

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: 14-0242	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/25/2022 1:25 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 1/25/2022 Time: 1:25 pm
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CENTRAL DUPAGE HOSPITAL (14-0242) for the cost reporting period beginning 09/01/2020 and ending 08/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	910,257	-34,814	0	0	1.00
2.00	Subprovider - IPF	0	77,162	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	987,419	-34,814	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.

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10						
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0242		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:25 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 25 NORTH WINFIELD ROAD		PO Box: 11092012						1.00	
2.00	City: WINFIELD		State: IL		Zip Code: 60190		County: DUPAGE		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		CENTRAL DUPAGE HOSPITAL	140242	16974	1	07/01/1966	N	P	0
4.00	Subprovider - IPF		CENTRAL DUAPGE HOSPITAL PSYCH	14S242	16974	4	07/01/1985	N	P	0
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
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
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)					09/01/2020	08/31/2021		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/25/2022 1:25 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.	3,111	2,016	0	12	11,588	179	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
	Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
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.							
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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/25/2022 1:25 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.	N			60.00
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	4.00
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)				0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				0.00
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)				0.00
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)				0.00
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).				0.00
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)				0.00
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)				0.00
		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
61.20	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
					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
62.01	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
Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/25/2022 1:25 pm

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

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:25 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:25 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	3.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	506,131		3,239,993		4,673,914	
				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	

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242		Period: From 09/01/2020 To 08/31/2021	
				Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:25 pm	
		1.00	2.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00131	
142.00	Street: 251 E HURON STREET	PO Box:			
143.00	City: CHICAGO	State: IL		Zip Code: 60611	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y	N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N
				1.00	
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0242	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:25 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N 167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00 169.00
			Beginning	Ending
			1.00	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 0 171.00

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0242		Period: From 09/01/2020 To 08/31/2021 Worksheet S-2 Part II Date/Time Prepared: 1/25/2022 1:25 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/10/2021	Y	12/10/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 1:25 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	272	99,280	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)		272	99,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	23	8,395	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		347	126,655	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	48	17,520		0	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
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		395			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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 1:25 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)	23,174	2,510	69,377			1.00
2.00	HMO and other (see instructions)	11,405	11,588				2.00
3.00	HMO IPF Subprovider	0	1,309				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)	23,174	2,510	69,377			7.00
8.00	INTENSIVE CARE UNIT	2,939	60	9,321			8.00
9.00	CORONARY CARE UNIT	0	14	2,577			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	1,014	7,855			12.00
13.00	NURSERY		1,541	4,863			13.00
14.00	Total (see instructions)	26,113	5,139	93,993	0.00	3,154.35	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,381	507	12,928	0.00	61.17	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)			279			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	3,215.52	27.00
28.00	Observation Bed Days		0	19,740			28.00
29.00	Ambulance Trips	160					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	179	916			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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 1:25 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	5,726	737	19,538	1.00
2.00 HMO and other (see instructions)			2,291	2,468		2.00
3.00 HMO IPF Subprovider				183		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,726	737	19,538	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	135	63	1,685	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
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/25/2022 1:25 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	240,489,339	0	240,489,339	6,688,278.24	35.96
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		2,489,446	0	2,489,446	9,776.40	254.64
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,135,079	53,573	6,188,652	174,005.69	35.57
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,527,685	0	5,527,685	46,319.28	119.34
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		332,342	0	332,342	1,689.50	196.71
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		59,270,436	0	59,270,436	1,317,081.00	45.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		78,594,842	0	78,594,842		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,098,242	0	2,098,242		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		844,039	0	844,039		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,470,967	0	5,470,967		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	20,665,312	-3,618,093	17,047,219	235,200.44	72.48	27.00
28.00	Administrative & General under contract (see inst.)		228,642	0	228,642	7,668.43	29.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,259,412	88,647	2,348,059	67,575.35	34.75	30.00
31.00	Laundry & Linen Service	8.00	245,931	5,104	251,035	13,226.00	18.98	31.00
32.00	Housekeeping	9.00	5,119,810	171,339	5,291,149	264,157.30	20.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,956,632	-1,027,620	1,929,012	109,094.20	17.68	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,127,193	1,127,193	63,267.64	17.82	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,513,401	93,799	1,607,200	34,141.52	47.07	38.00
39.00	Central Services and Supply	14.00	3,219,393	108,181	3,327,574	153,641.26	21.66	39.00
40.00	Pharmacy	15.00	6,444,607	234,952	6,679,559	124,668.88	53.58	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	4,323,394	160,199	4,483,593	101,153.38	44.32	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part III
Date/Time Prepared:
1/25/2022 1:25 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)	238,228,535	0	238,228,535	6,686,170.27	35.63	1.00
2.00	Excluded area salaries (see instructions)	6,135,079	53,573	6,188,652	174,005.69	35.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	232,093,456	-53,573	232,039,883	6,512,164.58	35.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	65,130,463	0	65,130,463	1,365,089.78	47.71	4.00
5.00	Subtotal wage-related costs (see inst.)	84,065,809	0	84,065,809	0.00	36.23	5.00
6.00	Total (sum of lines 3 thru 5)	381,289,728	-53,573	381,236,155	7,877,254.36	48.40	6.00
7.00	Total overhead cost (see instructions)	46,976,534	-2,656,299	44,320,235	1,173,794.40	37.76	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	15,788,062	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	30,855,832	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	12,465,778	9.00
10.00	Dental, Hearing and Vision Plan	1,223,172	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,344,631	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)	926,579	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	16,768,692	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-41,197	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	1,205,574	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	81,537,123	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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part V
Date/Time Prepared:
1/25/2022 1:25 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	5,527,685	81,537,122	1.00
2.00	Hospital	5,527,685	79,980,403	2.00
3.00	Subprovider - IPF	0	1,205,742	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	350,977	18.00

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0242	Period: From 09/01/2020 To 08/31/2021	Worksheet S-10 Date/Time Prepared: 1/25/2022 1:25 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)			0.142834	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			75,408,624	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			11,517,000	5.00
6.00	Medicaid charges			651,602,470	6.00
7.00	Medicaid cost (line 1 times line 6)			93,070,987	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)			6,145,363	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)			6,145,363	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)	116,305,156	25,327,721	141,632,877	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	16,612,331	25,327,721	41,940,052	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)	16,612,331	25,327,721	41,940,052	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)			17,516,917	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,261,386	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,940,593	27.01
28.00	Non-Medicare bad debt expense (see instructions)			15,576,324	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,904,036	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			44,844,088	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			50,989,451	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		25,138,053	25,138,053	1,623,089	26,761,142
2.00	00200	CAP REL COSTS-MVBLE EQUIP		15,576,994	15,576,994	0	15,576,994
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.10	00540	NON PATIENT TELEPHONES	0	0	0	0	0
5.30	00560	PURCHASING AND STORES	0	0	0	0	0
5.40	00570	ADMITTING	0	0	0	0	0
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0
5.60	00590	ADMINISTRATION & GENERAL	20,665,312	310,040,353	330,705,665	3,643,841	334,349,506
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	2,259,412	30,331,940	32,591,352	100,352	32,691,704
8.00	00800	LAUNDRY & LINEN SERVICE	245,931	123,094	369,025	5,104	374,129
9.00	00900	HOUSEKEEPING	5,119,810	4,042,218	9,162,028	187,622	9,349,650
10.00	01000	DIETARY	2,956,632	4,784,657	7,741,289	-3,126,637	4,614,652
11.00	01100	CAFETERIA	0	0	0	3,226,210	3,226,210
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,513,401	484,033	1,997,434	478,786	2,476,220
14.00	01400	CENTRAL SERVICES & SUPPLY	3,219,393	5,987,957	9,207,350	120,346	9,327,696
15.00	01500	PHARMACY	6,444,607	86,278,901	92,723,508	-85,473,020	7,250,488
16.00	01600	MEDICAL RECORDS & LIBRARY	0	204	204	0	204
17.00	01700	SOCIAL SERVICE	4,323,394	1,719,633	6,043,027	160,199	6,203,226
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PARAMED EDU	255,621	387,307	642,928	8,126	651,054
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,766,194	32,891,004	76,657,198	-3,086,996	73,570,202
31.00	03100	INTENSIVE CARE UNIT	8,171,116	6,158,946	14,330,062	-301,391	14,028,671
32.00	03200	CORONARY CARE UNIT	2,089,626	1,633,776	3,723,402	5,203	3,728,605
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,351,864	1,710,092	7,061,956	159,921	7,221,877
40.00	04000	SUBPROVIDER - IPF	4,743,447	2,092,247	6,835,694	-42,762	6,792,932
43.00	04300	NURSERY	0	0	0	1,826,544	1,826,544
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,182,767	46,442,208	60,624,975	-34,315,180	26,309,795
51.00	05100	RECOVERY ROOM	5,045,103	1,990,671	7,035,774	146,782	7,182,556
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,808,102	2,842,989	9,651,091	239,812	9,890,903
53.00	05300	ANESTHESIOLOGY	565,505	2,672,460	3,237,965	-302,843	2,935,122
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,424,058	2,193,314	7,617,372	341,388	7,958,760
55.00	05500	RADIOLOGY-THERAPEUTIC	5,205,410	3,275,089	8,480,499	-70,546	8,409,953
56.00	05600	RADIOISOTOPE	590,751	1,294,990	1,885,741	-28,004	1,857,737
57.00	05700	CT SCAN	1,500,896	1,078,140	2,579,036	59,455	2,638,491
58.00	05800	MRI	2,073,794	1,084,823	3,158,617	108,898	3,267,515
60.00	06000	LABORATORY	42,971,042	93,924,455	136,895,497	-10,916,537	125,978,960
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,343,389	3,452,786	4,796,175	36,574	4,832,749
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	741,226	451,719	1,192,945	-97,181	1,095,764
65.00	06500	RESPIRATORY THERAPY	3,189,333	1,811,770	5,001,103	111,508	5,112,611
66.00	06600	PHYSICAL THERAPY	9,669,616	2,767,548	12,437,164	42,066	12,479,230
67.00	06700	OCCUPATIONAL THERAPY	1,389,430	408,292	1,797,722	35,226	1,832,948
68.00	06800	SPEECH PATHOLOGY	968,927	237,152	1,206,079	36,259	1,242,338
69.00	06900	ELECTROCARDIOLOGY	8,435,635	23,706,307	32,141,942	-20,637,883	11,504,059
70.00	07000	ELECTROENCEPHALOGRAPHY	1,510,915	1,019,345	2,530,260	109,881	2,640,141
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,335,674	27,335,674
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,069,362	28,069,362
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	85,707,972	85,707,972
74.00	07400	RENAL DIALYSIS	0	0	0	1,351,006	1,351,006
75.01	07501	CARDIAC REHAB	374,993	118,089	493,082	13,933	507,015
75.02	07502	SLEEP LAB	0	0	0	0	0
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0
75.04	07504	PAIN MANAGEMENT	324,612	249,884	574,496	-12,249	562,247
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,364,811	-205,396	3,159,415	1,834,520	4,993,935
90.01	09001	PATIENT TREATMENT CENTER	1,723,503	717,606	2,441,109	8,826	2,449,935
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0
90.03	09003	CANTERA	0	0	0	0	0
90.04	09004	MENTAL HEALTH O/P	1,512,901	445,164	1,958,065	960,900	2,918,965
90.05	09005	WOMENS CLINIC	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.06	09006	WOUND CARE	59,920	44,146	104,066	-6,856	97,210	90.06
91.00	09100	EMERGENCY	9,250,929	4,930,386	14,181,315	288,944	14,470,259	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	239,353,328	726,335,346	965,688,674	-33,756	965,654,918	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	53,568	381,840	435,408	1,731	437,139	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	946,613	945,301	1,891,914	27,765	1,919,679	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	135,830	8,588,545	8,724,375	4,260	8,728,635	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	240,489,339	736,251,032	976,740,371	0	976,740,371	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	26,761,142	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	112,283	15,689,277	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	5.30
5.40	00570	ADMITTING	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	-95,392,071	238,957,435	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-42,977	32,648,727	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-2,231	371,898	8.00
9.00	00900	HOUSEKEEPING	-51,971	9,297,679	9.00
10.00	01000	DIETARY	175,676	4,790,328	10.00
11.00	01100	CAFETERIA	-1,992,691	1,233,519	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-10,029	2,466,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-178,579	9,149,117	14.00
15.00	01500	PHARMACY	-1,940	7,248,548	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	204	16.00
17.00	01700	SOCIAL SERVICE	-187,565	6,015,661	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	-16,133	634,921	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-12,728,720	60,841,482	30.00
31.00	03100	INTENSIVE CARE UNIT	236	14,028,907	31.00
32.00	03200	CORONARY CARE UNIT	-4,285	3,724,320	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-8,500	7,213,377	35.00
40.00	04000	SUBPROVIDER - IPF	-729,104	6,063,828	40.00
43.00	04300	NURSERY	0	1,826,544	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-22,637	26,287,158	50.00
51.00	05100	RECOVERY ROOM	-11,781	7,170,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-491,973	9,398,930	52.00
53.00	05300	ANESTHESIOLOGY	-126,000	2,809,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-219,459	7,739,301	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-131,987	8,277,966	55.00
56.00	05600	RADIOISOTOPE	-37,919	1,819,818	56.00
57.00	05700	CT SCAN	-8,742	2,629,749	57.00
58.00	05800	MRI	-1,008	3,266,507	58.00
60.00	06000	LABORATORY	-3,459,184	122,519,776	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-1,098	4,831,651	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-164	1,095,600	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,112,611	65.00
66.00	06600	PHYSICAL THERAPY	-10,911	12,468,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	-803	1,832,145	67.00
68.00	06800	SPEECH PATHOLOGY	-56	1,242,282	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,302,249	9,201,810	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,182	2,634,959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,335,674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,069,362	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	85,707,972	73.00
74.00	07400	RENAL DIALYSIS	0	1,351,006	74.00
75.01	07501	CARDIAC REHAB	0	507,015	75.01
75.02	07502	SLEEP LAB	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	562,247	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,920,867	2,073,068	90.00
90.01	09001	PATIENT TREATMENT CENTER	-26,382	2,423,553	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	90.02
90.03	09003	CANTERA	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	-123,522	2,795,443	90.04
90.05	09005	WOMENS CLINIC	0	0	90.05
90.06	09006	WOUND CARE	-47,321	49,889	90.06
91.00	09100	EMERGENCY	-408,878	14,061,381	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0242

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

Worksheet A

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-121,416,724	844,238,194	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	437,139	190.00
190.01	19001	KOFFEE KORNER	0	0	190.01
191.00	19100	RESEARCH	0	1,919,679	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	8,728,635	192.00
192.01	19201	WSKF	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	193.01
193.02	19302	MARKETING	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	193.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-121,416,724	855,323,647	200.00

RECLASSIFICATIONS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 1:25 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	28,069,362		1.00
3.00		0.00	0	0		3.00
	TOTALS		0	28,069,362		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,829,072		1.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	TOTALS		0	26,829,072		
	C - CAFETERIA					
1.00	CAFETERIA	11.00	1,127,193	2,099,017		1.00
	TOTALS		1,127,193	2,099,017		
	D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	85,707,972		1.00
	TOTALS		0	85,707,972		
	E - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,623,089		1.00
	TOTALS		0	1,623,089		
	F - PSYCH ANCILLARY					
1.00	MENTAL HEALTH O/P	90.04	591,198	313,860		1.00
	TOTALS		591,198	313,860		
	G - BILLING AND REGISTRATION					
1.00	ADMINISTRATION & GENERAL	5.60	4,820,765	900,106		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
7.00		0.00	0	0		7.00
	TOTALS		4,820,765	900,106		
	H - PEDIATRIC BUILDING RENT					
1.00	CLINIC	90.00	0	1,725,030		1.00
	TOTALS		0	1,725,030		
	I - NURSERY					
1.00	NURSERY	43.00	1,366,519	460,025		1.00
	TOTALS		1,366,519	460,025		
	J - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	1,350,772		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
	TOTALS		0	1,350,772		
	L - PATIENT TRANSPORTATION					
1.00	ADULTS & PEDIATRICS	30.00	739,782	359,624		1.00
2.00	INTENSIVE CARE UNIT	31.00	32,021	15,566		2.00
3.00	CORONARY CARE UNIT	32.00	11,601	5,639		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	1,522	740		4.00
5.00	OPERATING ROOM	50.00	49,658	24,140		5.00
6.00	RECOVERY ROOM	51.00	1,260	612		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	7,716	3,751		7.00

