	Subtotal (line 30 minus line 31)		29,714,159	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		645,064	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		419,292	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		645,064	36.00
37.00	Subtotal (see instructions)		30,133,451	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-412	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		30,133,863	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		30,174,243	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-40,380	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		166,559	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/25/2022 6:15 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		52,912,912		30,174,243	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		52,912,912		30,174,243	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		692,752		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		40,380	6.02	
7.00	Total Medicare program liability (see instructions)		53,605,664		30,133,863	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/25/2022 6:15 pm

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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 6:15 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.			8.42	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))			-6.27	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)			2.15	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.99	6.00
7.00	Enter the lesser of line 5 or line 6			2.15	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.	0.64	2.29	2.93	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.	0.46	1.65	2.11	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.16		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	0.46	6.81		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.26	7.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.19	5.68		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.30	6.58		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.30	6.58		17.00
18.00	Per resident amount	116,076.25	110,043.68		18.00
19.00	Approved amount for resident costs	34,823	724,087	758,910	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)			0.84	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)			758,910	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)	20,708	3,380	10,355	26.00
27.00	Total Inpatient Days (see instructions)	55,673	55,673	55,673	27.00
28.00	Ratio of inpatient days to total inpatient days	0.371958	0.060712	0.185997	28.00
29.00	Program direct GME amount	282,283	46,075	141,155	29.00
29.01	Percent reduction for MA DGME		4.07	4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		1,875	5,745	30.00
31.00	Net Program direct GME amount			461,893	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 6:15 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)			0	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)			61,457,211	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)			1,633	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			61,455,578	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			36,426,406	42.00
43.00	Primary payer payments (see instructions)			3,077	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			36,423,329	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			97,878,907	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.627874	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.372126	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			461,893	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			290,011	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			171,882	50.00

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

Provider CCN: 14-0233

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

Worksheet G

Date/Time Prepared:
2/25/2022 6:15 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	216,727	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	230,655,114	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-173,755,717	0	0	0	6.00
7.00	Inventory	9,967,588	0	0	0	7.00
8.00	Prepaid expenses	219,285	0	0	0	8.00
9.00	Other current assets	6,785,639	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	74,088,636	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,326,284	0	0	0	12.00
13.00	Land improvements	2,741,276	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	265,668,978	0	0	0	15.00
16.00	Accumulated depreciation	-104,597,487	0	0	0	16.00
17.00	Leasehold improvements	254,040	0	0	0	17.00
18.00	Accumulated depreciation	-2,360,740	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	123,814,093	0	0	0	23.00
24.00	Accumulated depreciation	-93,375,459	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	7,879,137	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	212,350,122	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,143,329	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,143,329	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	304,582,087	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,432,652	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,902,249	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	3,050,369	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	56,263,404	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	76,648,674	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	89,588,172	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	18,217,283	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	107,805,455	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	184,454,129	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	120,127,958	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)	120,127,958	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	304,582,087	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0233

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

Worksheet G-1

Date/Time Prepared:
2/25/2022 6:15 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		84,835,507		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		66,188,557				2.00
3.00	Total (sum of line 1 and line 2)		151,024,064		0		3.00
4.00	CHANGE IN PRNA - 267001 & 267010	44,987		0		0	4.00
5.00	OTHER	22,341		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)		67,328		0		10.00
11.00	Subtotal (line 3 plus line 10)		151,091,392		0		11.00
12.00	EQUITY TRANSFER - ACCT 719850	29,322,507		0		0	12.00
13.00	CHANGE IN TRNA - 257001 & 257010	1,640,927		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)		30,963,434		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		120,127,958		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	CHANGE IN PRNA - 267001 & 267010		0				4.00
5.00	OTHER		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	EQUITY TRANSFER - ACCT 719850		0				12.00
13.00	CHANGE IN TRNA - 257001 & 257010		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: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2022 6:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	122,198,722		122,198,722	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)	122,198,722		122,198,722	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	87,216,432		87,216,432	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)	87,216,432		87,216,432	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	209,415,154		209,415,154	17.00
18.00	Ancillary services	557,483,102	745,940,796	1,303,423,898	18.00
19.00	Outpatient services	7,626,803	21,719,485	29,346,288	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	3,057,725	16,867,785	19,925,510	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	777,582,784	784,528,066	1,562,110,850	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		354,181,285		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	3			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		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	PARAMED NEG EXP OMITTED FROM WS A	102,723			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)		102,723		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		354,078,565		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0233

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

Worksheet G-3

Date/Time Prepared:
2/25/2022 6:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,562,110,850	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,163,230,762	2.00
3.00	Net patient revenues (line 1 minus line 2)	398,880,088	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	354,078,565	4.00
5.00	Net income from service to patients (line 3 minus line 4)	44,801,523	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,188,455	6.00
7.00	Income from investments	1,300,582	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	589,632	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	513	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,707,416	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	271,842	21.00
22.00	Rental of hospital space	17,331	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	4,467,262	24.00
24.01	RESEARCH	41,413	24.01
24.02	BLUE CROSS QUALITY	500,001	24.02
24.50	COVID-19 PHE Funding	5,723,040	24.50
25.00	Total other income (sum of lines 6-24)	21,807,487	25.00
26.00	Total (line 5 plus line 25)	66,609,010	26.00
27.00	TAXES	-1,208,595	27.00
27.01	PENSION	1,629,048	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	420,453	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	66,188,557	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0233

Period:
From 10/01/2020
To 09/30/2021Worksheet L
Parts I-III
Date/Time Prepared:
2/25/2022 6:15 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	3,697,939	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	161,970	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)	152.53	3.00
4.00	Number of interns & residents (see instructions)	7.50	4.00
5.00	Indirect medical education percentage (see instructions)	1.40	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)	51,771	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	3,911,680	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