

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: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/26/2022 4:27 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 1/26/2022 Time: 4:27 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 NORTHWESTERN MEMORIAL HOSPITAL (14-0281) 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	5,892,612	1,404,828	0	0	1.00
2.00 Subprovider - IPF	0	127,721	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	6,020,333	1,404,828	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 4:27 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 251E HURON			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60611		County: COOK			
		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		NORTHWESTERN MEMORIAL HOSPITAL		140281	16974	1	09/01/1972	N	P	O
4.00	Subprovider - IPF		NORTHWESTERN MEMORIAL PSYCH UNIT		14S281	16974	4	09/01/1984	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2020		08/31/2021		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	

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Part I
Date/Time Prepared:
1/26/2022 4:27 pm

MCRIF32 - 17.1.172.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.06	
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.07	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 4:27 pm		
			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			Y	63.00	
			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)	13.16		319.21	0.039594 64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	21.55	115.30	0.157472 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		521.21	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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	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)	INTERNAL MEDICINE	1400	16.00	92.10	0.148011
						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)				Y 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
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
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00
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
98.01	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
98.02	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

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		V 1.00		XIX 2.00			
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
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 1.00		Occupational 2.00		Speech 3.00	
		Respiratory 4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
		1.00		2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00		2.00		3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,794,498		25,343,392		29,606,665118.01	

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		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1973		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.	09/29/2006		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.	02/02/1996		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.	12/29/2015		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		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	HB0640	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 - INC		Contractor's Number: 06101
142.00	Street: 251 E HURON ST	PO Box:	PO BOX 6474 INDIANAPOLIS IN 46206	
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	Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
		1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00
		Part A	Part B	Title V
		1.00	2.00	3.00
		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 4:27 pm	
								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	CBSA	FTE/Campus		
		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	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part II Date/Time Prepared: 1/26/2022 4:27 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/30/2020 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/20/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/26/2022 4:27 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.	JOHN	VANDER LAAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312 926 6618	JVANDERL@NM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/26/2022 4:27 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 OF REIMB	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: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 4:27 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	673	245,645	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)		673	245,645	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	115	41,975	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	86	31,390	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		874	319,010	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	29	10,585		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	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		903			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)		32	11,680			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: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 4:27 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)	60,224	11,621	212,806			1.00
2.00	HMO and other (see instructions)	29,073	42,963				2.00
3.00	HMO IPF Subprovider	388	1,200				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)	60,224	11,621	212,806			7.00
8.00	INTENSIVE CARE UNIT	10,657	654	37,004			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	0	19,044			12.00
13.00	NURSERY		2,110	23,862			13.00
14.00	Total (see instructions)	70,881	14,385	292,716	624.26	6,192.40	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,522	405	9,225	2.78	46.60	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	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			21			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				627.04	6,239.00	27.00
28.00	Observation Bed Days		0	22,963			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	726	4,242			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			401			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: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 4:27 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	10,469	2,283	41,891	1.00
2.00 HMO and other (see instructions)			3,898	7,576		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	10,469	2,283	41,891	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	73	147	759	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	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 4:27 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	480,635,351	10,371,939	491,007,290	12,505,549.91	39.26
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		10,371,939	0	10,371,939	65,942.00	157.29
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		35,432,919	0	35,432,919	1,304,243.00	27.17
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)		9,863,340	14,185,529	24,048,869	732,922.66	32.81
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		61,785,740	0	61,785,740	1,564,918.00	39.48
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		0	0	0	0.00	0.00
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		148,662,585	0	148,662,585	3,303,513.00	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		2,985,144	0	2,985,144	23,818.00	125.33
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		119,993,296	0	119,993,296		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		7,512,443	0	7,512,443		
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		675,904	0	675,904		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		13,722,325	0	13,722,325		
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: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 4:27 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	5,365,562	-4,483,062	882,500	10,834.49	81.45	26.00
27.00	Administrative & General	5.00	45,200,369	-11,633,985	33,566,384	523,837.05	64.08	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,700,502	-582,429	1,118,073	27,727.28	40.32	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	17,381,376	-6,374,852	11,006,524	454,018.72	24.24	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	8,540,526	-3,881,094	4,659,432	179,776.95	25.92	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	4,135,026	4,135,026	168,763.08	24.50	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,049,018	505,520	5,554,538	101,752.18	54.59	38.00
39.00	Central Services and Supply	14.00	9,116,040	277,104	9,393,144	332,496.29	28.25	39.00
40.00	Pharmacy	15.00	28,834,403	-441,012	28,393,391	588,293.79	48.26	40.00
41.00	Medical Records & Medical Records Library	16.00	624,784	16,484	641,268	28,894.70	22.19	41.00
42.00	Social Service	17.00	3,818,660	118,682	3,937,342	117,479.15	33.52	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part III
Date/Time Prepared:
1/26/2022 4:27 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)	445,202,432	10,371,939	455,574,371	11,201,306.91	40.67	1.00
2.00	Excluded area salaries (see instructions)	9,863,340	14,185,529	24,048,869	732,922.66	32.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	435,339,092	-3,813,590	431,525,502	10,468,384.25	41.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	210,448,325	0	210,448,325	4,868,431.00	43.23	4.00
5.00	Subtotal wage-related costs (see inst.)	134,391,525	0	134,391,525	0.00	31.14	5.00
6.00	Total (sum of lines 3 thru 5)	780,178,942	-3,813,590	776,365,352	15,336,815.25	50.62	6.00
7.00	Total overhead cost (see instructions)	125,631,240	-22,343,618	103,287,622	2,533,873.68	40.76	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
1/26/2022 4:27 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	25,092,935	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)	39,661,658	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	19,812,626	9.00
10.00	Dental, Hearing and Vision Plan	1,944,062	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	3,726,465	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,472,668	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	34,620,613	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-65,476	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	1,916,092	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	128,181,643	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part V
Date/Time Prepared:
1/26/2022 4:27 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	61,785,740	128,181,643	1.00
2.00	Hospital	61,785,740	128,181,643	2.00
3.00	Subprovider - IPF	0	0	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	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-5

Date/Time Prepared:
1/26/2022 4:27 pm

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-5

Date/Time Prepared:
1/26/2022 4:27 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0281