RECLASSIFICATIONS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 1:25 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	ANESTHESIOLOGY	53.00	1,207	587	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	95,694	46,519	9.00
10.00	CT SCAN	57.00	5,827	2,832	10.00
11.00	MRI	58.00	28,504	13,856	11.00
12.00	LABORATORY	60.00	997	485	12.00
13.00	PHYSICAL THERAPY	66.00	525	255	13.00
14.00	ELECTROCARDIOLOGY	69.00	33,753	16,408	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	40,105	19,496	15.00
16.00	RENAL DIALYSIS	74.00	157	77	16.00
17.00	CLINIC	90.00	8,871	4,313	17.00
18.00	WOUND CARE	90.06	52	26	18.00
19.00	EMERGENCY	91.00	79,159	38,481	19.00
	TOTALS		1,138,411	553,407	
M - INTERCOMPANY					
1.00	ADMINISTRATION & GENERAL	5.60	0	1,913,928	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
	TOTALS		0	1,913,928	
N - NON PATIENT TRANSPORTATION					
1.00	ADMINISTRATION & GENERAL	5.60	0	7,557,134	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	7,557,134	
O - ORGANIZATIONAL INCENTIVE					
1.00	OPERATION OF PLANT	7.00	88,647	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	5,104	0	2.00
3.00	HOUSEKEEPING	9.00	171,339	0	3.00
4.00	DIETARY	10.00	99,573	0	4.00
5.00	NURSING ADMINISTRATION	13.00	93,799	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	108,181	0	6.00
7.00	PHARMACY	15.00	234,952	0	7.00
8.00	SOCIAL SERVICE	17.00	160,199	0	8.00
9.00	PARAMED ED PRGM-PARAMED EDU	23.00	8,126	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	1,379,605	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	263,549	0	11.00
12.00	CORONARY CARE UNIT	32.00	66,197	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	178,229	0	13.00
14.00	SUBPROVIDER - IPF	40.00	223,940	0	14.00
15.00	OPERATING ROOM	50.00	502,730	0	15.00
16.00	RECOVERY ROOM	51.00	172,606	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	263,630	0	17.00
18.00	ANESTHESIOLOGY	53.00	18,422	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	219,843	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	223,302	0	20.00
21.00	RADIOISOTOPE	56.00	17,863	0	21.00
22.00	CT SCAN	57.00	50,845	0	22.00
23.00	MRI	58.00	67,894	0	23.00
24.00	LABORATORY	60.00	1,222,181	0	24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	36,574	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	20,579	0	26.00
27.00	RESPIRATORY THERAPY	65.00	126,548	0	27.00
28.00	PHYSICAL THERAPY	66.00	365,725	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	42,155	0	29.00
30.00	SPEECH PATHOLOGY	68.00	36,259	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	211,106	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	58,016	0	32.00
33.00	CARDIAC REHAB	75.01	13,933	0	33.00
34.00	PAIN MANAGEMENT	75.04	9,063	0	34.00
35.00	CLINIC	90.00	98,702	0	35.00
36.00	PATIENT TREATMENT CENTER	90.01	59,892	0	36.00
37.00	MENTAL HEALTH O/P	90.04	55,842	0	37.00
38.00	EMERGENCY	91.00	291,541	0	38.00
39.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	1,731	0	39.00
40.00	RESEARCH	191.00	27,765	0	40.00
41.00	PHYSICIANS PRIVATE OFFICES	192.00	4,260	0	41.00
	TOTALS		7,300,447	0	
P - EMERGENCY INCENTIVE					
1.00	OPERATION OF PLANT	7.00	0	11,705	1.00
3.00	HOUSEKEEPING	9.00	0	16,283	3.00
4.00	NURSING ADMINISTRATION	13.00	0	384,987	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,174	5.00
8.00	ELECTROCARDIOLOGY	69.00	0	987	8.00

Provider CCN: 14-0242

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

Worksheet A-6
Date/Time Prepared:
1/25/2022 1:25 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	506,602		9.00
	TOTALS		0	932,738		
500.00	Grand Total: Increases		16,344,533	160,035,512		500.00

RECLASSIFICATIONS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 1:25 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - IMPLANTS								
1.00	OPERATING ROOM	50.00	0	17,467,939	0		1.00	
3.00	ELECTROCARDIOLOGY	69.00	0	10,601,423	0		3.00	
	TOTALS		0	28,069,362				
B - CHARGEABLE MEDICAL SUPPLIES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9	0		1.00	
3.00	CORONARY CARE UNIT	32.00	0	47,468	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	221,857	0		4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	145,774	0		5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	20,570	0		6.00	
7.00	SUBPROVIDER - IPF	40.00	0	29	0		7.00	
8.00	OPERATING ROOM	50.00	0	17,239,314	0		8.00	
9.00	RECOVERY ROOM	51.00	0	27,696	0		9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,285	0		10.00	
11.00	ANESTHESIOLOGY	53.00	0	323,059	0		11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,668	0		12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	18,949	0		13.00	
15.00	CT SCAN	57.00	0	49	0		15.00	
16.00	MRI	58.00	0	1,356	0		16.00	
17.00	LABORATORY	60.00	0	9,190	0		17.00	
19.00	INTRAVENOUS THERAPY	64.00	0	117,760	0		19.00	
20.00	RESPIRATORY THERAPY	65.00	0	15,040	0		20.00	
21.00	PHYSICAL THERAPY	66.00	0	248	0		21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	6,929	0		22.00	
24.00	ELECTROCARDIOLOGY	69.00	0	8,514,582	0		24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,736	0		25.00	
27.00	PAIN MANAGEMENT	75.04	0	21,312	0		27.00	
28.00	CLINIC	90.00	0	2,396	0		28.00	
29.00	PATIENT TREATMENT CENTER	90.01	0	4,280	0		29.00	
31.00	WOUND CARE	90.06	0	6,934	0		31.00	
32.00	EMERGENCY	91.00	0	20,582	0		32.00	
	TOTALS		0	26,829,072				
C - CAFETERIA								
1.00	DIETARY	10.00	1,127,193	2,099,017	0		1.00	
	TOTALS		1,127,193	2,099,017				
D - DRUGS								
1.00	PHARMACY	15.00	0	85,707,972	0		1.00	
	TOTALS		0	85,707,972				
E - INSURANCE								
1.00	ADMINISTRATION & GENERAL	5.60	0	1,623,089	12		1.00	
	TOTALS		0	1,623,089				
F - PSYCH ANCILLARY								
1.00	ADULTS & PEDIATRICS	30.00	591,198	313,860	0		1.00	
	TOTALS		591,198	313,860				
G - BILLING AND REGISTRATION								
1.00	SUBPROVIDER - IPF	40.00	212,249	51,546	0		1.00	
2.00	OPERATING ROOM	50.00	133,032	51,423	0		2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00	215,222	59,677	0		3.00	
4.00	LABORATORY	60.00	3,932,567	641,309	0		4.00	
5.00	PHYSICAL THERAPY	66.00	248,677	75,514	0		5.00	
7.00	EMERGENCY	91.00	79,018	20,637	0		7.00	
	TOTALS		4,820,765	900,106				
H - PEDIATRIC BUILDING RENT								
1.00	ADULTS & PEDIATRICS	30.00	0	1,725,030	0		1.00	
	TOTALS		0	1,725,030				
I - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	1,366,519	460,025	0		1.00	
	TOTALS		1,366,519	460,025				
J - RENAL DIALYSIS								
1.00	ADULTS & PEDIATRICS	30.00	0	806,467	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	466,753	0		2.00	
3.00	CORONARY CARE UNIT	32.00	0	30,766	0		3.00	
5.00	PATIENT TREATMENT CENTER	90.01	0	46,786	0		5.00	
	TOTALS		0	1,350,772				
L - PATIENT TRANSPORTATION								
1.00	ADMINISTRATION & GENERAL	5.60	1,138,411	553,407	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	

RECLASSIFICATIONS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 1:25 pm

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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
TOTALS			1,138,411	553,407		
M - INTERCOMPANY						
1.00	ADULTS & PEDIATRICS	30.00	0	81,051	0	1.00
2.00	SUBPROVIDER - IPF	40.00	0	2,878	0	2.00
3.00	RADIOISOTOPE	56.00	0	45,867	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	1,784,132	0	4.00
TOTALS			0	1,913,928		
N - NON PATIENT TRANSPORTATION						
1.00		0.00	0	0	0	1.00
2.00	LABORATORY	60.00	0	7,557,134	0	2.00
TOTALS			0	7,557,134		
O - ORGANIZATIONAL INCENTIVE						
1.00	ADMINISTRATION & GENERAL	5.60	7,300,447	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
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
41.00		0.00	0	0	0	41.00
TOTALS			7,300,447	0		
P - EMERGENCY INCENTIVE						
1.00	ADMINISTRATION & GENERAL	5.60	0	932,738	0	1.00
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
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
TOTALS			0	932,738		
500.00	Grand Total: Decreases		16,344,533	160,035,512		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
1/25/2022 1:25 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	34,433,262	839,998	0	839,998	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	598,377,060	53,690,350	0	53,690,350	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	162,279,912	0	0	0	4,329,862	5.00	
6.00	Movable Equipment	0	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	795,090,234	54,530,348	0	54,530,348	4,329,862	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	795,090,234	54,530,348	0	54,530,348	4,329,862	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	35,273,260	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	652,067,410	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	157,950,050	0				5.00	
6.00	Movable Equipment	0	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	845,290,720	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	845,290,720	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
1/25/2022 1:25 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	25,138,053	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,576,994	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	40,715,047	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	25,138,053				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,576,994				2.00
3.00	Total (sum of lines 1-2)	0	40,715,047				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
1/25/2022 1:25 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	35,273,260	0	35,273,260	0.041729	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	810,017,460	0	810,017,460	0.958271	0	2.00
3.00	Total (sum of lines 1-2)	845,290,720	0	845,290,720	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	25,138,053	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,689,277	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	40,827,330	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	1,623,089	0	0	26,761,142	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,689,277	2.00
3.00	Total (sum of lines 1-2)	0	1,623,089	0	0	42,450,419	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
1/25/2022 1:25 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				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)	A	-32,814	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-18,490,576			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	-30,105,665			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,992,691	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	B	-2,412	DELIVERY ROOM & LABOR ROOM	52.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	PHYSICIAN SUBSIDY	A	-16,146,083	ADMINISTRATION & GENERAL	5.60	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
34.02	NON PT MED SUPP	B	-13,054	PATIENT TREATMENT CENTER		90.01	0 34.02
35.04	MEALS REVENUE	B	-449	DIETARY		10.00	0 35.04
36.00	OTHER INCOME	B		NEONATAL INTENSIVE CARE UNIT		35.00	0 36.00
36.01	OTHER INCOME	B	-1,145,848	ADMINISTRATION & GENERAL		5.60	0 36.01
36.02	OTHER INCOME	B		LAUNDRY & LINEN SERVICE		8.00	0 36.02
36.03	OTHER INCOME	B		DIETARY		10.00	0 36.03
36.04	OTHER INCOME	B		DELIVERY ROOM & LABOR ROOM		52.00	0 36.04
36.05	OTHER INCOME	B		RADIOLOGY-THERAPEUTIC		55.00	0 36.05
36.06	OTHER INCOME	B	711	LABORATORY		60.00	0 36.06
36.07	OTHER INCOME	B		SUBPROVIDER - IPF		40.00	0 36.07
36.08	OTHER INCOME	B		MENTAL HEALTH O/P		90.04	0 36.08
36.09	OTHER INCOME	B	-1,845,896	CLINIC		90.00	0 36.09
36.10	OTHER INCOME	B	7,203	OPERATING ROOM		50.00	0 36.10
36.11	OTHER INCOME	B		PATIENT TREATMENT CENTER		90.01	0 36.11
36.12	OTHER INCOME	B	-2,729	NURSING ADMINISTRATION		13.00	0 36.12
36.13	OTHER INCOME	B	42	INTENSIVE CARE UNIT		31.00	0 36.13
36.14	OTHER INCOME	B		CENTRAL SERVICES & SUPPLY		14.00	0 36.14
36.15	OTHER INCOME	B		PHYSICAL THERAPY		66.00	0 36.15
36.16	OTHER INCOME	B		ELECTROENCEPHALOGRAPHY		70.00	0 36.16
36.17	OTHER INCOME	B		ADULTS & PEDIATRICS		30.00	0 36.17
36.18	OTHER INCOME	B	-49,613	DELIVERY ROOM & LABOR ROOM		52.00	0 36.18
38.00	TUITION INCOME	B		NURSING ADMINISTRATION		13.00	0 38.00
38.01	TUITION INCOME	B		LABORATORY		60.00	0 38.01
38.02	TUITION INCOME	B	-84,825	EMERGENCY		91.00	0 38.02
38.03	TUITION INCOME	B		SUBPROVIDER - IPF		40.00	0 38.03
39.00	RENTAL INCOME	B	-992,784	CLINIC		90.00	0 39.00
39.01	RENTAL INCOME	B	-54,099	SUBPROVIDER - IPF		40.00	0 39.01
39.04	INTERCOMPANY RENTAL INCOME	B		OPERATION OF PLANT		7.00	0 39.04
39.05	INTERCOMPANY RENTAL INCOME	B	-3,323,229	ADMINISTRATION & GENERAL		5.60	0 39.05
40.00	OTHER SERVICE REVENUE	B		PATIENT TREATMENT CENTER		90.01	0 40.00
40.01	OTHER SERVICE REVENUE	B	-205,877	SUBPROVIDER - IPF		40.00	0 40.01
40.02	OTHER SERVICE REVENUE	B	7,959	ADULTS & PEDIATRICS		30.00	0 40.02
40.03	OTHER SERVICE REVENUE	B	-114,682	MENTAL HEALTH O/P		90.04	0 40.03
40.06	OTHER SERVICE REVENUE	B	-10,895	RADIOLOGY-DIAGNOSTIC		54.00	0 40.06
40.07	OTHER SERVICE INCOME	B	-46,207	EMERGENCY		91.00	0 40.07
41.00	INSTYMED REV	B		CLINIC		90.00	0 41.00
41.01	INSTYMED REV	B		PHARMACY		15.00	0 41.01
41.03	RECOVERY LIVING REV	B		ADULTS & PEDIATRICS		30.00	0 41.03
42.00	REAL ESTATE TAXES	A	-11,922	CLINIC		90.00	0 42.00
42.04	LOBBYING DUES	A		ADMINISTRATION & GENERAL		5.60	0 42.04
42.05	PHYSICIAN BILLING SVC	A	-591,250	LABORATORY		60.00	0 42.05
42.06	PHYSICIAN BILLING SVC	A		ELECTROCARDIOLOGY		69.00	0 42.06
42.07	REAL ESTATE TAXES	A	-130,529	ADMINISTRATION & GENERAL		5.60	0 42.07
44.00	CHARITABLE CONTRIBUTIONS	A	-3,522	ADMINISTRATION & GENERAL		5.60	0 44.00
44.01	CHARITABLE CONTRIBUTIONS	A		HOUSEKEEPING		9.00	0 44.01
44.02	CHARITABLE CONTRIBUTIONS	A		NURSING ADMINISTRATION		13.00	0 44.02
44.03	CHARITABLE CONTRIBUTIONS	A		ADULTS & PEDIATRICS		30.00	0 44.03
44.04	CHARITABLE CONTRIBUTIONS	A		INTENSIVE CARE UNIT		31.00	0 44.04
44.05	CHARITABLE CONTRIBUTIONS	A		SUBPROVIDER - IPF		40.00	0 44.05
44.06	CHARITABLE CONTRIBUTIONS	A		OPERATING ROOM		50.00	0 44.06
44.07	CHARITABLE CONTRIBUTIONS	A		DELIVERY ROOM & LABOR ROOM		52.00	0 44.07
44.08	CHARITABLE CONTRIBUTIONS	A		CLINIC		90.00	0 44.08
44.09	CHARITABLE CONTRIBUTIONS	A		PATIENT TREATMENT CENTER		90.01	0 44.09
44.10	CHARITABLE CONTRIBUTIONS	A		EMERGENCY		91.00	0 44.10
44.11	CHARITABLE CONTRIBUTIONS	A		MRI		58.00	0 44.11
45.00	EQPT DISPOSALS	A	938	ADMINISTRATION & GENERAL		5.60	0 45.00
45.01	EQPT DISPOSALS	A		HOUSEKEEPING		9.00	0 45.01
45.02	EQPT DISPOSALS	A	-164	PHARMACY		15.00	0 45.02
45.03	EQPT DISPOSALS	A	-26,823	CENTRAL SERVICES & SUPPLY		14.00	0 45.03
45.04	EQPT DISPOSALS	A		MEDICAL RECORDS & LIBRARY		16.00	0 45.04
45.05	EQPT DISPOSALS	A	-12,661	ADULTS & PEDIATRICS		30.00	0 45.05
45.06	EQPT DISPOSALS	A	-3,286	INTENSIVE CARE UNIT		31.00	0 45.06
45.07	EQPT DISPOSALS	A		NEONATAL INTENSIVE CARE UNIT		35.00	0 45.07
45.08	EQPT DISPOSALS	A		SUBPROVIDER - IPF		40.00	0 45.08
45.09	EQPT DISPOSALS	A	-22,051	OPERATING ROOM		50.00	0 45.09
45.10	EQPT DISPOSALS	A	-111	DELIVERY ROOM & LABOR ROOM		52.00	0 45.10
45.11	EQPT DISPOSALS	A	-160,892	RADIOLOGY-DIAGNOSTIC		54.00	0 45.11
45.12	EQPT DISPOSALS	A		RADIOLOGY-THERAPEUTIC		55.00	0 45.12
45.13	EQPT DISPOSALS	A	-7,680	CT SCAN		57.00	0 45.13