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

Worksheet S-10

Date/Time Prepared:
1/26/2022 4:27 pm

				1/26/2022 4:27 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)			0.178013	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			204,889,511	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			28,312,020	5.00
6.00	Medicaid charges			1,116,178,919	6.00
7.00	Medicaid cost (line 1 times line 6)			198,694,358	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			490,648	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
				3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			135,444,328	10,394,050
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			24,110,851	10,394,050
22.00	Payments received from patients for amounts previously written off as charity care			0	0
23.00	Cost of charity care (line 21 minus line 22)			24,110,851	10,394,050
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			19,424,491	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			6,123,210	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			9,420,322	
28.00	Non-Medicare bad debt expense (see instructions)			10,004,169	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,077,984	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			39,582,885	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			39,582,885	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
1/26/2022 4:27 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		91,611,416	91,611,416	-31,513,724	60,097,692	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	31,513,724	31,513,724	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,365,562	2,505,590	7,871,152	78,940,570	86,811,722	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,200,369	834,653,573	879,853,942	-42,892,109	836,961,833	5.00
7.00	00700	OPERATION OF PLANT	1,700,502	109,351,641	111,052,143	-37,991,759	73,060,384	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,982,819	3,982,819	8.00
9.00	00900	HOUSEKEEPING	17,381,376	8,951,282	26,332,658	-12,317,836	14,014,822	9.00
10.00	01000	DIETARY	8,540,526	8,804,199	17,344,725	-9,252,258	8,092,467	10.00
11.00	01100	CAFETERIA	0	0	0	7,140,349	7,140,349	11.00
13.00	01300	NURSING ADMINISTRATION	5,049,018	4,070,837	9,119,855	-149,896	8,969,959	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,116,040	18,599,349	27,715,389	-1,974,936	25,740,453	14.00
15.00	01500	PHARMACY	28,834,403	328,018,127	356,852,530	-104,574,504	252,278,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	624,784	325,031	949,815	-180,297	769,518	16.00
17.00	01700	SOCIAL SERVICE	3,818,660	1,724,891	5,543,551	-676,040	4,867,511	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	42,201,622	42,201,622	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	602,756	44,065,393	44,668,149	-33,288,921	11,379,228	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	0	0	0	1,448,467	1,448,467	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	0	22,015	22,015	257,327	279,342	23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)	0	0	0	386,558	386,558	23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)	0	0	0	363,410	363,410	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)	0	0	0	371,304	371,304	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	0	0	0	450,389	450,389	23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	0	0	0	3,044,322	3,044,322	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,037,087	81,038,735	189,075,822	-22,371,943	166,703,879	30.00
31.00	03100	INTENSIVE CARE UNIT	31,520,803	24,366,880	55,887,683	-468,220	55,419,463	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,723,547	4,688,814	17,412,361	-1,649,739	15,762,622	35.00
40.00	04000	SUBPROVIDER - IPF	3,716,638	992,795	4,709,433	-545,170	4,164,263	40.00
43.00	04300	NURSERY	0	0	0	5,367,347	5,367,347	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,810,689	123,727,569	154,538,258	-90,366,448	64,171,810	50.00
51.00	05100	RECOVERY ROOM	6,555,366	2,173,284	8,728,650	-631,403	8,097,247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,572,225	8,499,288	24,071,513	-2,124,715	21,946,798	52.00
53.00	05300	ANESTHESIOLOGY	3,761,773	5,548,152	9,309,925	-2,057,700	7,252,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,502,100	22,006,924	43,509,024	-11,747,348	31,761,676	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,361,581	5,233,748	13,595,329	-897,131	12,698,198	55.00
56.00	05600	RADIOISOTOPE	2,551,443	14,292,194	16,843,637	-1,668,821	15,174,816	56.00
57.00	05700	CT SCAN	5,684,174	4,627,011	10,311,185	-854,664	9,456,521	57.00
58.00	05800	MRI	8,814,386	6,595,471	15,409,857	-1,039,373	14,370,484	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,871,839	17,642,655	19,514,494	-15,782,618	3,731,876	59.00
59.01	03650	VASCULAR LAB	1,053,229	275,693	1,328,922	-149,735	1,179,187	59.01
59.02	03140	CARDIOLOGY	4,810,593	3,957,122	8,767,715	-689,446	8,078,269	59.02
59.03	03560	PULMONARY FUNCTION TESTING	199,015	547,124	746,139	-9,508	736,631	59.03
59.04	03290	ELECTROMYOGRAPHY	1,527,022	14,541,369	16,068,391	-14,057,509	2,010,882	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	4,773,843	8,546,174	13,320,017	-2,533,687	10,786,330	59.05
60.00	06000	LABORATORY	26,010,560	70,477,755	96,488,315	-3,968,731	92,519,584	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,929,404	14,929,404	-496	14,928,908	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,302,022	5,575,838	8,877,860	-405,490	8,472,370	63.00
65.00	06500	RESPIRATORY THERAPY	8,379,341	8,097,359	16,476,700	-1,542,155	14,934,545	65.00
66.00	06600	PHYSICAL THERAPY	3,009,970	2,200,948	5,210,918	-449,052	4,761,866	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,163,548	577,813	2,741,361	-352,844	2,388,517	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,145,951	2,236,655	5,382,606	-225,044	5,157,562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	54,623,502	54,623,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	74,471,099	74,471,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100,714,521	100,714,521	73.00
74.00	07400	RENAL DIALYSIS	2,552,391	2,006,602	4,558,993	-265,230	4,293,763	74.00
76.97	07697	CARDIAC REHABILITATION	410,258	254,730	664,988	-44,032	620,956	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,450,690	5,888,345	13,339,035	-1,199,065	12,139,970	90.00
90.01	09001	PSYCH CLINIC	1,198,336	2,221,982	3,420,318	6,184	3,426,502	90.01
90.02	09002	TRANSPLANT CLINIC	760,794	446,372	1,207,166	3,712,968	4,920,134	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	137,759	137,759	0	137,759	90.03
90.04	09004	COVID VACCINE CLINIC	1,045,151	269,144	1,314,295	-157,903	1,156,392	90.04
91.00	09100	EMERGENCY	14,978,288	8,005,396	22,983,684	-1,684,151	21,299,533	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,182,535	10,992,157	12,174,692	863,495	13,038,187	105.00
106.00	10600 HEART ACQUISITION	600,808	2,434,871	3,035,679	79,036	3,114,715	106.00
107.00	10700 LIVER ACQUISITION	638,734	6,392,663	7,031,397	202,328	7,233,725	107.00
108.00	10800 LUNG ACQUISITION	1,245,129	5,940,954	7,186,083	-731,162	6,454,921	108.00
109.00	10900 PANCREAS ACQUISITION	0	1,212,480	1,212,480	206,795	1,419,275	109.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	478,155,855	1,952,303,573	2,430,459,428	-45,134,677	2,385,324,751	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	225,269	86,815	312,084	-54,305	257,779	190.00
191.00	19100 RESEARCH	1,610,758	901,899	2,512,657	-221,268	2,291,389	191.00
191.01	19101 SPONSERED PROJECT	577,393	3,151,756	3,729,149	-63,114	3,666,035	191.01
194.00	07950 REAL ESTATE	66,076	12,687,353	12,753,429	-15,353	12,738,076	194.00
194.01	07951 MARKETING, OTHER NON-REIMB	0	10,094	10,094	45,488,717	45,498,811	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00	TOTAL (SUM OF LINES 118 through 199)	480,635,351	1,969,141,490	2,449,776,841	0	2,449,776,841	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A

Date/Time Prepared:
1/26/2022 4:27 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	5,274,399	65,372,091	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-779,360	30,734,364	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,294,525	94,106,247	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-381,411,703	455,550,130	5.00
7.00	00700	OPERATION OF PLANT	-24,498,292	48,562,092	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,982,819	8.00
9.00	00900	HOUSEKEEPING	-2,297,128	11,717,694	9.00
10.00	01000	DIETARY	-552,235	7,540,232	10.00
11.00	01100	CAFETERIA	0	7,140,349	11.00
13.00	01300	NURSING ADMINISTRATION	-611,805	8,358,154	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-46,932	25,693,521	14.00
15.00	01500	PHARMACY	-225,593,408	26,684,618	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-142	769,376	16.00
17.00	01700	SOCIAL SERVICE	-25,374	4,842,137	17.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	42,201,622	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,505,094	9,874,134	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	1,448,467	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	-1,478	277,864	23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)	-176,488	210,070	23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)	-176,488	186,922	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)	-176,488	194,816	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	-176,488	273,901	23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)	0	3,044,322	23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,697,439	165,006,440	30.00
31.00	03100	INTENSIVE CARE UNIT	-554,465	54,864,998	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-131,734	15,630,888	35.00
40.00	04000	SUBPROVIDER - IPF	-1,624	4,162,639	40.00
43.00	04300	NURSERY	0	5,367,347	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,760,560	61,411,250	50.00
51.00	05100	RECOVERY ROOM	-63,460	8,033,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-37,104	21,909,694	52.00
53.00	05300	ANESTHESIOLOGY	-332,355	6,919,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,191,757	30,569,919	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-197,966	12,500,232	55.00
56.00	05600	RADIOISOTOPE	-1,360,214	13,814,602	56.00
57.00	05700	CT SCAN	-483,161	8,973,360	57.00
58.00	05800	MRI	-532,826	13,837,658	58.00
59.00	05900	CARDIAC CATHETERIZATION	-267,149	3,464,727	59.00
59.01	03650	VASCULAR LAB	-18,959	1,160,228	59.01
59.02	03140	CARDIOLOGY	-1,318,179	6,760,090	59.02
59.03	03560	PULMONARY FUNCTION TESTING	-42,442	694,189	59.03
59.04	03290	ELECTROMYOGRAPHY	-60,495	1,950,387	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	-274,207	10,512,123	59.05
60.00	06000	LABORATORY	-8,317,459	84,202,125	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-168,000	14,760,908	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-120,000	8,352,370	63.00
65.00	06500	RESPIRATORY THERAPY	-166,224	14,768,321	65.00
66.00	06600	PHYSICAL THERAPY	-35,484	4,726,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	-31,290	2,357,227	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-447,564	4,709,998	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	54,623,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74,471,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100,714,521	73.00
74.00	07400	RENAL DIALYSIS	-29,655	4,264,108	74.00
76.97	07697	CARDIAC REHABILITATION	-84,518	536,438	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-116,340	12,023,630	90.00
90.01	09001	PSYCH CLINIC	-384,800	3,041,702	90.01
90.02	09002	TRANSPLANT CLINIC	-370,931	4,549,203	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	137,759	90.03
90.04	09004	COVID VACCINE CLINIC	-612	1,155,780	90.04
91.00	09100	EMERGENCY	-419,474	20,880,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet A
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-370,940	12,667,247	105.00
106.00	10600	HEART ACQUISITION	0	3,114,715	106.00
107.00	10700	LIVER ACQUISITION	-177,571	7,056,154	107.00
108.00	10800	LUNG ACQUISITION	-25,373	6,429,548	108.00
109.00	10900	PANCREAS ACQUISITION	-101	1,419,174	109.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-648,052,411	1,737,272,340	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	257,779	190.00
191.00	19100	RESEARCH	0	2,291,389	191.00
191.01	19101	SPONSERED PROJECT	0	3,666,035	191.01
194.00	07950	REAL ESTATE	0	12,738,076	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	-1,687	45,497,124	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-648,054,098	1,801,722,743	200.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6

Date/Time Prepared:
1/26/2022 4:27 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS MOV EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	31,513,724		1.00
	TOTALS		0	31,513,724		
	B - RESIDENT STIPEND FRINGE OTHER COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	6,768,703		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,003,630		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	35,432,919		3.00
	TOTALS		0	44,205,252		
	C - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	100,714,521		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
	TOTALS		0	100,714,521		
	D - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	74,471,099		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
	TOTALS		0	74,471,099		
	E - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,464,536		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		0	61,464,536		
	F - NURSERY AND L&DR RECLASS					
1.00	NURSERY	43.00	4,425,856	941,491		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	314,916	24,508		2.00
3.00		0.00	0	0		3.00
	TOTALS		4,740,772	965,999		

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/26/2022 4:27 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
G - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	4,135,026	3,005,323	1.00
	TOTALS		4,135,026	3,005,323	
H - RECLASS PURCHASING CREDIT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,579,136	1.00
2.00	RADIOISOTOPE	56.00	0	147,497	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	603,000	3.00
4.00	ELECTROMYOGRAPHY	59.04	0	287,500	4.00
5.00	GASTRO INTESTINAL SERVICES	59.05	0	223,901	5.00
	TOTALS		0	6,841,034	
I - ORGANIZATIONAL INCENTIVE RECLASS					
1.00	OPERATION OF PLANT	7.00	61,781	0	1.00
2.00	HOUSEKEEPING	9.00	542,541	0	2.00
3.00	DIETARY	10.00	253,932	0	3.00
4.00	NURSING ADMINISTRATION	13.00	397,132	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	277,104	0	5.00
6.00	PHARMACY	15.00	1,007,455	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	16,484	0	7.00
8.00	SOCIAL SERVICE	17.00	118,682	0	8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	13,722	0	9.00
	COSTS APPRV				
10.00	ADULTS & PEDIATRICS	30.00	3,349,072	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	965,557	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	447,224	0	12.00
13.00	SUBPROVIDER - IPF	40.00	113,828	0	13.00
14.00	OPERATING ROOM	50.00	1,067,663	0	14.00
15.00	RECOVERY ROOM	51.00	211,785	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	545,357	0	16.00
17.00	ANESTHESIOLOGY	53.00	142,762	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	887,962	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	294,291	0	19.00
20.00	RADIOISOTOPE	56.00	89,446	0	20.00
21.00	CT SCAN	57.00	180,591	0	21.00
22.00	MRI	58.00	289,532	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	68,649	0	23.00
24.00	VASCULAR LAB	59.01	28,469	0	24.00
25.00	CARDIOLOGY	59.02	127,751	0	25.00
26.00	PULMONARY FUNCTION TESTING	59.03	2,515	0	26.00
27.00	ELECTROMYOGRAPHY	59.04	50,092	0	27.00
28.00	GASTRO INTESTINAL SERVICES	59.05	180,288	0	28.00
29.00	LABORATORY	60.00	768,366	0	29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	122,476	0	30.00
31.00	RESPIRATORY THERAPY	65.00	287,720	0	31.00
32.00	PHYSICAL THERAPY	66.00	94,870	0	32.00
33.00	OCCUPATIONAL THERAPY	67.00	54,030	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	107,475	0	34.00
35.00	RENAL DIALYSIS	74.00	73,109	0	35.00
36.00	CARDIAC REHABILITATION	76.97	11,675	0	36.00
37.00	CLINIC	90.00	251,748	0	37.00
38.00	PSYCH CLINIC	90.01	36,636	0	38.00
39.00	TRANSPLANT CLINIC	90.02	30,754	0	39.00
40.00	EMERGENCY	91.00	498,737	0	40.00
41.00	KIDNEY ACQUISITION	105.00	37,502	0	41.00
42.00	HEART ACQUISITION	106.00	7,796	0	42.00
43.00	LIVER ACQUISITION	107.00	21,628	0	43.00
44.00	LUNG ACQUISITION	108.00	36,599	0	44.00
45.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	4,624	0	45.00
46.00	RESEARCH	191.00	53,803	0	46.00
47.00	SPONSERED PROJECT	191.01	8,938	0	47.00
	TOTALS		14,240,153	0	
J - EMERGENCY INCIDENT RECLASS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,930	1.00
2.00	PHARMACY	15.00	0	15,062	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	13,394	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	3,878,420	4.00
5.00	LABORATORY	60.00	0	254,725	5.00
6.00	LABORATORY	60.00	0	29,109	6.00
7.00	RESPIRATORY THERAPY	65.00	0	697,246	7.00
	TOTALS		0	4,907,886	

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	K - RECLASS LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,982,819		1.00
	TOTALS		0	3,982,819		
	L - RECLASS OTHER FRINGES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	83,423,632		1.00
2.00	MARKETING, OTHER NON-REIMB	194.01	0	37		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
	TOTALS		0	83,423,669		
	M - RECLASS PHYSICIAN SAL FRING MALPR					
1.00	NURSING ADMINISTRATION	13.00	108,388	27,797		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	0	258,104		2.00
	COSTS APPRV					
3.00	ADULTS & PEDIATRICS	30.00	2,374,619	609,002		3.00
4.00	INTENSIVE CARE UNIT	31.00	652,136	167,249		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	50,723	13,009		5.00
6.00	OPERATING ROOM	50.00	1,730,281	443,753		6.00
7.00	RECOVERY ROOM	51.00	92,816	23,804		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	125,253	32,123		8.00
9.00	ANESTHESIOLOGY	53.00	647,158	165,972		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	475,637	121,983		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	135,360	34,715		11.00
12.00	RADIOISOTOPE	56.00	85,329	21,884		12.00
13.00	CT SCAN	57.00	20,064	5,146		13.00
14.00	MRI	58.00	24,187	6,203		14.00
15.00	CARDIAC CATHETERIZATION	59.00	78,882	20,230		15.00
16.00	CARDIOLOGY	59.02	80,720	20,702		16.00
17.00	PULMONARY FUNCTION TESTING	59.03	43,002	11,028		17.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	ELECTROMYOGRAPHY	59.04	82,937	21,270	18.00
19.00	GASTRO INTESTINAL SERVICES	59.05	159,726	40,964	19.00
20.00	LABORATORY	60.00	380,757	97,650	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	22,474	5,764	21.00
22.00	RESPIRATORY THERAPY	65.00	51,668	13,251	22.00
23.00	PHYSICAL THERAPY	66.00	13,722	3,519	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	232,140	59,535	24.00
25.00	RENAL DIALYSIS	74.00	16,834	4,317	25.00
26.00	CARDIAC REHABILITATION	76.97	8,011	2,055	26.00
27.00	CLINIC	90.00	123,013	31,548	27.00
28.00	PSYCH CLINIC	90.01	126,757	32,508	28.00
29.00	TRANSPLANT CLINIC	90.02	676,491	173,495	29.00
30.00	EMERGENCY	91.00	500,830	128,444	30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	1,252,024	321,098	31.00
	TOTALS		10,371,939	2,918,122	
N - RECL CC 1301 TO TRANSPLANT					
1.00	KIDNEY ACQUISITION	105.00	0	339,676	1.00
2.00	HEART ACQUISITION	106.00	0	143,532	2.00
3.00	LIVER ACQUISITION	107.00	0	107,778	3.00
4.00	LUNG ACQUISITION	108.00	0	93,482	4.00
5.00	PANCREAS ACQUISITION	109.00	0	46,741	5.00
6.00	TRANSPLANT CLINIC	90.02	0	7,783	6.00
7.00	TRANSPLANT CLINIC	90.02	0	200,382	7.00
8.00	TRANSPLANT CLINIC	90.02	0	735,156	8.00
	TOTALS		0	1,674,530	
P - LUNG RECLASS SALARY					
1.00	TRANSPLANT CLINIC	90.02	607,897	43,723	1.00
	TOTALS		607,897	43,723	
Q - TRANS SALARY FRINGE ORG INC					
1.00	KIDNEY ACQUISITION	105.00	841,118	71,704	1.00
2.00	LIVER ACQUISITION	107.00	315,325	26,392	2.00
3.00	PANCREAS ACQUISITION	109.00	69,429	5,795	3.00
4.00	TRANSPLANT CLINIC	90.02	1,308,741	81,417	4.00
5.00	PANCREAS ACQUISITION	109.00	84,830	0	5.00
	TOTALS		2,619,443	185,308	
S - NM SCHOOLS & PHARM PARA PRGM					
1.00	PARAMED ED	23.02	208,145	20,968	1.00
2.00	PRGM-(RADIOGRAPHY)				
	PARAMED ED PRGM-(RADIATION THERAPY)	23.03	140,619	20,968	2.00
3.00	PARAMED ED PRGM-(NUCLEAR MEDICINE)	23.04	99,611	20,968	3.00
4.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	146,476	20,968	4.00
5.00	PARAMED ED	23.02	9,632	0	5.00
6.00	PRGM-(RADIOGRAPHY)				
	PARAMED ED PRGM-(RADIATION THERAPY)	23.03	9,632	0	6.00
7.00	PARAMED ED PRGM-(NUCLEAR MEDICINE)	23.04	9,632	0	7.00
8.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	9,632	0	8.00
9.00	PARAMED ED PRGM-(PHARMACY)	23.00	1,448,467	0	9.00
10.00	PARAMED ED	23.02	118,573	0	10.00
	PRGM-(RADIOGRAPHY)				
11.00	PARAMED ED	23.02	29,240	0	11.00
	PRGM-(RADIOGRAPHY)				
12.00	PARAMED ED PRGM-(RADIATION THERAPY)	23.03	192,191	0	12.00
13.00	PARAMED ED PRGM-(NUCLEAR MEDICINE)	23.04	3,930	0	13.00
14.00	PARAMED ED PRGM-(NUCLEAR MEDICINE)	23.04	237,163	0	14.00
15.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	268,026	0	15.00
16.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	5,287	0	16.00
	TOTALS		2,936,256	83,872	
T - RECL CHAPLAINCY PARA PROGRM					
1.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	257,327	0	1.00
	TOTALS		257,327	0	
W - NON REIMBURSABLE BUILDING COSTS					
1.00	MARKETING, OTHER NON-REIMB	194.01	644,210	37,098,291	1.00
2.00	MARKETING, OTHER NON-REIMB	194.01	6,917,393	828,786	2.00
	TOTALS		7,561,603	37,927,077	