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0242

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

Worksheet A-8

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
45.14	EQPT DISPOSALS	A	-30,933	LABORATORY		60.00	0	45.14
45.15	EQPT DISPOSALS	A	-1,066	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	45.15
45.16	EQPT DISPOSALS	A	-4,102	ELECTROCARDIOLOGY		69.00	0	45.16
45.17	EQPT DISPOSALS	A	0	CLINIC		90.00	0	45.17
45.18	EQPT DISPOSALS	A	-1,008	MRI		58.00	0	45.18
45.19	EQPT DISPOSALS	A	-164	PHYSICAL THERAPY		66.00	0	45.19
45.20	EQPT DISPOSALS	A	-164	EMERGENCY		91.00	0	45.20
45.21	EQPT DISPOSALS	A	112,283	CAP REL COSTS-MVBLE EQUIP		2.00	9	45.21
45.22	EQPT DISPOSALS	A	-1,807	OPERATION OF PLANT		7.00	0	45.22
45.23	EQPT DISPOSALS	A	-6,993	RECOVERY ROOM		51.00	0	45.23
45.24	EQPT DISPOSALS	A	-164	INTRAVENOUS THERAPY		64.00	0	45.24
48.00	CAPITALIZED INTEREST	A	0	CAP REL COSTS-BLDG & FIXT		1.00	9	48.00
49.00	MEDICAID TAX OFFSET	A	-43,194,149	ADMINISTRATION & GENERAL		5.60	0	49.00
49.01	APN PART B	A	-45,933	WOUND CARE		90.06	0	49.01
49.02	APN PART B	A	-1,058,486	ADULTS & PEDIATRICS		30.00	0	49.02
49.03	APN PART B	A	-13,245	CLINIC		90.00	0	49.03
49.04	APN PART B	A	-4,350	INTENSIVE CARE UNIT		31.00	0	49.04
49.05	APN PART B	A	-4,180	CORONARY CARE UNIT		32.00	0	49.05
49.06	MISC COST	A	-2,718	PATIENT TREATMENT CENTER		90.01	9	49.06
49.07	MISC COST	A	-885,042	ADMINISTRATION & GENERAL		5.60	0	49.07
49.08	MISC COST	A	-8,356	OPERATION OF PLANT		7.00	0	49.08
49.09	MISC COST	A	-2,231	LAUNDRY & LINEN SERVICE		8.00	0	49.09
49.10	MISC COST	A	-51,971	HOUSEKEEPING		9.00	0	49.10
49.11	MISC COST	A	176,125	DIETARY		10.00	0	49.11
49.12	MISC COST	A	-6,175	NURSING ADMINISTRATION		13.00	0	49.12
49.13	MISC COST	A	-151,758	CENTRAL SERVICES & SUPPLY		14.00	0	49.13
49.14	MISC COST	A	-1,776	PHARMACY		15.00	0	49.14
49.15	MISC COST	A	-1,495	SOCIAL SERVICE		17.00	0	49.15
49.16	MISC COST	A	-45,185	ADULTS & PEDIATRICS		30.00	0	49.16
49.17	MISC COST	A	7,830	INTENSIVE CARE UNIT		31.00	0	49.17
49.18	MISC COST	A	-105	CORONARY CARE UNIT		32.00	0	49.18
49.19	MISC COST	A	-8,500	NEONATAL INTENSIVE CARE UNIT		35.00	0	49.19
49.20	MISC COST	A	-10,634	SUBPROVIDER - IPF		40.00	0	49.20
49.21	MISC COST	A	-7,789	OPERATING ROOM		50.00	0	49.21
49.22	MISC COST	A	-4,788	RECOVERY ROOM		51.00	0	49.22
49.23	MISC COST	A	-503	DELIVERY ROOM & LABOR ROOM		52.00	0	49.23
49.24	MISC COST	A	-5,477	RADIOLOGY-DIAGNOSTIC		54.00	0	49.24
49.25	MISC COST	A	-7,361	RADIOLOGY-THERAPEUTIC		55.00	0	49.25
49.26	MISC COST	A	-1,062	CT SCAN		57.00	0	49.26
49.27	MISC COST	A	0	MRI		58.00	0	49.27
49.28	MISC COST	A	-461,481	LABORATORY		60.00	0	49.28
49.29	MISC COST	A	-32	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	49.29
49.30	MISC COST	A	0	RESPIRATORY THERAPY		65.00	0	49.30
49.31	MISC COST	A	-2,698	PHYSICAL THERAPY		66.00	0	49.31
49.32	MISC COST	A	-728	OCCUPATIONAL THERAPY		67.00	0	49.32
49.33	MISC COST	A	-56	SPEECH PATHOLOGY		68.00	0	49.33
49.34	MISC COST	A	-23,705	ELECTROCARDIOLOGY		69.00	0	49.34
49.35	MISC COST	A	-1,123	ELECTROENCEPHALOGRAPHY		70.00	0	49.35
49.36	MISC COST	A	0	CARDIAC REHAB		75.01	0	49.36
49.37	MISC COST	A	0	PAIN MANAGEMENT		75.04	0	49.37
49.38	MISC COST	A	-4,874	CLINIC		90.00	0	49.38
49.39	MISC COST	A	-9,418	PATIENT TREATMENT CENTER		90.01	0	49.39
49.40	MISC COST	A	-1,648	MENTAL HEALTH O/P		90.04	0	49.40
49.41	MISC COST	A	-1,388	WOUND CARE		90.06	0	49.41
49.42	MISC COST	A	-5,544	EMERGENCY		91.00	0	49.42
49.43	MISC COST	A	-16,133	PARAMED ED PRGM-PARAMED EDU		23.00	0	49.43
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-121,416,724					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: 14-0242

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

Worksheet A-8-1

Date/Time Prepared:
1/25/2022 1:25 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	218,586,439	248,692,104	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	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			218,586,439	248,692,104	5.00

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

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

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

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

6.00	B	NMHC	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0242

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

Worksheet A-8-1

Date/Time Prepared:
1/25/2022 1:25 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	-30,105,665	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-30,105,665			5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

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

Worksheet A-8-2

Date/Time Prepared:
1/25/2022 1:25 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	AGGREGATE-ADMINISTRATION & GENERAL	458,942	458,942	0	211,500	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	1,125	1,125	0	0	0	2.00
3.00	17.00	AGGREGATE-SOCIAL SERVICE	186,070	186,070	0	211,500	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	11,620,347	11,620,347	0	211,500	0	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	536,854	378,448	158,406	181,300	899	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	439,334	439,334	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	126,000	126,000	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	42,195	42,195	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	182,143	62,143	120,000	271,900	440	9.00
10.00	56.00	AGGREGATE-RADIOISOTOPE	37,919	37,919	0	0	0	10.00
12.00	60.00	AGGREGATE-LABORATORY	2,376,231	2,376,231	0	0	0	12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	8,049	8,049	0	0	0	13.00
14.00	67.00	AGGREGATE-OCCUPATIONAL THERAPY	75	75	0	0	0	14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	2,274,442	2,274,442	0	0	0	15.00
16.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	27,850	0	27,850	271,900	182	16.00
17.00	90.00	AGGREGATE-CLINIC	59,467	42,921	16,546	211,500	72	17.00
18.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	9,540	0	9,540	179,000	97	18.00
19.00	90.04	AGGREGATE-MENTAL HEALTH O/P	7,192	7,192	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	272,138	272,138	0	0	0	20.00
200.00			18,665,913	18,333,571	332,342		1,690	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet A-8-2
Date/Time Prepared:
1/25/2022 1:25 pm

	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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	78,360	3,918	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	57,517	2,876	0	0	0	9.00
10.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	0	0	10.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	67.00	AGGREGATE-OCCUPATIONAL THERAPY	0	0	0	0	0	14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	23,791	1,190	0	0	0	16.00
17.00	90.00	AGGREGATE-CLINIC	7,321	366	0	0	0	17.00
18.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	8,348	417	0	0	0	18.00
19.00	90.04	AGGREGATE-MENTAL HEALTH O/P	0	0	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	20.00
200.00			175,337	8,767	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0242

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

Worksheet A-8-2

Date/Time Prepared:
1/25/2022 1:25 pm

	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	5.60	AGGREGATE-ADMINISTRATION & GENERAL	0	0	0	458,942		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	1,125		2.00
3.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	186,070		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	11,620,347		4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	78,360	80,046	458,494		5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	439,334		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	126,000		7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	42,195		8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	57,517	62,483	124,626		9.00
10.00	56.00	AGGREGATE-RADIOISOTOPE	0	0	0	37,919		10.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	2,376,231		12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	8,049		13.00
14.00	67.00	AGGREGATE-OCCUPATIONAL THERAPY	0	0	0	75		14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	2,274,442		15.00
16.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	23,791	4,059	4,059		16.00
17.00	90.00	AGGREGATE-CLINIC	0	7,321	9,225	52,146		17.00
18.00	90.01	AGGREGATE-PATIENT TREATMENT CENTER	0	8,348	1,192	1,192		18.00
19.00	90.04	AGGREGATE-MENTAL HEALTH O/P	0	0	0	7,192		19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	0	0	272,138		20.00
200.00			0	175,337	157,005	18,490,576		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.10
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	26,761,142	26,761,142			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,689,277		15,689,277		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	416,144	243,973	0	5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	5.30
5.40	00570	ADMITTING	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	238,957,435	839,367	492,097	0	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	32,648,727	14,115,542	8,275,530	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	371,898	72,117	42,280	0	8.00
9.00	00900	HOUSEKEEPING	9,297,679	237,431	139,199	0	9.00
10.00	01000	DIETARY	4,790,328	255,789	149,962	0	10.00
11.00	01100	CAFETERIA	1,233,519	196,457	115,177	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,466,191	93,372	54,741	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,149,117	148,681	87,167	0	14.00
15.00	01500	PHARMACY	7,248,548	88,457	51,860	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	204	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,015,661	21,972	12,881	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	634,921	14,818	8,688	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,841,482	2,853,322	1,672,819	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,028,907	503,869	295,404	0	31.00
32.00	03200	CORONARY CARE UNIT	3,724,320	122,833	72,013	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,213,377	161,408	94,629	0	35.00
40.00	04000	SUBPROVIDER - IPF	6,063,828	595,661	349,219	0	40.00
43.00	04300	NURSERY	1,826,544	137,286	80,487	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,287,158	1,373,473	805,227	0	50.00
51.00	05100	RECOVERY ROOM	7,170,775	174,983	102,587	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,398,930	356,987	209,291	0	52.00
53.00	05300	ANESTHESIOLOGY	2,809,122	25,131	14,734	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,739,301	492,137	288,526	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,277,966	575,138	337,186	0	55.00
56.00	05600	RADIOISOTOPE	1,819,818	48,010	28,147	0	56.00
57.00	05700	CT SCAN	2,629,749	74,779	43,841	0	57.00
58.00	05800	MRI	3,266,507	60,839	35,668	0	58.00
60.00	06000	LABORATORY	122,519,776	684,966	401,576	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,831,651	54,490	31,946	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,095,600	9,055	5,309	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,112,611	72,512	42,512	0	65.00
66.00	06600	PHYSICAL THERAPY	12,468,319	150,510	88,239	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,832,145	4,623	2,710	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,242,282	6,714	3,936	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,201,810	480,069	281,450	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634,959	64,306	37,701	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,335,674	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,069,362	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,707,972	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,351,006	0	0	0	74.00
75.01	07501	CARDIAC REHAB	507,015	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	562,247	46,620	27,332	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,073,068	282,998	165,913	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	2,423,553	121,107	71,002	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.10	
90.04	09004	MENTAL HEALTH O/P	2,795,443	79,519	46,620	0	2,790	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	49,889	3,204	1,878	0	1,744	90.06
91.00	09100	EMERGENCY	14,061,381	600,898	352,289	0	29,989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	844,238,194	26,717,594	15,663,746	0	658,896	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	437,139	29,856	17,504	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,919,679	2,794	1,638	0	1,221	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,728,635	10,898	6,389	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	855,323,647	26,761,142	15,689,277	0	660,117	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
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Cost Center Description			PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES	0					5.30
5.40	00570	ADMITTING	0	0				5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0			5.50
5.60	00590	ADMINISTRATION & GENERAL	0	0	0	240,321,678	240,321,678	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	55,061,768	21,516,267	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	486,818	190,232	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,680,760	3,782,912	9.00
10.00	01000	DIETARY	0	0	0	5,201,135	2,032,427	10.00
11.00	01100	CAFETERIA	0	0	0	1,547,768	604,815	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,627,206	1,026,623	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	9,393,857	3,670,800	14.00
15.00	01500	PHARMACY	0	0	0	7,398,978	2,891,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	204	80	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	6,050,514	2,364,335	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0	0	658,427	257,291	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	65,468,926	25,583,030	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	14,854,508	5,804,637	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	3,919,166	1,531,477	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	7,475,168	2,921,041	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	7,023,354	2,744,488	40.00
43.00	04300	NURSERY	0	0	0	2,051,291	801,575	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	28,544,144	11,154,081	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,450,263	2,911,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,995,721	3,905,988	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,857,356	1,116,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	8,562,856	3,346,073	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,228,474	3,606,174	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,896,149	740,951	56.00
57.00	05700	CT SCAN	0	0	0	2,749,066	1,074,242	57.00
58.00	05800	MRI	0	0	0	3,364,235	1,314,629	58.00
60.00	06000	LABORATORY	0	0	0	123,632,995	48,311,390	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	4,919,308	1,922,298	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,110,487	433,941	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,231,645	2,044,349	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,720,319	4,970,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,840,350	719,146	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,253,455	489,808	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,986,867	3,902,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,739,930	1,070,671	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,335,674	10,681,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,069,362	10,968,552	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	85,707,972	33,491,761	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,351,006	527,927	74.00
75.01	07501	CARDIAC REHAB	0	0	0	507,015	198,124	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	636,199	248,605	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,601,486	1,016,572	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	2,628,390	1,027,085	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	2,924,372	1,142,745	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	56,715	22,162	90.06
91.00	09100	EMERGENCY	0	0	0	15,044,557	5,878,901	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.30	5.40	5.50	5A.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	844,167,894	235,962,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	484,499	189,326	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,925,332	752,354	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	8,745,922	3,417,609	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	855,323,647	240,321,678	202.00

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	76,578,035				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	484,859	1,161,909			8.00
9.00	00900	HOUSEKEEPING	0	1,596,298	0	15,059,970		9.00
10.00	01000	DIETARY	0	1,719,725	0	349,024	9,302,311	10.00
11.00	01100	CAFETERIA	0	1,320,823	0	268,065	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	627,760	0	127,406	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	999,616	0	202,875	0	14.00
15.00	01500	PHARMACY	0	594,715	0	120,699	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	147,720	0	29,980	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	99,627	0	20,220	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	19,183,501	412,813	3,893,359	7,043,485	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,387,621	58,807	687,529	946,313	31.00
32.00	03200	CORONARY CARE UNIT	0	825,834	0	167,606	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,085,180	0	220,241	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	4,004,759	0	812,779	1,312,513	40.00
43.00	04300	NURSERY	0	923,003	14,932	187,326	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,234,156	125,273	1,874,103	0	50.00
51.00	05100	RECOVERY ROOM	0	1,176,447	26,715	238,764	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,400,102	68,599	487,109	0	52.00
53.00	05300	ANESTHESIOLOGY	0	168,963	0	34,292	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,308,745	78,987	671,521	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,866,776	0	784,775	0	55.00
56.00	05600	RADIOISOTOPE	0	322,780	0	65,509	0	56.00
57.00	05700	CT SCAN	0	502,759	29,735	102,037	0	57.00
58.00	05800	MRI	0	409,032	0	83,014	0	58.00
60.00	06000	LABORATORY	0	4,605,178	1,973	934,636	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	366,349	0	74,352	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	60,878	0	12,355	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	487,515	0	98,943	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,011,910	8,273	205,370	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	31,078	0	6,307	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	45,142	0	9,162	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,227,608	58,195	655,054	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	432,341	0	87,745	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	313,437	0	63,613	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,902,654	107,884	386,150	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	814,229	0	165,250	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	534,624	0	108,504	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	21,538	0	4,371	0	90.06
91.00	09100	EMERGENCY	0	4,039,968	169,723	819,925	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	76,285,250	1,161,909	15,059,970	9,302,311	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	200,730	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	18,785	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	73,270	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	76,578,035	1,161,909	15,059,970	9,302,311	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,741,471					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	21,521	0	4,430,516			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	96,844	0	292	14,364,284		14.00
15.00	01500	PHARMACY	78,582	0	0	27,691	11,111,934	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	26	16.00
17.00	01700	SOCIAL SERVICE	63,759	0	111,019	65	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	4,545	0	0	30,939	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	736,371	0	1,663,487	559,679	1,717	30.00
31.00	03100	INTENSIVE CARE UNIT	126,664	0	342,621	187,887	31	31.00
32.00	03200	CORONARY CARE UNIT	34,503	0	91,295	58,857	8	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	74,609	0	223,888	61,728	0	35.00
40.00	04000	SUBPROVIDER - IPF	80,208	0	133,214	5,201	0	40.00
43.00	04300	NURSERY	20,610	0	62,175	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	234,494	0	504,386	1,067,852	4,199	50.00
51.00	05100	RECOVERY ROOM	82,390	0	212,676	87,864	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	102,264	0	274,507	84,211	111	52.00
53.00	05300	ANESTHESIOLOGY	13,134	0	4,442	277,816	27,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,746	0	31,311	44,156	1,270	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	87,440	0	116,926	80,169	21,935	55.00
56.00	05600	RADIOISOTOPE	8,078	0	0	36,906	41,949	56.00
57.00	05700	CT SCAN	26,955	0	90	61,764	0	57.00
58.00	05800	MRI	29,798	0	44	37,730	88	58.00
60.00	06000	LABORATORY	1,012,889	0	6,429	1,597,698	1,404	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	23,071	0	0	42,981	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	9,606	0	38,172	30,032	0	64.00
65.00	06500	RESPIRATORY THERAPY	55,127	0	39	81,068	0	65.00
66.00	06600	PHYSICAL THERAPY	168,372	0	0	21,747	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,882	0	0	6,320	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,501	0	0	478	0	68.00
69.00	06900	ELECTROCARDIOLOGY	82,919	0	45,283	75,593	101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,408	0	0	54,013	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,594,855	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,807,242	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,007,259	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	6,829	0	9,923	1,099	58	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	5,359	0	14,052	17,998	1	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64,274	0	87,210	14,611	55	90.00
90.01	09001	PATIENT TREATMENT CENTER	29,872	0	64,571	30,255	229	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	26,432	0	4,018	4,825	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	867	0	1,419	1,637	157	90.06
91.00	09100	EMERGENCY	158,621	0	373,053	271,140	3,675	91.00