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	X - EMPLOYEE BENEF ACCRUED PTO				
1.00	ADMINISTRATIVE & GENERAL	5.00	4,483,062	0	1.00
	TOTALS		4,483,062	0	
	Y - ICU OBSERATION				
1.00	ADULTS & PEDIATRICS	30.00	62,167	37,519	1.00
	TOTALS		62,167	37,519	
	Z - NURSING PARAMED ED PROGRAM				
1.00	PARAMED ED PRGM-(NURSING PROGRAM)	23.06	2,827,981	216,341	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		2,827,981	216,341	
500.00	Grand Total: Increases		54,843,626	458,582,354	500.00

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	Decreases						1/26/2022 4:27 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - RECLASS MOV EQUIPMENT DEPRECIATION						
	CAP REL COSTS-BLDG & FIXT	1.00	0	31,513,724	9		1.00
	TOTALS		0	31,513,724			
	B - RESIDENT STIPEND FRINGE OTHER COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,772,333	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	0	35,432,919	0		2.00
	COSTS APPRV						
3.00		0.00	0	0	0		3.00
	TOTALS		0	44,205,252			
	C - DRUG RECLASS						
1.00	PHARMACY	15.00	0	100,649,190	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	406	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,030	0		3.00
4.00	OPERATING ROOM	50.00	0	3,213	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	296	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,390	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	3	0		7.00
8.00	RADIOISOTOPE	56.00	0	1,959	0		8.00
9.00	CT SCAN	57.00	0	233	0		9.00
10.00	MRI	58.00	0	2,523	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	80	0		11.00
12.00	ELECTROMYOGRAPHY	59.04	0	19	0		12.00
13.00	GASTRO INTESTINAL SERVICES	59.05	0	43	0		13.00
14.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	496	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	10	0		15.00
16.00	CLINIC	90.00	0	50,595	0		16.00
17.00	TRANSPLANT CLINIC	90.02	0	1	0		17.00
18.00	EMERGENCY	91.00	0	34	0		18.00
	TOTALS		0	100,714,521			
	D - IMPLANT RECLASS						
1.00	OPERATING ROOM	50.00	0	50,356,186	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,626,603	0		2.00
3.00	RADIOISOTOPE	56.00	0	1,351,928	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	10,892,783	0		4.00
5.00	PULMONARY FUNCTION TESTING	59.03	0	8	0		5.00
6.00	ELECTROMYOGRAPHY	59.04	0	7,755,349	0		6.00
7.00	GASTRO INTESTINAL SERVICES	59.05	0	487,809	0		7.00
8.00	CLINIC	90.00	0	433	0		8.00
	TOTALS		0	74,471,099			
	E - MEDICAL SUPPLY RECLASS						
1.00	PHARMACY	15.00	0	17,591	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14,053	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	224,844	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	190	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	1	0		5.00
6.00	OPERATING ROOM	50.00	0	38,198,449	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	261,657	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	2,242,750	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,624,531	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	77	0		10.00
11.00	MRI	58.00	0	69	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	5,347,109	0		12.00
13.00	CARDIOLOGY	59.02	0	91,400	0		13.00
14.00	PULMONARY FUNCTION TESTING	59.03	0	29,007	0		14.00
15.00	ELECTROMYOGRAPHY	59.04	0	6,506,944	0		15.00
16.00	GASTRO INTESTINAL SERVICES	59.05	0	1,772,257	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,119,620	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	408	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	2	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,725	0		20.00
21.00	CLINIC	90.00	0	656	0		21.00
22.00	EMERGENCY	91.00	0	196	0		22.00
	TOTALS		0	61,464,536			
	F - NURSERY AND L&DR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	4,267,732	875,152	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	158,124	66,339	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	314,916	24,508	0		3.00
	TOTALS		4,740,772	965,999			
	G - CAFETERIA RECLASS						
1.00	DIETARY	10.00	4,135,026	3,005,323	0		1.00
	TOTALS		4,135,026	3,005,323			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
H - RECLASS PURCHASING CREDIT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,841,034	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
TOTALS			0	6,841,034			
I - ORGANIZATIONAL INCENTIVE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	14,240,153	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
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
TOTALS			14,240,153	0			
J - EMERGENCY INCIDENT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,907,886	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
TOTALS			0	4,907,886			
K - RECLASS LAUNDRY SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,982,819	0		1.00
TOTALS			0	3,982,819			
L - RECLASS OTHER FRINGES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,261,549	0		1.00
2.00	OPERATION OF PLANT	7.00	0	311,039	0		2.00
3.00	HOUSEKEEPING	9.00	0	5,114,198	0		3.00
4.00	DIETARY	10.00	0	2,365,841	0		4.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	NURSING ADMINISTRATION	13.00	0	683,213	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,271,970	0		6.00
7.00	PHARMACY	15.00	0	3,481,773	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	196,781	0		8.00
9.00	SOCIAL SERVICE	17.00	0	794,722	0		9.00
10.00	I&R SERVICES-OTHER PRGM	22.00	0	131,458	0		10.00
	COSTS APPRV						
11.00	ADULTS & PEDIATRICS	30.00	0	20,878,533	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	5,343,544	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,032,849	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	658,997	0		14.00
15.00	OPERATING ROOM	50.00	0	5,050,297	0		15.00
16.00	RECOVERY ROOM	51.00	0	947,036	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,680,456	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	770,842	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,591,807	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,169,226	0		20.00
21.00	RADIOISOTOPE	56.00	0	421,927	0		21.00
22.00	CT SCAN	57.00	0	1,030,992	0		22.00
23.00	MRI	58.00	0	1,356,703	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	313,407	0		24.00
25.00	VASCULAR LAB	59.01	0	172,917	0		25.00
26.00	CARDIOLOGY	59.02	0	827,219	0		26.00
27.00	PULMONARY FUNCTION TESTING	59.03	0	37,038	0		27.00
28.00	ELECTROMYOGRAPHY	59.04	0	236,996	0		28.00
29.00	GASTRO INTESTINAL SERVICES	59.05	0	878,457	0		29.00
30.00	LABORATORY	60.00	0	5,499,338	0		30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	556,204	0		31.00
32.00	RESPIRATORY THERAPY	65.00	0	1,472,410	0		32.00
33.00	PHYSICAL THERAPY	66.00	0	560,755	0		33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	406,872	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	611,469	0		35.00
36.00	RENAL DIALYSIS	74.00	0	359,490	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	65,773	0		37.00
38.00	CLINIC	90.00	0	1,553,690	0		38.00
39.00	PSYCH CLINIC	90.01	0	189,717	0		39.00
40.00	TRANSPLANT CLINIC	90.02	0	152,870	0		40.00
41.00	COVID VACCINE CLINIC	90.04	0	157,903	0		41.00
42.00	EMERGENCY	91.00	0	2,811,932	0		42.00
43.00	KIDNEY ACQUISITION	105.00	0	212,878	0		43.00
44.00	HEART ACQUISITION	106.00	0	72,292	0		44.00
45.00	LIVER ACQUISITION	107.00	0	97,261	0		45.00
46.00	LUNG ACQUISITION	108.00	0	209,623	0		46.00
47.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	58,929	0		47.00
48.00	RESEARCH	191.00	0	275,071	0		48.00
49.00	SPONSERED PROJECT	191.01	0	72,052	0		49.00
50.00	REAL ESTATE	194.00	0	15,353	0		50.00
	TOTALS		0	83,423,669			
	M - RECLASS PHYSICIAN SAL FRING MALPR						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,290,061	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

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/26/2022 4:27 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
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
TOTALS			0	13,290,061			
N - RECL CC 1301 TO TRANSPLANT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,674,530	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
TOTALS			0	1,674,530			
P - LUNG RECLASS SALARY							
1.00	LUNG ACQUISITION	108.00	607,897	43,723	0		1.00
TOTALS			607,897	43,723			
Q - TRANS SALARY FRINGE ORG INC							
1.00	ADMINISTRATIVE & GENERAL	5.00	2,234,282	185,308	0		1.00
2.00	KIDNEY ACQUISITION	105.00	128,797	0	0		2.00
3.00	LIVER ACQUISITION	107.00	171,534	0	0		3.00
4.00	KIDNEY ACQUISITION	105.00	84,830	0	0		4.00
5.00		0.00	0	0	0		5.00
TOTALS			2,619,443	185,308			
S - NM SCHOOLS & PHARM PARA PRGM							
1.00	ADMINISTRATIVE & GENERAL	5.00	594,851	83,872	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	38,528	0	0		2.00
3.00	PHARMACY	15.00	1,448,467	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	3,930	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	268,026	0	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	118,573	0	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	192,191	0	0		7.00
8.00	RADIOISOTOPE	56.00	237,163	0	0		8.00
9.00	VASCULAR LAB	59.01	5,287	0	0		9.00
10.00	CT SCAN	57.00	29,240	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
TOTALS			2,936,256	83,872			
T - RECL CHAPLAINCY PARA PROGRM							
1.00	ADMINISTRATIVE & GENERAL	5.00	257,327	0	0		1.00
TOTALS			257,327	0			
W - NON REIMBURSABLE BUILDING COSTS							
1.00	OPERATION OF PLANT	7.00	644,210	37,098,291	0		1.00
2.00	HOUSEKEEPING	9.00	6,917,393	828,786	0		2.00
TOTALS			7,561,603	37,927,077			
X - EMPLOYEE BENEF ACCRUED PTO							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,483,062	0	0		1.00
TOTALS			4,483,062	0			
Y - ICU OBSERATION							
1.00	INTENSIVE CARE UNIT	31.00	62,167	37,519	0		1.00
TOTALS			62,167	37,519			
Z - NURSING PARAMED ED PROGRAM							
1.00	ADULTS & PEDIATRICS	30.00	2,268,849	173,567	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	428,684	32,794	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	118,584	9,072	0		3.00
4.00	RECOVERY ROOM	51.00	11,864	908	0		4.00
TOTALS			2,827,981	216,341			
500.00	Grand Total: Decreases		44,471,687	468,954,293			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
1/26/2022 4:27 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	208,500,354	0	0	0	0	1.00	
2.00	Land Improvements	1,686,838	0	0	0	1,686,838	2.00	
3.00	Buildings and Fixtures	2,053,649,061	64,751,062	0	64,751,062	17,278,049	3.00	
4.00	Building Improvements	16,021,590	0	0	0	0	4.00	
5.00	Fixed Equipment	0	1,686,838	0	1,686,838	0	5.00	
6.00	Movable Equipment	445,104,451	33,491,650	0	33,491,650	15,901,537	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	2,724,962,294	99,929,550	0	99,929,550	34,866,424	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	2,724,962,294	99,929,550	0	99,929,550	34,866,424	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	208,500,354	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	2,101,122,074	0				3.00	
4.00	Building Improvements	16,021,590	0				4.00	
5.00	Fixed Equipment	1,686,838	0				5.00	
6.00	Movable Equipment	462,694,564	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	2,790,025,420	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	2,790,025,420	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
1/26/2022 4:27 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	91,611,416	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	91,611,416	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	91,611,416				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	91,611,416				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
1/26/2022 4:27 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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,101,122,074	0	2,101,122,074	0.819529	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	462,694,564	0	462,694,564	0.180471	0	2.00
3.00	Total (sum of lines 1-2)	2,563,816,638	0	2,563,816,638	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	65,372,091	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	30,734,364	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	96,106,455	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	65,372,091	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	30,734,364	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	96,106,455	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,061,066			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	-200,960,161			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
1/26/2022 4:27 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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	BLDG DEPR ADJ FOR MEDICARE	A	12,239,320	CAP REL COSTS-BLDG & FIXT		1.00	9	33.00
33.01	EQUIP DEPR ADJ FOR MEDICARE	A	-779,360	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.01
33.02	EQUIP DEPR ADJ FOR MEDICARE FOR HSB	A	-11,375	CAP REL COSTS-BLDG & FIXT		1.00	9	33.02
33.03	FEES REGISTRATION	B	-125	NURSING ADMINISTRATION		13.00	0	33.03
33.06	FEES REGISTRATION	B	-370,045	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.06
33.10	FEES REGISTRATION	B	-2,670	ADMINISTRATIVE & GENERAL		5.00	0	33.10
33.11	CONF FEES	B	-120,922	ADMINISTRATIVE & GENERAL		5.00	0	33.11
33.12	CONF FEES	B	-30,897	ADULTS & PEDIATRICS		30.00	0	33.12
34.00	VENDING MACHINES	B	-269,578	DIETARY		10.00	0	34.00
34.01	DIETARY GUEST TRAYS	B	-191,079	DIETARY		10.00	0	34.01
34.02	CATERING	B	-326	DIETARY		10.00	0	34.02
34.03	FEINBERG CANTEEN REVENUE	B	-75,973	DIETARY		10.00	0	34.03
34.04	IC BLDG RENT REV_1076_415225	B	-346,521	PSYCH CLINIC		90.01	0	34.04
34.05	CORP REV_430410	B	12,859	ADMINISTRATIVE & GENERAL		5.00	0	34.05
34.06	CORP REV_430410	B	-1,952	PHARMACY		15.00	0	34.06
34.07	CORP REV_430410	B	-72,616	RADIOLOGY-DIAGNOSTIC		54.00	0	34.07
34.08	CORP REV_430410	B	-940,608	RADIOISOTOPE		56.00	0	34.08
34.09	CORP REV_430410	B	-5,444	CT SCAN		57.00	0	34.09
34.10	CORP REV_430410	B	-3,527	MRI		58.00	0	34.10
34.11	CORP REV_430410	B	-825	VASCULAR LAB		59.01	0	34.11
34.12	CORP REV_430410	B	-68,262	CARDIOLOGY		59.02	0	34.12
34.13	CORP REV_430410	B	-3,006,234	LABORATORY		60.00	0	34.13
34.14	CORP REV_430410	B	-193	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	34.14
34.15	CORP REV_430410	B	-4,021	BLOOD STORING, PROCESSING & TRANS.		63.00	0	34.15
34.16	CORP REV_430410	B	-965	RESPIRATORY THERAPY		65.00	0	34.16
34.17	CORP REV_430410	B	-910	CLINIC		90.00	0	34.17
34.18	CORP REV_430410	B	-6,543	EMERGENCY		91.00	0	34.18
34.19	DRUG INCOME	B	-20,664	PHARMACY		15.00	0	34.19
34.20	CORP REV ACCOUNT 430800	B	20,510	ADMINISTRATIVE & GENERAL		5.00	0	34.20
34.21	CORP REV ACCOUNT 430800	B	-112,692	PHARMACY		15.00	0	34.21
34.22	CORP REV ACCOUNT 430800	B	-11,241	ADULTS & PEDIATRICS		30.00	0	34.22
34.23	CORP REV ACCOUNT 430800	B	-139,935	INTENSIVE CARE UNIT		31.00	0	34.23
34.24	CORP REV ACCOUNT 430800	B	-1,261,824	OPERATING ROOM		50.00	0	34.24
34.25	CORP REV ACCOUNT 430800	B	-22,668	RECOVERY ROOM		51.00	0	34.25
34.26	CORP REV ACCOUNT 430800	B	-117,234	ANESTHESIOLOGY		53.00	0	34.26
34.27	CORP REV ACCOUNT 430800	B	-618,283	RADIOLOGY-DIAGNOSTIC		54.00	0	34.27
34.28	CORP REV ACCOUNT 430800	B	-2,541	RADIOLOGY-THERAPEUTIC		55.00	0	34.28
34.29	CORP REV ACCOUNT 430800	B	-18,578	RADIOISOTOPE		56.00	0	34.29
34.30	CORP REV ACCOUNT 430800	B	-237,106	CT SCAN		57.00	0	34.30
34.31	CORP REV ACCOUNT 430800	B	-432,979	MRI		58.00	0	34.31
34.33	CORP REV ACCOUNT 430800	B	-135,470	CARDIAC CATHETERIZATION		59.00	0	34.33
34.34	CORP REV ACCOUNT 430800	B	-10,146	VASCULAR LAB		59.01	0	34.34
34.35	CORP REV ACCOUNT 430800	B	-692,145	CARDIOLOGY		59.02	0	34.35
34.36	CORP REV ACCOUNT 430800	B	-26,504	PULMONARY FUNCTION TESTING		59.03	0	34.36
34.44	CORP REV ACCOUNT 430800	B	-77,528	GASTRO INTESTINAL SERVICES		59.05	0	34.44
34.45	CORP REV ACCOUNT 430800	B	-4,396,074	LABORATORY		60.00	0	34.45
34.46	CORP REV ACCOUNT 430800	B	-163,755	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0	34.46
34.47	CORP REV ACCOUNT 430800	B	-95,568	BLOOD STORING, PROCESSING & TRANS.		63.00	0	34.47
34.48	CORP REV ACCOUNT 430800	B	-62,575	RESPIRATORY THERAPY		65.00	0	34.48
34.49	CORP REV ACCOUNT 430800	B	-1,295	PHYSICAL THERAPY		66.00	0	34.49
34.50	CORP REV ACCOUNT 430800	B	-129,853	ELECTROENCEPHALOGRAPHY		70.00	0	34.50
34.51	CORP REV ACCOUNT 430800	B	-5,311	CLINIC		90.00	0	34.51
34.52	CORP REV ACCOUNT 430800	B	-20,266	TRANSPLANT CLINIC		90.02	0	34.52
34.53	CORP REV ACCOUNT 430800	B	-125	COVID VACCINE CLINIC		90.04	0	34.53
34.54	CORP REV ACCOUNT 430800	B	-84,786	EMERGENCY		91.00	0	34.54
34.55	SCH OF DIAG MEDICAL SONOGRAM TUITION	B	-176,488	PARAMED ED PRGM-(RADIOGRAPHY)		23.02	0	34.55
34.56	SCH OF RADIATION THERAPY TUITION 1	B	-176,488	PARAMED ED PRGM-(RADIATION THERAPY)		23.03	0	34.56
34.57	SCH OF RADIOGRAPHY TUITION 1025.438	B	-176,488	PARAMED ED PRGM-(NUCLEAR MEDICINE)		23.04	0	34.57