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,716,544	0	4,416,542	14,364,107	11,111,934	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,314	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	18,334	0	13,951	36	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,279	0	23	141	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	3,741,471	0	4,430,516	14,364,284	11,111,934	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	310					16.00
17.00	01700	SOCIAL SERVICE	310	8,767,702				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,689,031	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	764,338	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	211,318	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	644,123	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	1,060,118	0	0	0	40.00
43.00	04300	NURSERY	0	398,774	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310	8,767,702	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	310	8,767,702	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	00540	NON PATIENT TELEPHONES					5.10
5.30	00560	PURCHASING AND STORES					5.30
5.40	00570	ADMITTING					5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS					5.50
5.60	00590	ADMINISTRATION & GENERAL					5.60
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU		1,071,049			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	94,903	130,330,302	0	130,330,302 30.00
31.00	03100	INTENSIVE CARE UNIT	0	54,230	27,215,186	0	27,215,186 31.00
32.00	03200	CORONARY CARE UNIT	0	0	6,840,064	0	6,840,064 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	12,705,978	0	12,705,978 35.00
40.00	04000	SUBPROVIDER - IPF	0	0	17,176,634	0	17,176,634 40.00
43.00	04300	NURSERY	0	0	4,459,686	0	4,459,686 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	67,788	52,810,476	0	52,810,476 50.00
51.00	05100	RECOVERY ROOM	0	27,115	12,213,543	0	12,213,543 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	54,230	17,372,842	0	17,372,842 52.00
53.00	05300	ANESTHESIOLOGY	0	40,673	4,540,815	0	4,540,815 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	16,131,665	0	16,131,665 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	17,792,669	0	17,792,669 55.00
56.00	05600	RADIOISOTOPE	0	0	3,112,322	0	3,112,322 56.00
57.00	05700	CT SCAN	0	0	4,546,648	0	4,546,648 57.00
58.00	05800	MRI	0	0	5,238,570	0	5,238,570 58.00
60.00	06000	LABORATORY	0	27,115	180,131,707	0	180,131,707 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	7,348,359	0	7,348,359 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	1,695,471	0	1,695,471 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,998,686	0	7,998,686 65.00
66.00	06600	PHYSICAL THERAPY	0	0	19,106,739	0	19,106,739 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,626,083	0	2,626,083 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,812,546	0	1,812,546 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	18,034,148	0	18,034,148 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,410,108	0	4,410,108 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	42,612,381	0	42,612,381 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	43,845,156	0	43,845,156 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	130,206,992	0	130,206,992 73.00
74.00	07400	RENAL DIALYSIS	0	0	1,878,933	0	1,878,933 74.00
75.01	07501	CARDIAC REHAB	0	0	723,048	0	723,048 75.01
75.02	07502	SLEEP LAB	0	0	0	0	0 75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0 75.03
75.04	07504	PAIN MANAGEMENT	0	0	1,299,264	0	1,299,264 75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	6,180,896	0	6,180,896 90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	4,759,881	0	4,759,881 90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0 90.02
90.03	09003	CANTERA	0	0	0	0	0 90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P	0	0	4,745,520	0	4,745,520	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	108,866	0	108,866	90.06
91.00	09100	EMERGENCY	0	704,995	27,464,558	0	27,464,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,071,049	839,476,742	0	839,476,742	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	875,869	0	875,869	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	2,728,792	0	2,728,792	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	12,242,244	0	12,242,244	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	1,071,049	855,323,647	0	855,323,647	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.10	00540	NON PATIENT TELEPHONES	0	416,144	243,973	660,117	0 5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0 5.30
5.40	00570	ADMITTING	0	0	0	0	0 5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0 5.50
5.60	00590	ADMINISTRATION & GENERAL	25,773,382	839,367	492,097	27,104,846	0 5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	1,464	14,115,542	8,275,530	22,392,536	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	72,117	42,280	114,397	0 8.00
9.00	00900	HOUSEKEEPING	0	237,431	139,199	376,630	0 9.00
10.00	01000	DIETARY	21,488	255,789	149,962	427,239	0 10.00
11.00	01100	CAFETERIA	17,319	196,457	115,177	328,953	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	93,372	54,741	148,113	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	148,681	87,167	235,848	0 14.00
15.00	01500	PHARMACY	0	88,457	51,860	140,317	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	21,972	12,881	34,853	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	14,818	8,688	23,506	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	188,916	2,853,322	1,672,819	4,715,057	0 30.00
31.00	03100	INTENSIVE CARE UNIT	37,826	503,869	295,404	837,099	0 31.00
32.00	03200	CORONARY CARE UNIT	10,551	122,833	72,013	205,397	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	161,408	94,629	256,037	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	595,661	349,219	944,880	0 40.00
43.00	04300	NURSERY	1,440	137,286	80,487	219,213	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,600	1,373,473	805,227	2,182,300	0 50.00
51.00	05100	RECOVERY ROOM	0	174,983	102,587	277,570	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,255	356,987	209,291	595,533	0 52.00
53.00	05300	ANESTHESIOLOGY	0	25,131	14,734	39,865	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28	492,137	288,526	780,691	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	100	575,138	337,186	912,424	0 55.00
56.00	05600	RADIOISOTOPE	0	48,010	28,147	76,157	0 56.00
57.00	05700	CT SCAN	0	74,779	43,841	118,620	0 57.00
58.00	05800	MRI	55	60,839	35,668	96,562	0 58.00
60.00	06000	LABORATORY	0	684,966	401,576	1,086,542	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	54,490	31,946	86,436	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0	9,055	5,309	14,364	0 64.00
65.00	06500	RESPIRATORY THERAPY	10,253	72,512	42,512	125,277	0 65.00
66.00	06600	PHYSICAL THERAPY	455	150,510	88,239	239,204	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	138	4,623	2,710	7,471	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	6,714	3,936	10,650	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	480,069	281,450	761,519	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	64,306	37,701	102,007	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.01	07501	CARDIAC REHAB	28	0	0	28	0 75.01
75.02	07502	SLEEP LAB	0	0	0	0	0 75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0 75.03
75.04	07504	PAIN MANAGEMENT	0	46,620	27,332	73,952	0 75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	330,281	282,998	165,913	779,192	0 90.00
90.01	09001	PATIENT TREATMENT CENTER	375	121,107	71,002	192,484	0 90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0 90.02
90.03	09003	CANTERA	0	0	0	0	0 90.03
90.04	09004	MENTAL HEALTH O/P	0	79,519	46,620	126,139	0 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	3,204	1,878	5,082	0	90.06
91.00	09100	EMERGENCY	0	600,898	352,289	953,187	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,426,954	26,717,594	15,663,746	68,808,294	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	29,856	17,504	47,360	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	2,794	1,638	4,432	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	10,898	6,389	17,287	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	26,426,954	26,761,142	15,689,277	68,877,373	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
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Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
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
5.10	00540	NON PATIENT TELEPHONES	660,117					5.10
5.30	00560	PURCHASING AND STORES	0	0				5.30
5.40	00570	ADMITTING	0	0	0			5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0		5.50
5.60	00590	ADMINISTRATION & GENERAL	32,779	0	0	0	27,137,625	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	21,969	0	0	0	2,429,656	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	523	0	0	0	21,481	8.00
9.00	00900	HOUSEKEEPING	6,451	0	0	0	427,173	9.00
10.00	01000	DIETARY	5,056	0	0	0	229,505	10.00
11.00	01100	CAFETERIA	2,615	0	0	0	68,297	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,902	0	0	0	115,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,892	0	0	0	414,513	14.00
15.00	01500	PHARMACY	10,113	0	0	0	326,487	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	9	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	266,985	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0	0	0	29,054	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,303	0	0	0	2,888,882	30.00
31.00	03100	INTENSIVE CARE UNIT	26,328	0	0	0	655,470	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	172,937	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,754	0	0	0	329,849	35.00
40.00	04000	SUBPROVIDER - IPF	14,646	0	0	0	309,913	40.00
43.00	04300	NURSERY	6,974	0	0	0	90,515	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,286	0	0	0	1,259,539	50.00
51.00	05100	RECOVERY ROOM	1,918	0	0	0	328,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,513	0	0	0	441,071	52.00
53.00	05300	ANESTHESIOLOGY	8,369	0	0	0	126,084	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,892	0	0	0	377,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	38,184	0	0	0	407,216	55.00
56.00	05600	RADIOISOTOPE	174	0	0	0	83,669	56.00
57.00	05700	CT SCAN	697	0	0	0	121,305	57.00
58.00	05800	MRI	1,221	0	0	0	148,450	58.00
60.00	06000	LABORATORY	26,677	0	0	0	5,455,479	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,221	0	0	0	217,069	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	523	0	0	0	49,001	64.00
65.00	06500	RESPIRATORY THERAPY	4,010	0	0	0	230,852	65.00
66.00	06600	PHYSICAL THERAPY	13,251	0	0	0	561,297	66.00
67.00	06700	OCCUPATIONAL THERAPY	872	0	0	0	81,207	67.00
68.00	06800	SPEECH PATHOLOGY	523	0	0	0	55,310	68.00
69.00	06900	ELECTROCARDIOLOGY	23,538	0	0	0	440,680	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,964	0	0	0	120,902	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,206,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,238,589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,781,950	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	59,614	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	22,373	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	28,073	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	79,507	0	0	0	114,793	90.00
90.01	09001	PATIENT TREATMENT CENTER	12,728	0	0	0	115,980	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	2,790	0	0	0	129,041	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	1,744	0	0	0	2,503	90.06
91.00	09100	EMERGENCY	29,989	0	0	0	663,856	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
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Cost Center Description			NON PATIENT TELEPHONES	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE AND CASHIERS	ADMINISTRATION & GENERAL	
			5.10	5.30	5.40	5.50	5.60	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	658,896	0	0	0	26,645,366	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	21,379	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	1,221	0	0	0	84,957	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	385,923	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	660,117	0	0	0	27,137,625	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
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To 08/31/2021Worksheet B
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	24,844,161				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	157,303	293,704			8.00
9.00	00900	HOUSEKEEPING	0	517,886	0	1,328,140		9.00
10.00	01000	DIETARY	0	557,929	0	30,780	1,250,509	10.00
11.00	01100	CAFETERIA	0	428,514	0	23,641	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	203,664	0	11,236	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	324,305	0	17,892	0	14.00
15.00	01500	PHARMACY	0	192,943	0	10,644	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	47,925	0	2,644	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	32,322	0	1,783	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,223,688	104,351	343,356	946,855	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,099,044	14,865	60,633	127,213	31.00
32.00	03200	CORONARY CARE UNIT	0	267,925	0	14,781	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	352,064	0	19,423	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	1,299,261	0	71,679	176,441	40.00
43.00	04300	NURSERY	0	299,449	3,774	16,520	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,995,831	31,666	165,277	0	50.00
51.00	05100	RECOVERY ROOM	0	381,674	6,753	21,057	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	778,663	17,340	42,958	0	52.00
53.00	05300	ANESTHESIOLOGY	0	54,817	0	3,024	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,073,454	19,966	59,222	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,254,496	0	69,209	0	55.00
56.00	05600	RADIOISOTOPE	0	104,719	0	5,777	0	56.00
57.00	05700	CT SCAN	0	163,110	7,516	8,999	0	57.00
58.00	05800	MRI	0	132,702	0	7,321	0	58.00
60.00	06000	LABORATORY	0	1,494,055	499	82,426	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	118,854	0	6,557	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	19,751	0	1,090	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	158,164	0	8,726	0	65.00
66.00	06600	PHYSICAL THERAPY	0	328,293	2,091	18,112	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,083	0	556	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,645	0	808	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,047,131	14,710	57,769	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	140,264	0	7,738	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	101,688	0	5,610	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	617,277	27,271	34,055	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	264,160	0	14,573	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	173,448	0	9,569	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	6,988	0	386	0	90.06
91.00	09100	EMERGENCY	0	1,310,684	42,902	72,309	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,749,173	293,704	1,328,140	1,250,509	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	65,123	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	6,094	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	23,771	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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	24,844,161	293,704	1,328,140	1,250,509	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
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To 08/31/2021Worksheet B
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
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	852,020					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,901	0	496,744			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,054	0	33	1,023,537		14.00
15.00	01500	PHARMACY	17,895	0	0	1,973	700,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	14,520	0	12,447	5	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	1,035	0	0	2,205	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	167,689	0	186,506	39,882	108	30.00
31.00	03100	INTENSIVE CARE UNIT	28,844	0	38,414	13,389	2	31.00
32.00	03200	CORONARY CARE UNIT	7,857	0	10,236	4,194	1	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,990	0	25,102	4,399	0	35.00
40.00	04000	SUBPROVIDER - IPF	18,265	0	14,936	371	0	40.00
43.00	04300	NURSERY	4,693	0	6,971	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,400	0	56,551	76,093	265	50.00
51.00	05100	RECOVERY ROOM	18,762	0	23,845	6,261	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,288	0	30,777	6,001	7	52.00
53.00	05300	ANESTHESIOLOGY	2,991	0	498	19,797	1,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,754	0	3,511	3,147	80	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,912	0	13,110	5,713	1,383	55.00
56.00	05600	RADIOISOTOPE	1,840	0	0	2,630	2,644	56.00
57.00	05700	CT SCAN	6,138	0	10	4,401	0	57.00
58.00	05800	MRI	6,786	0	5	2,689	6	58.00
60.00	06000	LABORATORY	230,657	0	721	113,849	88	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,254	0	0	3,063	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,188	0	4,280	2,140	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,554	0	4	5,777	0	65.00
66.00	06600	PHYSICAL THERAPY	38,342	0	0	1,550	5	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,211	0	0	450	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,302	0	0	34	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,883	0	5,077	5,387	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,786	0	0	3,849	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	327,422	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	342,514	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	693,774	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	1,555	0	1,113	78	4	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	1,220	0	1,576	1,282	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,637	0	9,778	1,041	3	90.00
90.01	09001	PATIENT TREATMENT CENTER	6,803	0	7,240	2,156	14	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	6,019	0	451	344	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	197	0	159	117	10	90.06
91.00	09100	EMERGENCY	36,122	0	41,826	19,321	232	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
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Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	846,344	0	495,177	1,023,524	700,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	299	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	4,175	0	1,564	3	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,202	0	3	10	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	852,020	0	496,744	1,023,537	700,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11					16.00
17.00	01700	SOCIAL SERVICE	11	379,390				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	246,172				30.00
31.00	03100	INTENSIVE CARE UNIT	0	33,074				31.00
32.00	03200	CORONARY CARE UNIT	0	9,144				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	27,872				35.00
40.00	04000	SUBPROVIDER - IPF	0	45,873				40.00
43.00	04300	NURSERY	0	17,255				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
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
60.00	06000	LABORATORY	0	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0				62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0				62.30
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
75.01	07501	CARDIAC REHAB	0	0				75.01
75.02	07502	SLEEP LAB	0	0				75.02
75.03	07503	INPATIENT DIALYSIS	0	0				75.03
75.04	07504	PAIN MANAGEMENT	0	0				75.04
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99	07699	LITHOTRIPSY	0	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0				90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0				90.02
90.03	09003	CANTERA	0	0				90.03
90.04	09004	MENTAL HEALTH O/P	0	0				90.04
90.05	09005	WOMENS CLINIC	0	0				90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	WOUND CARE	0	0				90.06
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0				99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11	379,390	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	KOFEE KORNER	0	0				190.01
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0				192.00
192.01	19201	WSKF	0	0				192.01
193.01	19301	DEVELOPMENT	0	0				193.01
193.02	19302	MARKETING	0	0				193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0				193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0				193.05
193.07	19305	JOINT VENTURE	0	0				193.07