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
34.58	SCH OF NUCLEAR MED TECH TUITION 102	B	-176,488	PARAMED ED PRGM-(SONOGRAPHY)	23.05	0	34.58
34.59	INTEREST EXPENSE 1108 VARIOUS	A	-39,375	ADMINISTRATIVE & GENERAL	5.00	0	34.59
34.63	INTERCO SUPPORT 1099 739201 IC SUBS	A	-49,077,000	ADMINISTRATIVE & GENERAL	5.00	0	34.63
34.64	MEDICAID TAX 1099 793000	A	-78,628,544	ADMINISTRATIVE & GENERAL	5.00	0	34.64
34.65	MEDICAL AFFAIRS ACCOUNT 739010 OFFSE	A	-37,574,343	ADMINISTRATIVE & GENERAL	5.00	0	34.65
34.69	CS-CSF OPTH ROB PROGRAM	A	-85,600	ADMINISTRATIVE & GENERAL	5.00	0	34.69
34.70	CS-DENTAL CENTER LAB AND PROFF SERV	A	-177,777	ADMINISTRATIVE & GENERAL	5.00	0	34.70
34.71	CS- PFF NICU HOSPITALISTS	A	-1,547,154	ADMINISTRATIVE & GENERAL	5.00	0	34.71
34.72	EXCLUDED COST	A	-160	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.72
34.73	EXCLUDED COST	A	-741,591	ADMINISTRATIVE & GENERAL	5.00	0	34.73
34.74	EXCLUDED COST	A	-3,161,966	OPERATION OF PLANT	7.00	0	34.74
34.75	EXCLUDED COST	A	-6,775	HOUSEKEEPING	9.00	0	34.75
34.76	EXCLUDED COST	A	-14,929	DIETARY	10.00	0	34.76
34.77	EXCLUDED COST	A	-458,524	NURSING ADMINISTRATION	13.00	0	34.77
34.78	EXCLUDED COST	A	-16,902	CENTRAL SERVICES & SUPPLY	14.00	0	34.78
34.79	EXCLUDED COST	A	-47,534	PHARMACY	15.00	0	34.79
34.80	EXCLUDED COST	A	-142	MEDICAL RECORDS & LIBRARY	16.00	0	34.80
34.81	EXCLUDED COST	A	-1,753	SOCIAL SERVICE	17.00	0	34.81
34.82	EXCLUDED COST	A	-319,548	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.82
34.83	EXCLUDED COST	A	-1,478	PARAMED ED PRGM-(CHAPLAINCY)	23.01	0	34.83
34.84	EXCLUDED COST	A	-209,056	ADULTS & PEDIATRICS	30.00	0	34.84
34.85	EXCLUDED COST	A	-5,603	INTENSIVE CARE UNIT	31.00	0	34.85
34.88	EXCLUDED COST	A	-72,388	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.88
34.89	EXCLUDED COST	A	-1,624	SUBPROVIDER - IPF	40.00	0	34.89
34.90	EXCLUDED COST	A	-13,172	OPERATING ROOM	50.00	0	34.90
34.91	EXCLUDED COST	A	-830	RECOVERY ROOM	51.00	0	34.91
34.92	EXCLUDED COST	A	-1,059	ANESTHESIOLOGY	53.00	0	34.92
34.93	EXCLUDED COST	A	-4,425	RADIOLOGY-DIAGNOSTIC	54.00	0	34.93
34.94	EXCLUDED COST	A	-19,271	RADIOLOGY-THERAPEUTIC	55.00	0	34.94
34.95	EXCLUDED COST	A	-1,233	CT SCAN	57.00	0	34.95
34.96	EXCLUDED COST	A	-601	MRI	58.00	0	34.96
34.97	EXCLUDED COST	A	-6,176	CARDIAC CATHETERIZATION	59.00	0	34.97
34.98	EXCLUDED COST	A	-5,838	CARDIOLOGY	59.02	0	34.98
34.99	EXCLUDED COST	A	-1,220	ELECTROMYOGRAPHY	59.04	0	34.99
35.00	EXCLUDED COST	A	-760	GASTRO INTESTINAL SERVICES	59.05	0	35.00
35.01	EXCLUDED COST	A	-18,622	LABORATORY	60.00	0	35.01
35.02	EXCLUDED COST	A	-7,981	BLOOD STORING, PROCESSING & TRANS.	63.00	0	35.02
35.03	EXCLUDED COST	A	-10,813	RESPIRATORY THERAPY	65.00	0	35.03
35.04	EXCLUDED COST	A	-2,811	PHYSICAL THERAPY	66.00	0	35.04
35.05	EXCLUDED COST	A	-686	OCCUPATIONAL THERAPY	67.00	0	35.05
36.00	EXCLUDED COST	A	-6,878	ELECTROENCEPHALOGRAPHY	70.00	0	36.00
36.01	EXCLUDED COST	A	-185	RENAL DIALYSIS	74.00	0	36.01
36.02	EXCLUDED COST	A	-46,384	CLINIC	90.00	0	36.02
36.03	EXCLUDED COST	A	-72	PSYCH CLINIC	90.01	0	36.03
36.05	EXCLUDED COST	A	-211	TRANSPLANT CLINIC	90.02	0	36.05
36.06	EXCLUDED COST	A	-487	COVID VACCINE CLINIC	90.04	0	36.06
36.07	EXCLUDED COST	A	-31,456	EMERGENCY	91.00	0	36.07
36.15	EXCLUDED COST	A	-25,373	LUNG ACQUISITION	108.00	0	36.15
36.20	EXCLUDED COST	A	-101	PANCREAS ACQUISITION	109.00	0	36.20
36.23	RESTRICTED FUND ACCT 615201 NONALLOW	A	-705,660	ADMINISTRATIVE & GENERAL	5.00	0	36.23
36.24	RESTRICTED FUND NONALLOWABLE	A	-709,612	ADMINISTRATIVE & GENERAL	5.00	0	36.24
36.25	PARKING REV	B	-2,025,246	OPERATION OF PLANT	7.00	0	36.25
36.26	PARKING REV	B	-276,352	ADMINISTRATIVE & GENERAL	5.00	0	36.26
36.27	PARKING REV	B	-181,342	OPERATION OF PLANT	7.00	0	36.27
36.29	PARKING REV	B	-56,443	OPERATION OF PLANT	7.00	0	36.29
36.30	PARKING REV	B	-837,257	OPERATION OF PLANT	7.00	0	36.30
36.32	PARKING REV	B	-2,789	OPERATION OF PLANT	7.00	0	36.32
36.33	PARKING REV	B	-1,429,684	OPERATION OF PLANT	7.00	0	36.33
36.34	PARKING REV	B	-958,549	OPERATION OF PLANT	7.00	0	36.34
37.01	CORP BILL ADJ_1099_431000	B	1,225,806	ADMINISTRATIVE & GENERAL	5.00	0	37.01
37.02	CORP BILL ADJ	B	4,101	LABORATORY	60.00	0	37.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
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				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		1/26/2022 4:27 PM	
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
38.00	CORP BILL ADJ	B	3,142	BLOOD STORING, PROCESSING & TRANS.	63.00	0	38.00
38.01	FSM FAC SUPP SRV_1324_432703	B	-14,300	HOUSEKEEPING	9.00	0	38.01
38.04	FSM FAC SUPP SRV_1383_432703	B	-162,863	OPERATION OF PLANT	7.00	0	38.04
39.67	RESEARCH REV_430850	B	-17,619	ADMINISTRATIVE & GENERAL	5.00	0	39.67
39.68	RESEARCH REV_430850	B	-1,076,617	PHARMACY	15.00	0	39.68
39.72	RESEARCH REV_430850	B	-77,261	ADULTS & PEDIATRICS	30.00	0	39.72
39.73	RESEARCH REV_430850	B	-4,734	INTENSIVE CARE UNIT	31.00	0	39.73
39.74	RESEARCH REV_430850	B	-20,289	OPERATING ROOM	50.00	0	39.74
39.75	RESEARCH REV_430850	B	-1,355	RECOVERY ROOM	51.00	0	39.75
39.76	RESEARCH REV_430850	B	-18,345	ANESTHESIOLOGY	53.00	0	39.76
39.77	RESEARCH REV_430850	B	-277,692	RADIOLOGY-DIAGNOSTIC	54.00	0	39.77
39.78	RESEARCH REV_430850	B	-4,106	RADIOLOGY-THERAPEUTIC	55.00	0	39.78
39.79	RESEARCH REV_430850	B	-188,810	RADIOISOTOPE	56.00	0	39.79
39.80	RESEARCH REV_430850	B	-225,220	CT SCAN	57.00	0	39.80
39.82	RESEARCH REV_430850	B	-88,335	MRI	58.00	0	39.82
39.83	RESEARCH REV_430850	B	-124,884	CARDIAC CATHETERIZATION	59.00	0	39.83
39.84	RESEARCH REV_430850	B	-7,458	VASCULAR LAB	59.01	0	39.84
39.85	RESEARCH REV_430850	B	-439,986	CARDIOLOGY	59.02	0	39.85
39.86	RESEARCH REV_430850	B	-6,520	PULMONARY FUNCTION TESTING	59.03	0	39.86
39.87	RESEARCH REV_430850	B	-390	ELECTROMYOGRAPHY	59.04	0	39.87
39.88	RESEARCH REV_430850	B	-73,400	GASTRO INTESTINAL SERVICES	59.05	0	39.88
39.90	RESEARCH REV_430850	B	-471,364	LABORATORY	60.00	0	39.90
39.91	RESEARCH REV_430850	B	-4,052	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	39.91
39.92	RESEARCH REV_430850	B	-15,572	BLOOD STORING, PROCESSING & TRANS.	63.00	0	39.92
39.94	RESEARCH REV_430850	B	-50,327	RESPIRATORY THERAPY	65.00	0	39.94
39.95	RESEARCH REV_430850	B	-15,323	PHYSICAL THERAPY	66.00	0	39.95
39.96	RESEARCH REV_430850	B	-467	OCCUPATIONAL THERAPY	67.00	0	39.96
40.00	RESEARCH REV_430850	B	-62,076	ELECTROENCEPHALOGRAPHY	70.00	0	40.00
40.01	RESEARCH REV_430850	B	-2,132	RENAL DIALYSIS	74.00	0	40.01
40.02	RESEARCH REV_430850	B	-29,584	CLINIC	90.00	0	40.02
40.03	RESEARCH REV_430850	B	-1,266	TRANSPLANT CLINIC	90.02	0	40.03
40.04	IC SHARED SRV INC_432500	B	-51,157	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.04