193.08	19306	PARKINSONS CENTER	0	0				193.08
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)	11	379,390	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU		89,905				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			15,963,849	0	15,963,849	30.00
31.00	03100	INTENSIVE CARE UNIT			2,934,375	0	2,934,375	31.00
32.00	03200	CORONARY CARE UNIT			692,472	0	692,472	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			1,037,490	0	1,037,490	35.00
40.00	04000	SUBPROVIDER - IPF			2,896,265	0	2,896,265	40.00
43.00	04300	NURSERY			665,364	0	665,364	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			6,899,208	0	6,899,208	50.00
51.00	05100	RECOVERY ROOM			1,066,590	0	1,066,590	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,966,151	0	1,966,151	52.00
53.00	05300	ANESTHESIOLOGY			257,183	0	257,183	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,380,562	0	2,380,562	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			2,721,647	0	2,721,647	55.00
56.00	05600	RADIOISOTOPE			277,610	0	277,610	56.00
57.00	05700	CT SCAN			430,796	0	430,796	57.00
58.00	05800	MRI			395,742	0	395,742	58.00
60.00	06000	LABORATORY			8,490,993	0	8,490,993	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			438,454	0	438,454	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY			93,337	0	93,337	64.00
65.00	06500	RESPIRATORY THERAPY			545,364	0	545,364	65.00
66.00	06600	PHYSICAL THERAPY			1,202,145	0	1,202,145	66.00
67.00	06700	OCCUPATIONAL THERAPY			105,850	0	105,850	67.00
68.00	06800	SPEECH PATHOLOGY			85,272	0	85,272	68.00
69.00	06900	ELECTROCARDIOLOGY			2,374,700	0	2,374,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			383,510	0	383,510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,533,636	0	1,533,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,581,103	0	1,581,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			4,475,724	0	4,475,724	73.00
74.00	07400	RENAL DIALYSIS			59,614	0	59,614	74.00
75.01	07501	CARDIAC REHAB			25,151	0	25,151	75.01
75.02	07502	SLEEP LAB			0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS			0	0	0	75.03
75.04	07504	PAIN MANAGEMENT			213,401	0	213,401	75.04
76.97	07697	CARDIAC REHABILITATION			0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
76.99	07699	LITHOTRIPSY			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			1,677,554	0	1,677,554	90.00
90.01	09001	PATIENT TREATMENT CENTER			616,138	0	616,138	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE			0	0	0	90.02
90.03	09003	CANTERA			0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PARAMED EDU	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.04	09004	MENTAL HEALTH O/P			447,801	0	447,801	90.04
90.05	09005	WOMENS CLINIC			0	0	0	90.05
90.06	09006	WOUND CARE			17,186	0	17,186	90.06
91.00	09100	EMERGENCY			3,170,428	0	3,170,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
99.10	09910	CORF			0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	68,122,665	0	68,122,665	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			134,161	0	134,161	190.00
190.01	19001	KOFEE KORNER			0	0	0	190.01
191.00	19100	RESEARCH			102,446	0	102,446	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			428,196	0	428,196	192.00
192.01	19201	WSKF			0	0	0	192.01
193.01	19301	DEVELOPMENT			0	0	0	193.01
193.02	19302	MARKETING			0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE			0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM			0	0	0	193.05
193.07	19305	JOINT VENTURE			0	0	0	193.07
193.08	19306	PARKINSONS CENTER			0	0	0	193.08
200.00		Cross Foot Adjustments	0	89,905	89,905	0	89,905	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	89,905	68,877,373	0	68,877,373	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,829,419					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,829,419				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	240,489,339			4.00
5.10	00540	NON PATIENT TELEPHONES	28,448	28,448	0	3,786		5.10
5.30	00560	PURCHASING AND STORES	0	0	0	0	0	5.30
5.40	00570	ADMITTING	0	0	0	0	0	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0	0	0	0	5.50
5.60	00590	ADMINISTRATION & GENERAL	57,380	57,380	17,047,219	188	0	5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	964,953	964,953	2,348,059	126	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,930	4,930	251,035	3	0	8.00
9.00	00900	HOUSEKEEPING	16,231	16,231	5,291,149	37	0	9.00
10.00	01000	DIETARY	17,486	17,486	1,929,012	29	0	10.00
11.00	01100	CAFETERIA	13,430	13,430	1,127,193	15	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,383	6,383	1,607,200	74	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	10,164	3,327,574	51	0	14.00
15.00	01500	PHARMACY	6,047	6,047	6,679,559	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	1,502	4,483,593	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	1,013	1,013	263,747	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	195,056	195,056	43,927,864	581	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	34,445	8,466,686	151	0	31.00
32.00	03200	CORONARY CARE UNIT	8,397	8,397	2,167,424	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	11,034	5,531,615	33	0	35.00
40.00	04000	SUBPROVIDER - IPF	40,720	40,720	4,755,138	84	0	40.00
43.00	04300	NURSERY	9,385	9,385	1,366,519	40	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,892	93,892	14,602,123	449	0	50.00
51.00	05100	RECOVERY ROOM	11,962	11,962	5,218,969	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,404	24,404	7,079,448	175	0	52.00
53.00	05300	ANESTHESIOLOGY	1,718	1,718	585,134	48	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,643	33,643	5,739,595	246	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,317	39,317	5,213,490	219	0	55.00
56.00	05600	RADIOISOTOPE	3,282	3,282	608,614	1	0	56.00
57.00	05700	CT SCAN	5,112	5,112	1,557,568	4	0	57.00
58.00	05800	MRI	4,159	4,159	2,170,192	7	0	58.00
60.00	06000	LABORATORY	46,825	46,825	40,261,653	153	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,725	3,725	1,379,963	7	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	619	761,805	3	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,957	4,957	3,315,881	23	0	65.00
66.00	06600	PHYSICAL THERAPY	10,289	10,289	9,787,189	76	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	316	1,431,585	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	459	459	1,005,186	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,818	32,818	8,680,494	135	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	4,396	1,609,036	17	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	157	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	388,926	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,187	3,187	333,675	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,346	19,346	3,472,384	456	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	8,279	8,279	1,783,395	73	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON PATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.10	5.30	
90.04	09004	MENTAL HEALTH O/P	5,436	5,436	2,159,941	16	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	219	219	59,972	10	0	90.06
91.00	09100	EMERGENCY	41,078	41,078	9,542,611	172	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,826,442	1,826,442	239,319,572	3,779	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,041	2,041	55,299	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	191	974,378	7	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	745	745	140,090	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	26,761,142	15,689,277	0	660,117	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.628219	8.576098	0.000000	174.357369	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	660,117	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	174.357369	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.40	5.50	5A.60	5.60	6.00	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING	0					5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	0	0				5.50
5.60	00590	ADMINISTRATION & GENERAL	0	0	-240,321,678	615,001,969		5.60
6.00	00600	MAINTENANCE & REPAIRS	0	0		0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0		55,061,768	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0		486,818	0	8.00
9.00	00900	HOUSEKEEPING	0	0		9,680,760	0	9.00
10.00	01000	DIETARY	0	0		5,201,135	0	10.00
11.00	01100	CAFETERIA	0	0		1,547,768	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0		2,627,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		9,393,857	0	14.00
15.00	01500	PHARMACY	0	0		7,398,978	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		204	0	16.00
17.00	01700	SOCIAL SERVICE	0	0		6,050,514	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING PROGRAM	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0		658,427	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0		65,468,926	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		14,854,508	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0		3,919,166	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		7,475,168	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0		7,023,354	0	40.00
43.00	04300	NURSERY	0	0		2,051,291	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0		28,544,144	0	50.00
51.00	05100	RECOVERY ROOM	0	0		7,450,263	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		9,995,721	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		2,857,356	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		8,562,856	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		9,228,474	0	55.00
56.00	05600	RADIOISOTOPE	0	0		1,896,149	0	56.00
57.00	05700	CT SCAN	0	0		2,749,066	0	57.00
58.00	05800	MRI	0	0		3,364,235	0	58.00
60.00	06000	LABORATORY	0	0		123,632,995	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		4,919,308	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0		1,110,487	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		5,231,645	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		12,720,319	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		1,840,350	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		1,253,455	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		9,986,867	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		2,739,930	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		27,335,674	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		28,069,362	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		85,707,972	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		1,351,006	0	74.00
75.01	07501	CARDIAC REHAB	0	0		507,015	0	75.01
75.02	07502	SLEEP LAB	0	0		0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0		0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0		636,199	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0	76.98
76.99	07699	LITHOTRIPSY	0	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0		2,601,486	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0		2,628,390	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0		0	0	90.02
90.03	09003	CANTERA	0	0		0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0		2,924,372	0	90.04
90.05	09005	WOMENS CLINIC	0	0		0	0	90.05
90.06	09006	WOUND CARE	0	0		56,715	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			ADMITTING (INPATIENT REVENUE)	ACCOUNTS RECEIVABLE AND CASHIERS (DOLLAR VALUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.40	5.50	5A.60	5.60	6.00	
91.00	09100	EMERGENCY	0	0	0	15,044,557	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	-240,321,678	603,846,216	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	484,499	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	1,925,332	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	8,745,922	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0		240,321,678	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		0.390766	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0		27,137,625	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		0.044126	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED))	CAFETERIA (FTES SERVED))	
			7.00	8.00	9.00	10.00	11.00	
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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	778,638					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,930	1,525,014				8.00
9.00	00900	HOUSEKEEPING	16,231	0	754,500			9.00
10.00	01000	DIETARY	17,486	0	17,486	274,878		10.00
11.00	01100	CAFETERIA	13,430	0	13,430	0	5,935,758	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,383	0	6,383	0	34,142	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,164	0	10,164	0	153,641	14.00
15.00	01500	PHARMACY	6,047	0	6,047	0	124,669	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,502	0	1,502	0	101,153	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	1,013	0	1,013	0	7,210	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	195,056	541,821	195,056	208,131	1,168,236	30.00
31.00	03100	INTENSIVE CARE UNIT	34,445	77,184	34,445	27,963	200,950	31.00
32.00	03200	CORONARY CARE UNIT	8,397	0	8,397	0	54,739	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,034	0	11,034	0	118,366	35.00
40.00	04000	SUBPROVIDER - IPF	40,720	0	40,720	38,784	127,248	40.00
43.00	04300	NURSERY	9,385	19,598	9,385	0	32,697	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,892	164,422	93,892	0	372,019	50.00
51.00	05100	RECOVERY ROOM	11,962	35,064	11,962	0	130,710	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,404	90,037	24,404	0	162,240	52.00
53.00	05300	ANESTHESIOLOGY	1,718	0	1,718	0	20,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,643	103,671	33,643	0	137,620	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,317	0	39,317	0	138,721	55.00
56.00	05600	RADIOISOTOPE	3,282	0	3,282	0	12,816	56.00
57.00	05700	CT SCAN	5,112	39,027	5,112	0	42,764	57.00
58.00	05800	MRI	4,159	0	4,159	0	47,274	58.00
60.00	06000	LABORATORY	46,825	2,590	46,825	0	1,606,922	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,725	0	3,725	0	36,601	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	619	0	619	0	15,240	64.00
65.00	06500	RESPIRATORY THERAPY	4,957	0	4,957	0	87,458	65.00
66.00	06600	PHYSICAL THERAPY	10,289	10,858	10,289	0	267,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	0	316	0	36,302	67.00
68.00	06800	SPEECH PATHOLOGY	459	0	459	0	23,005	68.00
69.00	06900	ELECTROCARDIOLOGY	32,818	76,381	32,818	0	131,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396	0	4,396	0	40,309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	10,834	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	3,187	0	3,187	0	8,502	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,346	141,599	19,346	0	101,969	90.00
90.01	09001	PATIENT TREATMENT CENTER	8,279	0	8,279	0	47,392	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	5,436	0	5,436	0	41,933	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	219	0	219	0	1,375	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERV ED))	CAFETERIA (FTES SERVE D))	
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	41,078	222,762	41,078	0	251,649	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	775,661	1,525,014	754,500	274,878	5,896,211	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,041	0	0	0	2,085	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	191	0	0	0	29,087	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	745	0	0	0	8,375	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	76,578,035	1,161,909	15,059,970	9,302,311	3,741,471	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	98.348700	0.761901	19.960199	33.841599	0.630327	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,844,161	293,704	1,328,140	1,250,509	852,020	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	31.907203	0.192591	1.760292	4.549324	0.143540	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: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	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
5.10	00540	NON PATIENT TELEPHONES						5.10
5.30	00560	PURCHASING AND STORES						5.30
5.40	00570	ADMITTING						5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	00590	ADMINISTRATION & GENERAL						5.60
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,714,555				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	113	83,872,357			14.00
15.00	01500	PHARMACY	0	0	161,687	86,523,016		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	204	5,877,276,083	16.00
17.00	01700	SOCIAL SERVICE	0	42,963	377	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0	0	180,652	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	643,749	3,267,933	13,372	357,795,242	30.00
31.00	03100	INTENSIVE CARE UNIT	0	132,590	1,097,061	243	66,670,069	31.00
32.00	03200	CORONARY CARE UNIT	0	35,330	343,660	64	17,619,090	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	86,642	360,428	0	54,354,281	35.00
40.00	04000	SUBPROVIDER - IPF	0	51,552	30,368	0	43,886,068	40.00
43.00	04300	NURSERY	0	24,061	0	0	10,416,546	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	195,191	6,235,121	32,694	437,761,753	50.00
51.00	05100	RECOVERY ROOM	0	82,303	513,032	0	98,785,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	106,231	491,704	861	58,203,785	52.00
53.00	05300	ANESTHESIOLOGY	0	1,719	1,622,153	214,758	111,962,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,117	257,826	9,892	117,001,421	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45,249	468,101	170,800	142,830,909	55.00
56.00	05600	RADIOISOTOPE	0	0	215,493	326,634	31,820,085	56.00
57.00	05700	CT SCAN	0	35	360,634	0	218,405,869	57.00
58.00	05800	MRI	0	17	220,306	685	92,959,884	58.00
60.00	06000	LABORATORY	0	2,488	9,328,863	10,932	1,385,875,602	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	250,961	0	18,648,345	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	14,772	175,357	0	98,233,439	64.00
65.00	06500	RESPIRATORY THERAPY	0	15	473,353	0	67,540,814	65.00
66.00	06600	PHYSICAL THERAPY	0	0	126,979	620	95,379,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	36,904	0	14,565,906	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,792	0	9,315,717	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,524	441,383	786	278,659,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	315,378	0	34,422,343	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	26,829,075	0	427,021,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,069,370	0	253,374,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	85,707,973	1,006,217,201	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	12,648,745	74.00
75.01	07501	CARDIAC REHAB	0	3,840	6,419	448	1,767,942	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	5,438	105,087	9	1,788,913	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	33,749	85,310	425	17,632,006	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	24,988	176,659	1,783	42,448,268	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	1,555	28,172	0	22,892,915	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
90.06	09006	WOUND CARE	0	549	9,558	1,220	13,586	90.06
91.00	09100	EMERGENCY	0	144,367	1,583,167	28,613	228,356,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,709,147	83,871,323	86,523,016	5,877,276,083	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	5,399	213	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	9	821	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	4,430,516	14,364,284	11,111,934	310	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.584062	0.171264	0.128427	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	496,744	1,023,537	700,372	11	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.289722	0.012204	0.008095	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B-1
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		17.00	19.00	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
5.10	00540	NON PATIENT TELEPHONES					5.10
5.30	00560	PURCHASING AND STORES					5.30
5.40	00570	ADMITTING					5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS					5.50
5.60	00590	ADMINISTRATION & GENERAL					5.60
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	106,921				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING PROGRAM	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	69,377	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,321	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	2,577	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,855	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	12,928	0	0	0	40.00
43.00	04300	NURSERY	4,863	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

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

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			17.00	19.00	20.00	21.00	22.00	
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	106,921	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	KOFEE KORNER	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WSKF	0	0	0	0	0	192.01
193.01	19301	DEVELOPMENT	0	0	0	0	0	193.01
193.02	19302	MARKETING	0	0	0	0	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	0	0	0	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	0	0	0	0	193.05
193.07	19305	JOINT VENTURE	0	0	0	0	0	193.07
193.08	19306	PARKINSONS CENTER	0	0	0	0	0	193.08
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)	8,767,702	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	82.001683	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	379,390	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.548321	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B-1
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		PARAMED ED PRGM-PARAMED EDU (ASSIGNED TIME)	
		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
5.10	00540	NON PATIENT TELEPHONES	5.10
5.30	00560	PURCHASING AND STORES	5.30
5.40	00570	ADMITTING	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS	5.50
5.60	00590	ADMINISTRATION & GENERAL	5.60
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-PARAMED EDU	23.00
		158	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
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
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
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.01	07501	CARDIAC REHAB	75.01
75.02	07502	SLEEP LAB	75.02
75.03	07503	INPATIENT DIALYSIS	75.03
75.04	07504	PAIN MANAGEMENT	75.04
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PATIENT TREATMENT CENTER	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	90.02
90.03	09003	CANTERA	90.03
90.04	09004	MENTAL HEALTH O/P	90.04
90.05	09005	WOMENS CLINIC	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet B-1
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			PARAMED ED PRGM-PARAMED EDU (ASSIGNED TIME)	
			23.00	
90.06	09006	WOUND CARE	0	90.06
91.00	09100	EMERGENCY	104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	158	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	KOFEE KORNER	0	190.01
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201	WSKF	0	192.01
193.01	19301	DEVELOPMENT	0	193.01
193.02	19302	MARKETING	0	193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE	0	193.04
193.05	19304	CAR SEAT SAFETY PROGRAM	0	193.05
193.07	19305	JOINT VENTURE	0	193.07
193.08	19306	PARKINSONS CENTER	0	193.08
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)	1,071,049	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6,778.791139	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	89,905	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	569.018987	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:25 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	130,330,302		130,330,302	0	130,330,302	30.00
31.00	03100	INTENSIVE CARE UNIT	27,215,186		27,215,186	0	27,215,186	31.00
32.00	03200	CORONARY CARE UNIT	6,840,064		6,840,064	0	6,840,064	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,705,978		12,705,978	0	12,705,978	35.00
40.00	04000	SUBPROVIDER - IPF	17,176,634		17,176,634	80,046	17,256,680	40.00
43.00	04300	NURSERY	4,459,686		4,459,686	0	4,459,686	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,810,476		52,810,476	0	52,810,476	50.00
51.00	05100	RECOVERY ROOM	12,213,543		12,213,543	0	12,213,543	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,372,842		17,372,842	0	17,372,842	52.00
53.00	05300	ANESTHESIOLOGY	4,540,815		4,540,815	0	4,540,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,131,665		16,131,665	0	16,131,665	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,792,669		17,792,669	62,483	17,855,152	55.00
56.00	05600	RADIOISOTOPE	3,112,322		3,112,322	0	3,112,322	56.00
57.00	05700	CT SCAN	4,546,648		4,546,648	0	4,546,648	57.00
58.00	05800	MRI	5,238,570		5,238,570	0	5,238,570	58.00
60.00	06000	LABORATORY	180,131,707		180,131,707	0	180,131,707	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,348,359		7,348,359	0	7,348,359	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,695,471		1,695,471	0	1,695,471	64.00
65.00	06500	RESPIRATORY THERAPY	7,998,686	0	7,998,686	0	7,998,686	65.00
66.00	06600	PHYSICAL THERAPY	19,106,739	0	19,106,739	0	19,106,739	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,626,083	0	2,626,083	0	2,626,083	67.00
68.00	06800	SPEECH PATHOLOGY	1,812,546	0	1,812,546	0	1,812,546	68.00
69.00	06900	ELECTROCARDIOLOGY	18,034,148		18,034,148	0	18,034,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,410,108		4,410,108	4,059	4,414,167	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,612,381		42,612,381	0	42,612,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,845,156		43,845,156	0	43,845,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	130,206,992		130,206,992	0	130,206,992	73.00
74.00	07400	RENAL DIALYSIS	1,878,933		1,878,933	0	1,878,933	74.00
75.01	07501	CARDIAC REHAB	723,048		723,048	0	723,048	75.01
75.02	07502	SLEEP LAB	0		0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0		0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	1,299,264		1,299,264	0	1,299,264	75.04
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,180,896		6,180,896	9,225	6,190,121	90.00
90.01	09001	PATIENT TREATMENT CENTER	4,759,881		4,759,881	1,192	4,761,073	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0	0	90.02
90.03	09003	CANTERA	0		0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	4,745,520		4,745,520	0	4,745,520	90.04
90.05	09005	WOMENS CLINIC	0		0	0	0	90.05
90.06	09006	WOUND CARE	108,866		108,866	0	108,866	90.06
91.00	09100	EMERGENCY	27,464,558		27,464,558	0	27,464,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	28,868,960		28,868,960	0	28,868,960	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
200.00		Subtotal (see instructions)	868,345,702	0	868,345,702	157,005	868,502,707	200.00
201.00		Less Observation Beds	28,868,960		28,868,960		28,868,960	201.00
202.00		Total (see instructions)	839,476,742	0	839,476,742	157,005	839,633,747	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:25 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	311,150,404		311,150,404			30.00	
31.00	03100	INTENSIVE CARE UNIT	65,654,932		65,654,932			31.00	
32.00	03200	CORONARY CARE UNIT	17,367,106		17,367,106			32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	54,354,281		54,354,281			35.00	
40.00	04000	SUBPROVIDER - IPF	43,886,068		43,886,068			40.00	
43.00	04300	NURSERY	10,416,546		10,416,546			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	170,191,556	267,570,196	437,761,752	0.120637	0.000000	50.00	
51.00	05100	RECOVERY ROOM	18,280,538	80,505,315	98,785,853	0.123637	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,917,336	10,549,174	57,466,510	0.302312	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	46,188,972	65,773,378	111,962,350	0.040557	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,882,057	87,119,365	117,001,422	0.137876	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,207,318	138,623,591	142,830,909	0.124572	0.000000	55.00	
56.00	05600	RADIOISOTOPE	4,521,980	27,298,105	31,820,085	0.097810	0.000000	56.00	
57.00	05700	CT SCAN	67,207,337	151,198,532	218,405,869	0.020817	0.000000	57.00	
58.00	05800	MRI	22,728,978	70,230,906	92,959,884	0.056353	0.000000	58.00	
60.00	06000	LABORATORY	146,451,602	1,239,424,000	1,385,875,602	0.129977	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,698,176	5,950,169	18,648,345	0.394049	0.000000	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	14,287,148	83,946,291	98,233,439	0.017260	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	63,217,501	4,323,313	67,540,814	0.118427	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	8,550,111	86,829,500	95,379,611	0.200323	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	5,338,187	9,227,719	14,565,906	0.180290	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	5,408,595	3,907,122	9,315,717	0.194569	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	103,331,613	175,327,579	278,659,192	0.064718	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	14,184,844	20,237,499	34,422,343	0.128118	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	213,653,524	213,368,265	427,021,789	0.099790	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,775,631	121,598,511	253,374,142	0.173045	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	303,722,991	702,494,210	1,006,217,201	0.129402	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	11,644,930	1,003,815	12,648,745	0.148547	0.000000	74.00	
75.01	07501	CARDIAC REHAB	188,594	1,579,348	1,767,942	0.408977	0.000000	75.01	
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000	75.02	
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000	75.03	
75.04	07504	PAIN MANAGEMENT	37,893	1,751,020	1,788,913	0.726287	0.000000	75.04	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	451,277	17,180,728	17,632,005	0.350550	0.000000	90.00	
90.01	09001	PATIENT TREATMENT CENTER	11,397,786	31,050,482	42,448,268	0.112134	0.000000	90.01	
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000	90.02	
90.03	09003	CANTERA	0	0	0	0.000000	0.000000	90.03	
90.04	09004	MENTAL HEALTH O/P	2,997,701	19,895,214	22,892,915	0.207292	0.000000	90.04	
90.05	09005	WOMENS CLINIC	0	0	0	0.000000	0.000000	90.05	
90.06	09006	WOUND CARE	1,630	11,956	13,586	8.013102	0.000000	90.06	
91.00	09100	EMERGENCY	62,395,348	165,961,052	228,356,400	0.120271	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	48,649,234	48,649,234	0.593410	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	2,024,690,491	3,852,585,589	5,877,276,080			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,024,690,491	3,852,585,589	5,877,276,080			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120637		50.00
51.00	05100	RECOVERY ROOM	0.123637		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302312		52.00
53.00	05300	ANESTHESIOLOGY	0.040557		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137876		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125009		55.00
56.00	05600	RADIOISOTOPE	0.097810		56.00
57.00	05700	CT SCAN	0.020817		57.00
58.00	05800	MRI	0.056353		58.00
60.00	06000	LABORATORY	0.129977		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.394049		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.017260		64.00
65.00	06500	RESPIRATORY THERAPY	0.118427		65.00
66.00	06600	PHYSICAL THERAPY	0.200323		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180290		67.00
68.00	06800	SPEECH PATHOLOGY	0.194569		68.00
69.00	06900	ELECTROCARDIOLOGY	0.064718		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128236		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099790		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.173045		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129402		73.00
74.00	07400	RENAL DIALYSIS	0.148547		74.00
75.01	07501	CARDIAC REHAB	0.408977		75.01
75.02	07502	SLEEP LAB	0.000000		75.02
75.03	07503	INPATIENT DIALYSIS	0.000000		75.03
75.04	07504	PAIN MANAGEMENT	0.726287		75.04
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.351073		90.00
90.01	09001	PATIENT TREATMENT CENTER	0.112162		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000		90.02
90.03	09003	CANTERA	0.000000		90.03
90.04	09004	MENTAL HEALTH O/P	0.207292		90.04
90.05	09005	WOMENS CLINIC	0.000000		90.05
90.06	09006	WOUND CARE	8.013102		90.06
91.00	09100	EMERGENCY	0.120271		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.593410		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:25 pm

			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,330,302		130,330,302	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	27,215,186		27,215,186	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	6,840,064		6,840,064	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,705,978		12,705,978	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	17,176,634		17,176,634	0	0	40.00	
43.00	04300	NURSERY	4,459,686		4,459,686	0	0	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,810,476		52,810,476	0	0	50.00	
51.00	05100	RECOVERY ROOM	12,213,543		12,213,543	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,372,842		17,372,842	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	4,540,815		4,540,815	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,131,665		16,131,665	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	17,792,669		17,792,669	0	0	55.00	
56.00	05600	RADIOISOTOPE	3,112,322		3,112,322	0	0	56.00	
57.00	05700	CT SCAN	4,546,648		4,546,648	0	0	57.00	
58.00	05800	MRI	5,238,570		5,238,570	0	0	58.00	
60.00	06000	LABORATORY	180,131,707		180,131,707	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,348,359		7,348,359	0	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	1,695,471		1,695,471	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	7,998,686	0	7,998,686	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	19,106,739	0	19,106,739	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,626,083	0	2,626,083	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	1,812,546	0	1,812,546	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	18,034,148		18,034,148	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	4,410,108		4,410,108	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,612,381		42,612,381	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,845,156		43,845,156	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	130,206,992		130,206,992	0	0	73.00	
74.00	07400	RENAL DIALYSIS	1,878,933		1,878,933	0	0	74.00	
75.01	07501	CARDIAC REHAB	723,048		723,048	0	0	75.01	
75.02	07502	SLEEP LAB	0		0	0	0	75.02	
75.03	07503	INPATIENT DIALYSIS	0		0	0	0	75.03	
75.04	07504	PAIN MANAGEMENT	1,299,264		1,299,264	0	0	75.04	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,180,896		6,180,896	0	0	90.00	
90.01	09001	PATIENT TREATMENT CENTER	4,759,881		4,759,881	0	0	90.01	
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0		0	0	0	90.02	
90.03	09003	CANTERA	0		0	0	0	90.03	
90.04	09004	MENTAL HEALTH O/P	4,745,520		4,745,520	0	0	90.04	
90.05	09005	WOMENS CLINIC	0		0	0	0	90.05	
90.06	09006	WOUND CARE	108,866		108,866	0	0	90.06	
91.00	09100	EMERGENCY	27,464,558		27,464,558	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	28,868,960		28,868,960	0	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40	
200.00		Subtotal (see instructions)	868,345,702	0	868,345,702	0	0	200.00	
201.00		Less Observation Beds	28,868,960		28,868,960		0	201.00	
202.00		Total (see instructions)	839,476,742	0	839,476,742	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:25 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	311,150,404		311,150,404		30.00
31.00	03100	INTENSIVE CARE UNIT	65,654,932		65,654,932		31.00
32.00	03200	CORONARY CARE UNIT	17,367,106		17,367,106		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	54,354,281		54,354,281		35.00
40.00	04000	SUBPROVIDER - IPF	43,886,068		43,886,068		40.00
43.00	04300	NURSERY	10,416,546		10,416,546		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	170,191,556	267,570,196	437,761,752	0.120637	0.000000
51.00	05100	RECOVERY ROOM	18,280,538	80,505,315	98,785,853	0.123637	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,917,336	10,549,174	57,466,510	0.302312	0.000000
53.00	05300	ANESTHESIOLOGY	46,188,972	65,773,378	111,962,350	0.040557	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,882,057	87,119,365	117,001,422	0.137876	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	4,207,318	138,623,591	142,830,909	0.124572	0.000000
56.00	05600	RADIOISOTOPE	4,521,980	27,298,105	31,820,085	0.097810	0.000000
57.00	05700	CT SCAN	67,207,337	151,198,532	218,405,869	0.020817	0.000000
58.00	05800	MRI	22,728,978	70,230,906	92,959,884	0.056353	0.000000
60.00	06000	LABORATORY	146,451,602	1,239,424,000	1,385,875,602	0.129977	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,698,176	5,950,169	18,648,345	0.394049	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	14,287,148	83,946,291	98,233,439	0.017260	0.000000
65.00	06500	RESPIRATORY THERAPY	63,217,501	4,323,313	67,540,814	0.118427	0.000000
66.00	06600	PHYSICAL THERAPY	8,550,111	86,829,500	95,379,611	0.200323	0.000000
67.00	06700	OCCUPATIONAL THERAPY	5,338,187	9,227,719	14,565,906	0.180290	0.000000
68.00	06800	SPEECH PATHOLOGY	5,408,595	3,907,122	9,315,717	0.194569	0.000000
69.00	06900	ELECTROCARDIOLOGY	103,331,613	175,327,579	278,659,192	0.064718	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	14,184,844	20,237,499	34,422,343	0.128118	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	213,653,524	213,368,265	427,021,789	0.099790	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	131,775,631	121,598,511	253,374,142	0.173045	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	303,722,991	702,494,210	1,006,217,201	0.129402	0.000000
74.00	07400	RENAL DIALYSIS	11,644,930	1,003,815	12,648,745	0.148547	0.000000
75.01	07501	CARDIAC REHAB	188,594	1,579,348	1,767,942	0.408977	0.000000
75.02	07502	SLEEP LAB	0	0	0	0.000000	0.000000
75.03	07503	INPATIENT DIALYSIS	0	0	0	0.000000	0.000000
75.04	07504	PAIN MANAGEMENT	37,893	1,751,020	1,788,913	0.726287	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	451,277	17,180,728	17,632,005	0.350550	0.000000
90.01	09001	PATIENT TREATMENT CENTER	11,397,786	31,050,482	42,448,268	0.112134	0.000000
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0.000000	0.000000
90.03	09003	CANTERA	0	0	0	0.000000	0.000000
90.04	09004	MENTAL HEALTH O/P	2,997,701	19,895,214	22,892,915	0.207292	0.000000
90.05	09005	WOMENS CLINIC	0	0	0	0.000000	0.000000
90.06	09006	WOUND CARE	1,630	11,956	13,586	8.013102	0.000000
91.00	09100	EMERGENCY	62,395,348	165,961,052	228,356,400	0.120271	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	48,649,234	48,649,234	0.593410	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
200.00		Subtotal (see instructions)	2,024,690,491	3,852,585,589	5,877,276,080		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,024,690,491	3,852,585,589	5,877,276,080		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
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
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
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.01	07501	CARDIAC REHAB	0.000000		75.01
75.02	07502	SLEEP LAB	0.000000		75.02
75.03	07503	INPATIENT DIALYSIS	0.000000		75.03
75.04	07504	PAIN MANAGEMENT	0.000000		75.04
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000		90.02
90.03	09003	CANTERA	0.000000		90.03
90.04	09004	MENTAL HEALTH O/P	0.000000		90.04
90.05	09005	WOMENS CLINIC	0.000000		90.05
90.06	09006	WOUND CARE	0.000000		90.06
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/25/2022 1:25 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	15,963,849	0	15,963,849	89,117	179.13	30.00
31.00	INTENSIVE CARE UNIT	2,934,375		2,934,375	9,321	314.81	31.00
32.00	CORONARY CARE UNIT	692,472		692,472	2,577	268.71	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,037,490		1,037,490	7,855	132.08	35.00
40.00	SUBPROVIDER - IPF	2,896,265	0	2,896,265	12,928	224.03	40.00
43.00	NURSERY	665,364		665,364	4,863	136.82	43.00
200.00	Total (lines 30 through 199)	24,189,815		24,189,815	126,661		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	23,174	4,151,159				30.00
31.00	INTENSIVE CARE UNIT	2,939	925,227				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,381	309,385				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	27,494	5,385,771				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/25/2022 1:25 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	6,899,208	437,761,752	0.015760	51,625,519	813,618	50.00
51.00	05100	RECOVERY ROOM	1,066,590	98,785,853	0.010797	4,665,038	50,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,966,151	57,466,510	0.034214	0	0	52.00
53.00	05300	ANESTHESIOLOGY	257,183	111,962,350	0.002297	14,011,723	32,185	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,380,562	117,001,422	0.020346	13,795,953	280,692	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,721,647	142,830,909	0.019055	2,405,470	45,836	55.00
56.00	05600	RADIOISOTOPE	277,610	31,820,085	0.008724	2,037,445	17,775	56.00
57.00	05700	CT SCAN	430,796	218,405,869	0.001972	26,596,424	52,448	57.00
58.00	05800	MRI	395,742	92,959,884	0.004257	8,523,873	36,286	58.00
60.00	06000	LABORATORY	8,490,993	1,385,875,602	0.006127	51,981,029	318,488	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	438,454	18,648,345	0.023512	6,838,336	160,783	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	93,337	98,233,439	0.000950	1,993,029	1,893	64.00
65.00	06500	RESPIRATORY THERAPY	545,364	67,540,814	0.008075	19,670,334	158,838	65.00
66.00	06600	PHYSICAL THERAPY	1,202,145	95,379,611	0.012604	3,637,871	45,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	105,850	14,565,906	0.007267	2,468,133	17,936	67.00
68.00	06800	SPEECH PATHOLOGY	85,272	9,315,717	0.009154	2,363,917	21,639	68.00
69.00	06900	ELECTROCARDIOLOGY	2,374,700	278,659,192	0.008522	39,481,111	336,458	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	383,510	34,422,343	0.011141	4,368,952	48,674	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,533,636	427,021,789	0.003591	72,257,893	259,478	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,581,103	253,374,142	0.006240	70,297,806	438,658	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,475,724	1,006,217,201	0.004448	92,273,117	410,431	73.00
74.00	07400	RENAL DIALYSIS	59,614	12,648,745	0.004713	4,367,558	20,584	74.00
75.01	07501	CARDIAC REHAB	25,151	1,767,942	0.014226	188,594	2,683	75.01
75.02	07502	SLEEP LAB	0	0	0.000000	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04	07504	PAIN MANAGEMENT	213,401	1,788,913	0.119291	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,677,554	17,632,005	0.095143	37,240	3,543	90.00
90.01	09001	PATIENT TREATMENT CENTER	616,138	42,448,268	0.014515	8,736	127	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03	09003	CANTERA	0	0	0.000000	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	447,801	22,892,915	0.019561	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	WOUND CARE	17,186	13,586	1.264979	0	0	90.06
91.00	09100	EMERGENCY	3,170,428	228,356,400	0.013884	23,611,011	327,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,536,101	48,649,234	0.072686	0	0	92.00
200.00		Total (lines 50 through 199)	47,468,951	5,374,446,743		519,506,112	3,903,088	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part III
Date/Time Prepared:
1/25/2022 1:25 pm