40.05	IC SHARED SRV INC_432500	B	-11,664	ADULTS & PEDIATRICS	30.00	0	40.05
40.06	IC SHARED SRV INC_432500	B	-17,663	OPERATION OF PLANT	7.00	0	40.06
40.07	IC SHARED SRV INC_432500	B	-332,390	ADMINISTRATIVE & GENERAL	5.00	0	40.07
40.08	IC FAC SUPP SRV_432701	B	-1,371,901	OPERATION OF PLANT	7.00	0	40.08
40.09	IC FAC SUPP SRV_432701	B	-402,027	OPERATION OF PLANT	7.00	0	40.09
40.10	IC FAC SUPP SRV_432701	B	-108,225	OPERATION OF PLANT	7.00	0	40.10
40.11	IC FAC SUPP SRV_432701	B	-37,698	HOUSEKEEPING	9.00	0	40.11
40.13	IC FAC SUPP SRV_432701	B	-15,267	ADMINISTRATIVE & GENERAL	5.00	0	40.13
42.00	IC SHARED SVC HFI LF_432350	B	-11,400	OCCUPATIONAL THERAPY	67.00	0	42.00
43.00	MAN FEES_434000	B	-562,322	OPERATION OF PLANT	7.00	0	43.00
44.00	FSM CONTRACTED SERVICES REV_434013	B	-91,004	RADIOLOGY-THERAPEUTIC	55.00	0	44.00
44.01	IC ADMIN SUPPORT REV_434055	B	-64,435	ELECTROENCEPHALOGRAPHY	70.00	0	44.01
44.02	WORK ORDR REV_434219	B	-352,519	OPERATION OF PLANT	7.00	0	44.02
44.03	SAL CHRG TO INC_434400	B	-23,621	SOCIAL SERVICE	17.00	0	44.03
44.04	IC LEASE EMPL REV_434401	B	-242,998	ADMINISTRATIVE & GENERAL	5.00	0	44.04
44.05	IC LEASE EMPL REV_434401	B	-194,972	RADIOISOTOPE	56.00	0	44.05
44.06	IC LEASE EMPL REV_434401	B	-103,868	LIVER ACQUISITION	107.00	0	44.06
44.07	IC LEASE EMPL REV_434401	B	-73,703	LIVER ACQUISITION	107.00	0	44.07
44.08	IC LEASE EMPL REV_434401	B	-4,658,014	PHARMACY	15.00	0	44.08
44.09	FSM LEASE EMP_434403	B	-372,953	OPERATION OF PLANT	7.00	0	44.09
44.10	FSM LEASE EMP_434403	B	-5,491	OCCUPATIONAL THERAPY	67.00	0	44.10
44.11	OUTSD SAL SUPP_434600	B	-13,246	OCCUPATIONAL THERAPY	67.00	0	44.11
44.12	OUTSD SAL SUPP_434600	B	-13,002	ADMINISTRATIVE & GENERAL	5.00	0	44.12
44.13	FSM MISC INC_435703	B	-350	DIETARY	10.00	0	44.13
44.14	FSM MISC INC_436000	B	-1,040	PHARMACY	15.00	0	44.14
44.15	OTR OP INC_438200	B	-239,568	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.15
44.16	OTR OP INC_438200	B	-931,252	ADMINISTRATIVE & GENERAL	5.00	0	44.16
44.17	OTR OP INC_438200	B	-52,429	OPERATION OF PLANT	7.00	0	44.17
44.18	OTR OP INC_438200	B	-113,970	NURSING ADMINISTRATION	13.00	0	44.18
44.19	OTR OP INC_438200	B	-253,355	PHARMACY	15.00	0	44.19
44.20	OTR OP INC_438200	B	-754	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	44.20
44.21	OTR OP INC_438200	B	-2,928	ADULTS & PEDIATRICS	30.00	0	44.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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Cost Center Description			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
	Basis/Code (2)	Amount				
	1.00	2.00	3.00	4.00	5.00	
44.22	OTR OP INC_438200	B	-260	RADIOLOGY-THERAPEUTIC	55.00	0 44.22
44.23	OTR OP INC_438200	B	-183,213	LABORATORY	60.00	0 44.23
44.24	OTR OP INC_438200	B	-44,400	ELECTROENCEPHALOGRAPHY	70.00	0 44.24
44.25	OTR OP INC_438200	B	-80,829	CARDIAC REHABILITATION	76.97	0 44.25
44.26	OTR OP INC_438200	B	-370,940	KIDNEY ACQUISITION	105.00	0 44.26
44.27	PAYOR INT INC_1099_469999	B	-2,453,247	ADMINISTRATIVE & GENERAL	5.00	0 44.27
44.28	OFFSET SPECIALTY PHARMACY	A	-219,421,540	PHARMACY	15.00	0 44.28
44.29	REAL ESTATE TAXES	A	-62,773	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.29
44.30	REAL ESTATE TAXES	A	-3,848,602	OPERATION OF PLANT	7.00	0 44.30
44.31	HOSPICE REV OFFSET (PROXY)	B	-10,800	ADULTS & PEDIATRICS	30.00	0 44.31
44.32	GAIN/LOSS ON DISPOSAL	A	-1,069,968	CAP REL COSTS-BLDG & FIXT	1.00	9 44.32
44.33	GAIN/LOSS ON DISPOSAL	A	188,989	CAP REL COSTS-BLDG & FIXT	1.00	9 44.33
44.34	GAIN/LOSS ON DISPOSAL	A	-229	NURSING ADMINISTRATION	13.00	0 44.34
44.35	GAIN/LOSS ON DISPOSAL	A	-29,910	OPERATING ROOM	50.00	0 44.35
44.36	GAIN/LOSS ON DISPOSAL	A	-114	OPERATION OF PLANT	7.00	0 44.36
44.37	GAIN/LOSS ON DISPOSAL	A	-392	OPERATION OF PLANT	7.00	0 44.37
44.38	GAIN/LOSS ON DISPOSAL	A	-9,218	ADULTS & PEDIATRICS	30.00	0 44.38
44.39	GAIN/LOSS ON DISPOSAL	A	-164	HOUSEKEEPING	9.00	0 44.39
44.40	GAIN/LOSS ON DISPOSAL	A	-25,976	INTENSIVE CARE UNIT	31.00	0 44.40
44.41	GAIN/LOSS ON DISPOSAL	A	-38,404	OPERATING ROOM	50.00	0 44.41
44.42	GAIN/LOSS ON DISPOSAL	A	-144,854	OPERATING ROOM	50.00	0 44.42
44.43	GAIN/LOSS ON DISPOSAL	A	-10,506	OPERATING ROOM	50.00	0 44.43
44.44	GAIN/LOSS ON DISPOSAL	A	-1,280	OPERATING ROOM	50.00	0 44.44
44.45	GAIN/LOSS ON DISPOSAL	A	-1,867	EMERGENCY	91.00	0 44.45
44.46	GAIN/LOSS ON DISPOSAL	A	-2,231	ADULTS & PEDIATRICS	30.00	0 44.46
44.47	GAIN/LOSS ON DISPOSAL	A	-37,304	OPERATING ROOM	50.00	0 44.47
44.48	GAIN/LOSS ON DISPOSAL	A	-24,673	ADULTS & PEDIATRICS	30.00	0 44.48
44.49	GAIN/LOSS ON DISPOSAL	A	-6,028	ADULTS & PEDIATRICS	30.00	0 44.49
44.50	GAIN/LOSS ON DISPOSAL	A	-49	ADULTS & PEDIATRICS	30.00	0 44.50
44.51	GAIN/LOSS ON DISPOSAL	A	-23,803	GASTRO INTESTINAL SERVICES	59.05	0 44.51
44.52	GAIN/LOSS ON DISPOSAL	A	-8,943	LABORATORY	60.00	0 44.52
44.53	GAIN/LOSS ON DISPOSAL	A	-382	LABORATORY	60.00	0 44.53
44.54	GAIN/LOSS ON DISPOSAL	A	-10,049	LABORATORY	60.00	0 44.54
44.55	GAIN/LOSS ON DISPOSAL	A	-80,249	CARDIOLOGY	59.02	0 44.55
44.56	GAIN/LOSS ON DISPOSAL	A	-619	CARDIAC CATHETERIZATION	59.00	0 44.56
44.57	GAIN/LOSS ON DISPOSAL	A	-16,000	RADIOLOGY-DIAGNOSTIC	54.00	0 44.57
44.58	GAIN/LOSS ON DISPOSAL	A	-6,116	ELECTROENCEPHALOGRAPHY	70.00	0 44.58
44.59	GAIN/LOSS ON DISPOSAL	A	-665	RADIOLOGY-DIAGNOSTIC	54.00	0 44.59
44.60	GAIN/LOSS ON DISPOSAL	A	-530	VASCULAR LAB	59.01	0 44.60
44.61	GAIN/LOSS ON DISPOSAL	A	-35,129	RESPIRATORY THERAPY	65.00	0 44.61
44.62	GAIN/LOSS ON DISPOSAL	A	-84	RADIOISOTOPE	56.00	0 44.62
44.63	GAIN/LOSS ON DISPOSAL	A	-13,830	CENTRAL SERVICES & SUPPLY	14.00	0 44.63
44.64	GAIN/LOSS ON DISPOSAL	A	-4,341	RADIOLOGY-DIAGNOSTIC	54.00	0 44.64
44.65	GAIN/LOSS ON DISPOSAL	A	-21,490	RENAL DIALYSIS	74.00	0 44.65
44.66	GAIN/LOSS ON DISPOSAL	A	-114	ADMINISTRATIVE & GENERAL	5.00	0 44.66
44.67	GAIN/LOSS ON DISPOSAL	A	-540	RADIOLOGY-DIAGNOSTIC	54.00	0 44.67
44.68	GAIN/LOSS ON DISPOSAL	A	-8,400	CENTRAL SERVICES & SUPPLY	14.00	0 44.68
44.69	GAIN/LOSS ON DISPOSAL	A	-7,800	CENTRAL SERVICES & SUPPLY	14.00	0 44.69
44.70	GAIN/LOSS ON DISPOSAL	A	-1,687	MARKETING, OTHER NON-REIMB	194.01	0 44.70
44.71	GAIN/LOSS ON DISPOSAL	A	-345	OPERATING ROOM	50.00	0 44.71
44.72	RECLASS TO HOME OFFICE	A	-6,072,567	CAP REL COSTS-BLDG & FIXT	1.00	9 44.72
44.73	RECLASS TO HOME OFFICE	A	-8,593,006	OPERATION OF PLANT	7.00	0 44.73
44.74	RECLASS TO HOME OFFICE	A	-2,238,191	HOUSEKEEPING	9.00	0 44.74
45.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0 45.00
47.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0 47.00
49.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0 49.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-648,054,098			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: 14-0281