				Title XVIII		Hospital		PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	89,117	0.00	23,174	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	9,321	0.00	2,939		31.00	
32.00	03200	CORONARY CARE UNIT		0	2,577	0.00	0		32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	7,855	0.00	0		35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	12,928	0.00	1,381	0	40.00	
43.00	04300	NURSERY		0	4,863	0.00	0		43.00	
200.00		Total (lines 30 through 199)		0	126,661		27,494		200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							
32.00	03200	CORONARY CARE UNIT	0							
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0							
40.00	04000	SUBPROVIDER - IPF	0							
43.00	04300	NURSERY	0							
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
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
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0 75.01
75.02	07502	SLEEP LAB	0	0	0	0	0 75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0 75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0 75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0 90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0 90.02
90.03	09003	CANTERA	0	0	0	0	0 90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0 90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0 90.05
90.06	09006	WOUND CARE	0	0	0	0	0 90.06
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:25 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	437,761,752	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	98,785,853	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,466,510	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	111,962,350	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	117,001,422	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	142,830,909	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	31,820,085	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	218,405,869	0.000000	57.00
58.00	05800	MRI	0	0	0	92,959,884	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	1,385,875,602	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	18,648,345	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	98,233,439	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	67,540,814	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	95,379,611	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,565,906	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,315,717	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	278,659,192	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	34,422,343	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	427,021,789	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	253,374,142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,006,217,201	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,648,745	0.000000	74.00
75.01	07501	CARDIAC REHAB	0	0	0	1,767,942	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	1,788,913	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	17,632,005	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	42,448,268	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	22,892,915	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	13,586	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	228,356,400	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	48,649,234	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	5,374,446,743		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:25 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	51,625,519	0	60,795,536	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	4,665,038	0	20,418,039	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	14,011,723	0	16,504,594	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	13,795,953	0	16,069,855	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2,405,470	0	37,220,980	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	2,037,445	0	15,487,614	0	56.00	
57.00	05700	CT SCAN	0.000000	26,596,424	0	45,777,258	0	57.00	
58.00	05800	MRI	0.000000	8,523,873	0	21,320,852	0	58.00	
60.00	06000	LABORATORY	0.000000	51,981,029	0	31,974,584	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	6,838,336	0	2,573,195	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,993,029	0	11,326,801	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	19,670,334	0	1,509,964	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	3,637,871	0	421,656	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,468,133	0	142,769	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	2,363,917	0	81,518	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	39,481,111	0	39,046,498	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,368,952	0	3,826,082	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	72,257,893	0	55,794,216	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	70,297,806	0	43,370,411	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	92,273,117	0	237,736,634	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	4,367,558	0	763,920	0	74.00	
75.01	07501	CARDIAC REHAB	0.000000	188,594	0	534,114	0	75.01	
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	75.02	
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03	
75.04	07504	PAIN MANAGEMENT	0.000000	0	0	888,214	0	75.04	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	37,240	0	0	0	90.00	
90.01	09001	PATIENT TREATMENT CENTER	0.000000	8,736	0	19,632,389	0	90.01	
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02	
90.03	09003	CANTERA	0.000000	0	0	0	0	90.03	
90.04	09004	MENTAL HEALTH O/P	0.000000	0	0	502,143	0	90.04	
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	0	90.05	
90.06	09006	WOUND CARE	0.000000	0	0	0	0	90.06	
91.00	09100	EMERGENCY	0.000000	23,611,011	0	26,824,934	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	11,151,990	0	92.00	
200.00	Total (lines 50 through 199)			519,506,112	0	721,696,760	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/25/2022 1:25 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	0.120637	60,795,536	0	0	7,334,191	50.00
51.00	05100	RECOVERY ROOM	0.123637	20,418,039	0	0	2,524,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302312	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040557	16,504,594	0	0	669,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137876	16,069,855	0	0	2,215,647	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124572	37,220,980	0	0	4,636,692	55.00
56.00	05600	RADIOISOTOPE	0.097810	15,487,614	0	0	1,514,844	56.00
57.00	05700	CT SCAN	0.020817	45,777,258	0	0	952,945	57.00
58.00	05800	MRI	0.056353	21,320,852	0	0	1,201,494	58.00
60.00	06000	LABORATORY	0.129977	31,974,584	0	228,060	4,155,961	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.394049	2,573,195	0	0	1,013,965	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.017260	11,326,801	0	0	195,501	64.00
65.00	06500	RESPIRATORY THERAPY	0.118427	1,509,964	0	0	178,821	65.00
66.00	06600	PHYSICAL THERAPY	0.200323	421,656	0	0	84,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180290	142,769	0	0	25,740	67.00
68.00	06800	SPEECH PATHOLOGY	0.194569	81,518	0	0	15,861	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064718	39,046,498	0	0	2,527,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128118	3,826,082	0	0	490,190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099790	55,794,216	0	0	5,567,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.173045	43,370,411	0	207,096	7,505,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129402	237,736,634	111,629	2,354	30,763,596	73.00
74.00	07400	RENAL DIALYSIS	0.148547	763,920	0	0	113,478	74.00
75.01	07501	CARDIAC REHAB	0.408977	534,114	0	0	218,440	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.726287	888,214	0	0	645,098	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.350550	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.112134	19,632,389	0	0	2,201,458	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.207292	502,143	0	0	104,090	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE	8.013102	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.120271	26,824,934	0	0	3,226,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.593410	11,151,990	0	0	6,617,702	92.00
200.00		Subtotal (see instructions)		721,696,760	111,629	437,510	86,699,994	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		721,696,760	111,629	437,510	86,699,994	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/25/2022 1:25 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
60.00	06000	LABORATORY	0	29,643		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	35,837		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,445	305		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	SLEEP LAB	0	0		75.02
75.03	07503	INPATIENT DIALYSIS	0	0		75.03
75.04	07504	PAIN MANAGEMENT	0	0		75.04
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0		90.02
90.03	09003	CANTERA	0	0		90.03
90.04	09004	MENTAL HEALTH O/P	0	0		90.04
90.05	09005	WOMENS CLINIC	0	0		90.05
90.06	09006	WOUND CARE	0	0		90.06
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	14,445	65,785		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	14,445	65,785		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:

Worksheet D

Component CCN: 14-S242

From 09/01/2020
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Title XVIII				Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,899,208	437,761,752	0.015760	0	0 50.00
51.00	05100 RECOVERY ROOM	1,066,590	98,785,853	0.010797	171,987	1,857 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,966,151	57,466,510	0.034214	0	0 52.00
53.00	05300 ANESTHESIOLOGY	257,183	111,962,350	0.002297	65,499	150 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,380,562	117,001,422	0.020346	46,391	944 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,721,647	142,830,909	0.019055	4,907	94 55.00
56.00	05600 RADIOISOTOPE	277,610	31,820,085	0.008724	0	0 56.00
57.00	05700 CT SCAN	430,796	218,405,869	0.001972	84,696	167 57.00
58.00	05800 MRI	395,742	92,959,884	0.004257	16,378	70 58.00
60.00	06000 LABORATORY	8,490,993	1,385,875,602	0.006127	485,378	2,974 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	438,454	18,648,345	0.023512	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
64.00	06400 INTRAVENOUS THERAPY	93,337	98,233,439	0.000950	19,472	18 64.00
65.00	06500 RESPIRATORY THERAPY	545,364	67,540,814	0.008075	51,692	417 65.00
66.00	06600 PHYSICAL THERAPY	1,202,145	95,379,611	0.012604	8,320	105 66.00
67.00	06700 OCCUPATIONAL THERAPY	105,850	14,565,906	0.007267	601	4 67.00
68.00	06800 SPEECH PATHOLOGY	85,272	9,315,717	0.009154	7,334	67 68.00
69.00	06900 ELECTROCARDIOLOGY	2,374,700	278,659,192	0.008522	34,135	291 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	383,510	34,422,343	0.011141	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,533,636	427,021,789	0.003591	37,350	134 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,581,103	253,374,142	0.006240	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,475,724	1,006,217,201	0.004448	819,952	3,647 73.00
74.00	07400 RENAL DIALYSIS	59,614	12,648,745	0.004713	0	0 74.00
75.01	07501 CARDIAC REHAB	25,151	1,767,942	0.014226	0	0 75.01
75.02	07502 SLEEP LAB	0	0	0.000000	0	0 75.02
75.03	07503 INPATIENT DIALYSIS	0	0	0.000000	0	0 75.03
75.04	07504 PAIN MANAGEMENT	213,401	1,788,913	0.119291	0	0 75.04
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,677,554	17,632,005	0.095143	0	0 90.00
90.01	09001 PATIENT TREATMENT CENTER	616,138	42,448,268	0.014515	168	2 90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0 90.02
90.03	09003 CANTERA	0	0	0.000000	0	0 90.03
90.04	09004 MENTAL HEALTH O/P	447,801	22,892,915	0.019561	355,314	6,950 90.04
90.05	09005 WOMENS CLINIC	0	0	0.000000	0	0 90.05
90.06	09006 WOUND CARE	17,186	13,586	1.264979	0	0 90.06
91.00	09100 EMERGENCY	3,170,428	228,356,400	0.013884	432,573	6,006 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	48,649,234	0.000000	0	0 92.00
200.00	Total (lines 50 through 199)	43,932,850	5,374,446,743		2,642,147	23,897 200.00

Health Financial Systems		CENTRAL DUPAGE HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0242 Component CCN:14-S242		Period: From 09/01/2020 To 08/31/2021	Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:25 pm	
			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	90.02
90.03	09003	CANTERA	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	90.05
90.06	09006	WOUND CARE	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242 Component CCN: 14-S242		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:25 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	437,761,752	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	98,785,853	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	57,466,510	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	111,962,350	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	117,001,422	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	142,830,909	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	31,820,085	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	218,405,869	0.000000	57.00
58.00	05800	MRI		0	0	0	92,959,884	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	1,385,875,602	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	18,648,345	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY		0	0	0	98,233,439	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	67,540,814	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	95,379,611	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	14,565,906	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	9,315,717	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	278,659,192	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	34,422,343	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	427,021,789	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	253,374,142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	1,006,217,201	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	12,648,745	0.000000	74.00
75.01	07501	CARDIAC REHAB		0	0	0	1,767,942	0.000000	75.01
75.02	07502	SLEEP LAB		0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS		0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT		0	0	0	1,788,913	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	17,632,005	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER		0	0	0	42,448,268	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0	0	0	0	0.000000	90.02
90.03	09003	CANTERA		0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P		0	0	0	22,892,915	0.000000	90.04
90.05	09005	WOMENS CLINIC		0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE		0	0	0	13,586	0.000000	90.06
91.00	09100	EMERGENCY		0	0	0	228,356,400	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	48,649,234	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	5,374,446,743		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0242

Component CCN: 14-S242

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

Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:25 pm

				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	171,987	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	65,499	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	46,391	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	4,907	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	84,696	0	0	0	57.00
58.00	05800	MRI		0.000000	16,378	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	485,378	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.000000	19,472	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	51,692	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	8,320	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	601	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	7,334	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	34,135	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	37,350	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	819,952	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB		0.000000	0	0	0	0	75.01
75.02	07502	SLEEP LAB		0.000000	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS		0.000000	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT		0.000000	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER		0.000000	168	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE		0.000000	0	0	0	0	90.02
90.03	09003	CANTERA		0.000000	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P		0.000000	355,314	0	25,216	0	90.04
90.05	09005	WOMENS CLINIC		0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE		0.000000	0	0	0	0	90.06
91.00	09100	EMERGENCY		0.000000	432,573	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			2,642,147	0	25,216	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0242

Period:

Worksheet D

Component CCN:14-S242

From 09/01/2020
To 08/31/2021Part V
Date/Time Prepared:
1/25/2022 1:25 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.120637	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.123637	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302312	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040557	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137876	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124572	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.097810	0	0	0	56.00
57.00	05700	CT SCAN	0.020817	0	0	0	57.00
58.00	05800	MRI	0.056353	0	0	0	58.00
60.00	06000	LABORATORY	0.129977	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.394049	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.017260	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.118427	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.200323	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180290	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.194569	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064718	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128118	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099790	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.173045	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129402	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.148547	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0.408977	0	0	0	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.726287	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.350550	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.112134	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.207292	25,216	0	5,227	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	90.05
90.06	09006	WOUND CARE	8.013102	0	0	0	90.06
91.00	09100	EMERGENCY	0.120271	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.593410	0	0	0	92.00
200.00		Subtotal (see instructions)		25,216	0	5,227	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		25,216	0	5,227	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0242

Period:

Worksheet D

Component CCN:14-S242

From 09/01/2020
To 08/31/2021Part V
Date/Time Prepared:
1/25/2022 1:25 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	SLEEP LAB	0	0		75.02
75.03	07503	INPATIENT DIALYSIS	0	0		75.03
75.04	07504	PAIN MANAGEMENT	0	0		75.04
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0		90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0		90.02
90.03	09003	CANTERA	0	0		90.03
90.04	09004	MENTAL HEALTH O/P	0	0		90.04
90.05	09005	WOMENS CLINIC	0	0		90.05
90.06	09006	WOUND CARE	0	0		90.06
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/25/2022 1:25 pm

			Title XIX		Hospital	Cost	
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	15,963,849	0	15,963,849	89,117	179.13	30.00
31.00	INTENSIVE CARE UNIT	2,934,375		2,934,375	9,321	314.81	31.00
32.00	CORONARY CARE UNIT	692,472		692,472	2,577	268.71	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,037,490		1,037,490	7,855	132.08	35.00
40.00	SUBPROVIDER - IPF	2,896,265	0	2,896,265	12,928	224.03	40.00
43.00	NURSERY	665,364		665,364	4,863	136.82	43.00
200.00	Total (lines 30 through 199)	24,189,815		24,189,815	126,661		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	2,510	449,616				30.00
31.00	INTENSIVE CARE UNIT	60	18,889				31.00
32.00	CORONARY CARE UNIT	14	3,762				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,014	133,929				35.00
40.00	SUBPROVIDER - IPF	507	113,583				40.00
43.00	NURSERY	1,541	210,840				43.00
200.00	Total (lines 30 through 199)	5,646	930,619				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,899,208	437,761,752	0.015760	0	0	50.00
51.00	05100 RECOVERY ROOM	1,066,590	98,785,853	0.010797	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,966,151	57,466,510	0.034214	0	0	52.00
53.00	05300 ANESTHESIOLOGY	257,183	111,962,350	0.002297	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,380,562	117,001,422	0.020346	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,721,647	142,830,909	0.019055	0	0	55.00
56.00	05600 RADIOISOTOPE	277,610	31,820,085	0.008724	0	0	56.00
57.00	05700 CT SCAN	430,796	218,405,869	0.001972	0	0	57.00
58.00	05800 MRI	395,742	92,959,884	0.004257	0	0	58.00
60.00	06000 LABORATORY	8,490,993	1,385,875,602	0.006127	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	438,454	18,648,345	0.023512	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	93,337	98,233,439	0.000950	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	545,364	67,540,814	0.008075	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,202,145	95,379,611	0.012604	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	105,850	14,565,906	0.007267	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	85,272	9,315,717	0.009154	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,374,700	278,659,192	0.008522	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	383,510	34,422,343	0.011141	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,533,636	427,021,789	0.003591	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,581,103	253,374,142	0.006240	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,475,724	1,006,217,201	0.004448	0	0	73.00
74.00	07400 RENAL DIALYSIS	59,614	12,648,745	0.004713	0	0	74.00
75.01	07501 CARDIAC REHAB	25,151	1,767,942	0.014226	0	0	75.01
75.02	07502 SLEEP LAB	0	0	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0	0	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	213,401	1,788,913	0.119291	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,677,554	17,632,005	0.095143	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	616,138	42,448,268	0.014515	0	0	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0	0	0.000000	0	0	90.02
90.03	09003 CANTERA	0	0	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	447,801	22,892,915	0.019561	0	0	90.04
90.05	09005 WOMENS CLINIC	0	0	0.000000	0	0	90.05
90.06	09006 WOUND CARE	17,186	13,586	1.264979	0	0	90.06
91.00	09100 EMERGENCY	3,170,428	228,356,400	0.013884	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,536,101	48,649,234	0.072686	0	0	92.00
200.00	Total (lines 50 through 199)	47,468,951	5,374,446,743		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part III
Date/Time Prepared:
1/25/2022 1:25 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	89,117	0.00	2,510	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	9,321	0.00	60	31.00	
32.00	03200	CORONARY CARE UNIT		0	2,577	0.00	14	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	7,855	0.00	1,014	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	12,928	0.00	507	40.00	
43.00	04300	NURSERY		0	4,863	0.00	1,541	43.00	
200.00		Total (lines 30 through 199)		0	126,661		5,646	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description			Title XIX		Hospital		Cost
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
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
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0 75.01
75.02	07502	SLEEP LAB	0	0	0	0	0 75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0 75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	0	0 75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	0	0 90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0 90.02
90.03	09003	CANTERA	0	0	0	0	0 90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	0	0 90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0 90.05
90.06	09006	WOUND CARE	0	0	0	0	0 90.06
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:25 pm

			Title XIX		Hospital		Cost	
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	437,761,752	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	98,785,853	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,466,510	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	111,962,350	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	117,001,422	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	142,830,909	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	31,820,085	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	218,405,869	0.000000	57.00
58.00	05800	MRI	0	0	0	92,959,884	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	1,385,875,602	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	18,648,345	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	98,233,439	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	67,540,814	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	95,379,611	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,565,906	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	9,315,717	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	278,659,192	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	34,422,343	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	427,021,789	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	253,374,142	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,006,217,201	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,648,745	0.000000	74.00
75.01	07501	CARDIAC REHAB	0	0	0	1,767,942	0.000000	75.01
75.02	07502	SLEEP LAB	0	0	0	0	0.000000	75.02
75.03	07503	INPATIENT DIALYSIS	0	0	0	0	0.000000	75.03
75.04	07504	PAIN MANAGEMENT	0	0	0	1,788,913	0.000000	75.04
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	17,632,005	0.000000	90.00
90.01	09001	PATIENT TREATMENT CENTER	0	0	0	42,448,268	0.000000	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0	0	0	0	0.000000	90.02
90.03	09003	CANTERA	0	0	0	0	0.000000	90.03
90.04	09004	MENTAL HEALTH O/P	0	0	0	22,892,915	0.000000	90.04
90.05	09005	WOMENS CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	WOUND CARE	0	0	0	13,586	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	228,356,400	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	48,649,234	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	5,374,446,743		200.00

Health Financial Systems			CENTRAL DUPAGE HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0242		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:25 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.01	07501	CARDIAC REHAB	0.000000	0	0	0	0	0	75.01
75.02	07502	SLEEP LAB	0.000000	0	0	0	0	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	0	0	0	0	75.03
75.04	07504	PAIN MANAGEMENT	0.000000	0	0	0	0	0	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.000000	0	0	0	0	0	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	0	0	0	90.02
90.03	09003	CANTERA	0.000000	0	0	0	0	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.000000	0	0	0	0	0	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	0	0	0	0	90.05
90.06	09006	WOUND CARE	0.000000	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)			0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		89,117	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,117	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)		69,377	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)		23,174	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)		130,330,302	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)		130,330,302	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)		130,330,302	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)		1,462.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		33,891,048	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)		33,891,048	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:25 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	27,215,186	9,321	2,919.77	2,939	8,581,204
44.00	CORONARY CARE UNIT	6,840,064	2,577	2,654.27	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	12,705,978	7,855	1,617.57	0	0
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					62,268,378
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					104,740,630
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,076,386
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,903,088
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,979,474
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					95,761,156
	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)					19,740
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,462.46
89.00	Observation bed cost (line 87 x line 88) (see instructions)					28,868,960

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:25 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	15,963,849	130,330,302	0.122488	28,868,960	3,536,101	90.00
91.00 Nursing Program cost	0	130,330,302	0.000000	28,868,960	0	91.00
92.00 Allied health cost	0	130,330,302	0.000000	28,868,960	0	92.00
93.00 All other Medical Education	0	130,330,302	0.000000	28,868,960	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 1:25 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,928	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,928	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)		12,928	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,381	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)		17,256,680	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)		17,256,680	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)		17,256,680	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)		1,334.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,843,400	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,843,400	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:

Worksheet D-1

Component CCN: 14-S242

From 09/01/2020

Date/Time Prepared:

To 08/31/2021

1/25/2022 1:25 pm

Title XVIII

Subprovider -

PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					344,101	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,187,501	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					309,385	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,897	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					333,282	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,854,219	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:

Worksheet D-1

Component CCN: 14-S242

From 09/01/2020

Date/Time Prepared:

To 08/31/2021

1/25/2022 1:25 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,896,265	17,256,680	0.167834	0	0	90.00
91.00 Nursing Program cost	0	17,256,680	0.000000	0	0	91.00
92.00 Allied health cost	0	17,256,680	0.000000	0	0	92.00
93.00 All other Medical Education	0	17,256,680	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:25 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	89,117	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	89,117	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)	69,377	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	2,510	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)	4,863	15.00
16.00	Nursery days (title V or XIX only)	1,541	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)	130,330,302	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)	130,330,302	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)	130,330,302	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)	1,462.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,670,775	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3,670,775	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,459,686	4,863	917.06	1,541	1,413,189	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,215,186	9,321	2,919.77	60	175,186	43.00
44.00	CORONARY CARE UNIT	6,840,064	2,577	2,654.27	14	37,160	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	12,705,978	7,855	1,617.57	1,014	1,640,216	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,936,526	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					19,740	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,462.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					28,868,960	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

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

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:25 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	15,963,849	130,330,302	0.122488	28,868,960	3,536,101	90.00
91.00	Nursing Program cost	0	130,330,302	0.000000	28,868,960	0	91.00
92.00	Allied health cost	0	130,330,302	0.000000	28,868,960	0	92.00
93.00	All other Medical Education	0	130,330,302	0.000000	28,868,960	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 1:25 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			12,928 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,928 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)			12,928 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)			507 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)			4,863 15.00
16.00	Nursery days (title V or XIX only)			1,541 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)			17,176,634 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)			17,176,634 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)			17,176,634 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)			1,328.64 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			673,620 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)			673,620 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:

Worksheet D-1

Component CCN: 14-S242

From 09/01/2020

Date/Time Prepared:

To 08/31/2021

1/25/2022 1:25 pm

		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					673,620	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0242

Period:

Worksheet D-1

Component CCN: 14-S242

From 09/01/2020

Date/Time Prepared:

To 08/31/2021

1/25/2022 1:25 pm

Title XIX

Subprovider -
IPF

Cost

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,896,265	17,176,634	0.168617	0	0	90.00
91.00 Nursing Program cost	0	17,176,634	0.000000	0	0	91.00
92.00 Allied health cost	0	17,176,634	0.000000	0	0	92.00
93.00 All other Medical Education	0	17,176,634	0.000000	0	0	93.00

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0242	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/25/2022 1:25 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		105,688,578	30.00
31.00	03100	INTENSIVE CARE UNIT		20,714,408	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120637	51,625,519	50.00
51.00	05100	RECOVERY ROOM	0.123637	4,665,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302312	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040557	14,011,723	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137876	13,795,953	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125009	2,405,470	55.00
56.00	05600	RADIOISOTOPE	0.097810	2,037,445	56.00
57.00	05700	CT SCAN	0.020817	26,596,424	57.00
58.00	05800	MRI	0.056353	8,523,873	58.00
60.00	06000	LABORATORY	0.129977	51,981,029	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.394049	6,838,336	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.017260	1,993,029	64.00
65.00	06500	RESPIRATORY THERAPY	0.118427	19,670,334	65.00
66.00	06600	PHYSICAL THERAPY	0.200323	3,637,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.180290	2,468,133	67.00
68.00	06800	SPEECH PATHOLOGY	0.194569	2,363,917	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064718	39,481,111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128236	4,368,952	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099790	72,257,893	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.173045	70,297,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129402	92,273,117	73.00
74.00	07400	RENAL DIALYSIS	0.148547	4,367,558	74.00
75.01	07501	CARDIAC REHAB	0.408977	188,594	75.01
75.02	07502	SLEEP LAB	0.000000	0	75.02
75.03	07503	INPATIENT DIALYSIS	0.000000	0	75.03
75.04	07504	PAIN MANAGEMENT	0.726287	0	75.04
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.351073	37,240	90.00
90.01	09001	PATIENT TREATMENT CENTER	0.112162	8,736	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE	0.000000	0	90.02
90.03	09003	CANTERA	0.000000	0	90.03
90.04	09004	MENTAL HEALTH O/P	0.207292	0	90.04
90.05	09005	WOMENS CLINIC	0.000000	0	90.05
90.06	09006	WOUND CARE	8.013102	0	90.06
91.00	09100	EMERGENCY	0.120271	23,611,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.593410	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		519,506,112	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)		519,506,112	202.00

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0242	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3	
		Component CCN: 14-S242		Date/Time Prepared: 1/25/2022 1:25 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF		6,155,039		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.120637	0	0	50.00
51.00	05100 RECOVERY ROOM	0.123637	171,987	21,264	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302312	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.040557	65,499	2,656	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137876	46,391	6,396	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.125009	4,907	613	55.00
56.00	05600 RADIOISOTOPE	0.097810	0	0	56.00
57.00	05700 CT SCAN	0.020817	84,696	1,763	57.00
58.00	05800 MRI	0.056353	16,378	923	58.00
60.00	06000 LABORATORY	0.129977	485,378	63,088	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.394049	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	0.017260	19,472	336	64.00
65.00	06500 RESPIRATORY THERAPY	0.118427	51,692	6,122	65.00
66.00	06600 PHYSICAL THERAPY	0.200323	8,320	1,667	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.180290	601	108	67.00
68.00	06800 SPEECH PATHOLOGY	0.194569	7,334	1,427	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064718	34,135	2,209	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128236	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.099790	37,350	3,727	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.173045	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129402	819,952	106,103	73.00
74.00	07400 RENAL DIALYSIS	0.148547	0	0	74.00
75.01	07501 CARDIAC REHAB	0.408977	0	0	75.01
75.02	07502 SLEEP LAB	0.000000	0	0	75.02
75.03	07503 INPATIENT DIALYSIS	0.000000	0	0	75.03
75.04	07504 PAIN MANAGEMENT	0.726287	0	0	75.04
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.351073	0	0	90.00
90.01	09001 PATIENT TREATMENT CENTER	0.112162	168	19	90.01
90.02	09002 REHAB SERVICES-BLOOMINGDALE	0.000000	0	0	90.02
90.03	09003 CANTERA	0.000000	0	0	90.03
90.04	09004 MENTAL HEALTH O/P	0.207292	355,314	73,654	90.04
90.05	09005 WOMENS CLINIC	0.000000	0	0	90.05
90.06	09006 WOUND CARE	8.013102	0	0	90.06
91.00	09100 EMERGENCY	0.120271	432,573	52,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.593410	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,642,147	344,101	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,642,147		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A
Date/Time Prepared:
1/25/2022 1:25 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)			5,343,324	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			63,957,136	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)			234,883	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			3,907,807	2.04
3.00	Managed Care Simulated Payments			28,752,243	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			292.15	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.81	31.00
32.00	Sum of lines 30 and 31			19.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.39	33.00
34.00	Disproportionate share adjustment (see instructions)			933,824	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A
Date/Time Prepared:
1/25/2022 1:25 pm

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		11,092,996	11,236,367	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		909,260	10,312,828	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		11,222,088		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)		85,599,062		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)			85,599,062	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,341,711	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			893,080	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			92,833,853	59.00
60.00	Primary payer payments			5,450	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			92,828,403	61.00
62.00	Deductibles billed to program beneficiaries			5,988,400	62.00
63.00	Coinsurance billed to program beneficiaries			110,113	63.00
64.00	Allowable bad debts (see instructions)			925,674	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			601,688	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			544,412	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			87,331,578	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
70.01	OTHER ADJUSTMENT PER PS&R			0	70.01
70.02	SEQUESTRATION ADJUSTMENT			0	70.02
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)			-15,572	70.93
70.94	HRR adjustment amount (see instructions)			-64,859	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A
Date/Time Prepared:
1/25/2022 1:25 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			87,251,147	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			86,340,890	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			910,257	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,104,895	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)			4,028,618	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			762,245	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/25/2022 1:25 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		80,230	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		86,699,994	2.00
3.00	OPPS payments		70,875,315	3.00
4.00	Outlier payment (see instructions)		775,384	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		80,230	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		549,139	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)		549,139	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)		549,139	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		468,909	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)		80,230	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)		71,650,699	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)		11,198,698	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)		60,532,231	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		60,532,231	30.00
31.00	Primary payer payments		643	31.00
32.00	Subtotal (line 30 minus line 31)		60,531,588	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)		896,210	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		582,537	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		378,521	36.00
37.00	Subtotal (see instructions)		61,114,125	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		61,114,125	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		61,148,939	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)		-34,814	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		871,221	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		CENTRAL DUPAGE HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242	Period: From 09/01/2020	Worksheet E	
		Component CCN: 14-S242	To 08/31/2021	Part B	
		Title XVIII	Subprovider - IPF	Date/Time Prepared: 1/25/2022 1:25 pm	
				PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			5,227	2.00
3.00	OPPS payments			5,057	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0	20.00
21.00	Lesser of cost or charges (see instructions)			0	21.00
22.00	Interns and residents (see instructions)			0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			5,057	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)			1,011	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)			4,046	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			4,046	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			4,046	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			4,046	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			4,046	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			4,046	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)			0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
1/25/2022 1:25 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		86,126,030		61,065,861	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	05/12/2021	214,860	05/12/2021	83,078	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)		214,860		83,078	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)		86,340,890		61,148,939	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		910,257		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		34,814	6.02	
7.00	Total Medicare program liability (see instructions)		87,251,147		61,114,125	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0242

Period:

Worksheet E-1

Component CCN: 14-S242

From 09/01/2020
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:25 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,476,776		4,046	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)		1,476,776		4,046	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		77,162		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,553,938		4,046	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:

Worksheet E-3

Component CCN: 14-S242

From 09/01/2020
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 1:25 pm

Title XVIII

Subprovider -
IPF

PPS

1.00

PART II - MEDICARE PART A SERVICES - IPF PPS

1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,325,440	1.00
2.00	Net IPF PPS Outlier Payments	257,689	2.00
3.00	Net IPF PPS ECT Payments	31,122	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	35.419178	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,614,251	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,614,251	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,614,251	18.00
19.00	Deductibles	127,704	19.00
20.00	Subtotal (line 18 minus line 19)	1,486,547	20.00
21.00	Coinsurance	9,770	21.00
22.00	Subtotal (line 20 minus line 21)	1,476,777	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	118,709	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	77,161	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	69,113	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,553,938	26.00
27.00	Direct graduate medical education payments (see instructions)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.98	Recovery of accelerated depreciation.	0	30.98
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,553,938	31.00
31.01	Sequestration adjustment (see instructions)	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,476,776	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	77,162	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	257,689	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet E-3
Part VII
Date/Time Prepared:
1/25/2022 1:25 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		6,936,526		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		6,936,526	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		6,936,526	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		6,936,526	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		6,936,526	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0242 Component CCN: 14-S242	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 1/25/2022 1:25 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	673,620		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	673,620	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	673,620	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	673,620	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	673,620	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-0242

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

Worksheet G

Date/Time Prepared:
1/25/2022 1:25 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	1,280,073,220	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	134,601,750	0	0	0	4.00
5.00 Other receivable	4,431,630	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	12,128,600	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	46,760,420	0	0	0	9.00
10.00 Due from other funds	30,587,550	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	1,508,583,170	0	0	0	11.00
FIXED ASSETS					
12.00 Land	35,273,260	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	652,067,410	0	0	0	15.00
16.00 Accumulated depreciation	-172,140,499	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	157,950,050	0	0	0	19.00
20.00 Accumulated depreciation	-107,892,469	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	0	0	0	0	23.00
24.00 Accumulated depreciation	0	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	565,257,752	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	300,600,190	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	74,396,610	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	374,996,800	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	2,448,837,722	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	26,144,560	0	0	0	37.00
38.00 Salaries, wages, and fees payable	31,172,820	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	900,000	0	0	0	43.00
44.00 Other current liabilities	263,854,620	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	322,072,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	145,059,722	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	145,059,722	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	467,131,722	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,981,706,000	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	1,981,706,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	2,448,837,722	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0242

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

Worksheet G-1

Date/Time Prepared:
1/25/2022 1:25 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		1,736,495,478		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		219,948,281				2.00
3.00	Total (sum of line 1 and line 2)		1,956,443,759		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET ASSETS RELEASED	25,262,241		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)		25,262,241		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,981,706,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET EQUITY TRANSFERS	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,981,706,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	NET ASSETS RELEASED		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	NET EQUITY TRANSFERS		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: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/25/2022 1:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	353,887,812		353,887,812	1.00
2.00	SUBPROVIDER - IPF	42,782,752		42,782,752	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)	396,670,564		396,670,564	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	82,040,688		82,040,688	11.00
12.00	CORONARY CARE UNIT	21,144,986		21,144,986	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	57,700,112		57,700,112	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	160,885,786		160,885,786	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	557,556,350		557,556,350	17.00
18.00	Ancillary services	1,383,396,125	0	1,383,396,125	18.00
19.00	Outpatient services	77,817,907	3,862,179,951	3,939,997,858	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,018,770,382	3,862,179,951	5,880,950,333	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		976,740,371		29.00
30.00	BAD DEBTS	13,044,901			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		13,044,901		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		989,785,272		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0242

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

Worksheet G-3

Date/Time Prepared:
1/25/2022 1:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,880,950,333	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,715,900,549	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,165,049,784	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	989,785,272	4.00
5.00	Net income from service to patients (line 3 minus line 4)	175,264,512	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAINING PROGRAM	84,825	24.00
24.01	WORKSHOPS CONFERENCES ETC	0	24.01
24.02	NON-GOVT GRANT REVENUE	1,831,960	24.02
24.03	FEDERAL GRANT REVENUE	-394,524	24.03
24.04	STATE GRANT REVENUE	0	24.04
24.05	NET ASSETS REL FR RESTR - OP	1,115,445	24.05
24.06	DIETARY GUEST TRAYS	-284	24.06
24.07	FEINBERG CAFETERIA REVENUE	0	24.07
24.08	CDH CAFETERIA REVENUE	2,080,907	24.08
24.09	BUILDING RENT NON NMFF/NU	3,563,124	24.09
24.10	INTERCOMPANY RENT INCOME	16,221,836	24.10
24.11	IC CORP REVENUE	4,872,995	24.11
24.12	CORPORATE BILLING ADJUSTMENT	7,702,511	24.12
24.13	SHARED SERVICES INCOME EL004	283,257	24.13
24.15	INSTYMEDS REVENUE	985	24.15
24.16	OTHER SERVICE REVENUE	369,280	24.16
24.18	RECOVERY LIVING REVENUE	0	24.18
24.19	NON-PATIENT MEDICAL SUPPLIES	14,791	24.19
24.20	GIFT SHOP SALES - BED TOWER	198,191	24.20
24.21	GIFT SHOP SALES - MOTHER/BABY	0	24.21
24.22	AUXILIARY - BABY PHOTOS	0	24.22
24.23	GIFT SHOP SALES	0	24.23
24.25	COST OF CONSIGNMENT SALE	0	24.25
24.26	NEWSPAPER	0	24.26
24.27	OTHER OPERATING INCOME	6,827,080	24.27
24.50	COVID-19 PHE Funding	4,714,558	24.50
25.00	Total other income (sum of lines 6-24)	49,486,937	25.00
26.00	Total (line 5 plus line 25)	224,751,449	26.00
27.00	NON OPERATING	4,803,168	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4,803,168	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	219,948,281	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0242

Period:
From 09/01/2020
To 08/31/2021Worksheet L
Parts I-III
Date/Time Prepared:
1/25/2022 1:25 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	5,341,025	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	785,977	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)	246.70	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	17.81	8.00
9.00	Sum of lines 7 and 8	19.45	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.02	10.00
11.00	Disproportionate share adjustment (see instructions)	214,709	11.00
12.00	Total prospective capital payments (see instructions)	6,341,711	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