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 4:27 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	NMHC MANAGEMENT FEE	306,091,684	516,744,603 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC MANAGEMENT FEE	93,112,778	85,094,550 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	NM100 TRANSPLANT	1,674,530	0 3.00
4.00		0.00			0	0 4.00
4.01		0.00			0	0 4.01
4.02		0.00			0	0 4.02
4.03		0.00			0	0 4.03
4.04		0.00			0	0 4.04
4.05		0.00			0	0 4.05
4.06		0.00			0	0 4.06
4.07		0.00			0	0 4.07
4.08		0.00			0	0 4.08
4.09		0.00			0	0 4.09
4.10		0.00			0	0 4.10
4.11		0.00			0	0 4.11
4.12		0.00			0	0 4.12
4.13		0.00			0	0 4.13
4.14		0.00			0	0 4.14
4.15		0.00			0	0 4.15
4.16		0.00			0	0 4.16
4.17		0.00			0	0 4.17
4.18		0.00			0	0 4.18
4.19		0.00			0	0 4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			400,878,992	601,839,153	5.00

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

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

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

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

6.00	B		100.00	NM HEALTHCARE	100.00	6.00
7.00	B		100.00	NM LAKE FOREST	100.00	7.00
8.00	B		100.00	NM FOUNDATION	100.00	8.00
9.00	B		100.00	NM MEDICAL GROUP	100.00	9.00
9.01	B		100.00	NM DELNOR	100.00	9.01
9.02	B		100.00	NM CENTRAL DUPAGE	100.00	9.02
9.03	B		100.00	NM INSURANCE CO	100.00	9.03
9.04	B		100.00	N HEALTHCARE CORP	100.00	9.04
9.05	B		100.00	NM DELNOR	100.00	9.05
9.06	B		100.00	NM KISHWAUKEE	100.00	9.06
9.07	B		100.00	NM VALLEY WEST	100.00	9.07
10.00	B		100.00	NM MARIANJOY	100.00	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: 14-0281

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

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 4:27 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	-210,652,919	0		1.00
2.00	8,018,228	0		2.00
3.00	1,674,530	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	-200,960,161			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	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00	HEALTH CARE		8.00
9.00	HEALTH CARE		9.00
9.01	HEALTH CARE		9.01
9.02	HEALTHCARE		9.02
9.03	HEALTHCARE		9.03
9.04	HEALTHCARE		9.04
9.05	HEALTHCARE		9.05
9.06	HEALTHCARE		9.06
9.07	HEALTHCARE		9.07
10.00	HEALTHCARE		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: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2022 4:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,464,869	0	1,464,869	179,000	16,416	1.00
2.00	13.00	NURSING ADMINISTRATION	126,814	0	126,814	179,000	912	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	3,492,618	0	3,492,618	179,000	23,818	5.00
6.00	30.00	ADULTS & PEDIATRICS	2,778,305	0	2,778,305	197,500	13,392	6.00
7.00	31.00	INTENSIVE CARE UNIT	762,999	0	762,999	179,000	3,816	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	59,346	59,346	0	237,100	0	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	2,024,428	0	2,024,428	246,400	5,674	10.00
11.00	51.00	RECOVERY ROOM	108,594	0	108,594	179,000	720	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	146,546	0	146,546	237,400	864	12.00
13.00	53.00	ANESTHESIOLOGY	757,174	0	757,174	239,400	4,392	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	556,495	0	556,495	271,900	2,434	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	158,372	0	158,372	271,900	504	15.00
16.00	56.00	RADIOISOTOPE	99,835	0	99,835	271,900	576	16.00
17.00	57.00	CT SCAN	23,475	0	23,475	271,900	58	17.00
18.00	58.00	MRI	28,299	0	28,299	271,900	144	18.00
19.00	59.00	CARDIAC CATHETERIZATION	92,292	0	92,292	271,900	720	19.00
20.00	59.02	CARDIOLOGY	94,443	0	94,443	179,000	648	20.00
21.00	59.03	PULMONARY FUNCTION TESTING	50,313	0	50,313	179,000	432	21.00
22.00	59.04	ELECTROMYOGRAPHY	97,037	0	97,037	179,000	360	22.00
23.00	59.05	GASTRO INTESTINAL SERVICES	186,880	0	186,880	179,000	864	23.00
24.00	60.00	LABORATORY	445,485	0	445,485	179,000	2,160	24.00
25.00	63.00	BLOOD STORING, PROCESSING & TRANS.	26,294	0	26,294	260,300	288	25.00
26.00	65.00	RESPIRATORY THERAPY	60,451	0	60,451	179,000	576	26.00
27.00	66.00	PHYSICAL THERAPY	16,055	16,055	0	179,000	0	27.00
28.00	70.00	ELECTROENCEPHALOGRAPHY	271,604	0	271,604	179,000	1,368	28.00
29.00	74.00	RENAL DIALYSIS	19,696	0	19,696	179,000	144	29.00
30.00	76.97	CARDIAC REHABILITATION	9,373	0	9,373	179,000	58	30.00
31.00	90.00	CLINIC	143,925	0	143,925	179,000	1,152	31.00
32.00	90.01	PSYCH CLINIC	148,305	0	148,305	179,000	1,152	32.00
33.00	91.00	EMERGENCY	585,971	0	585,971	179,000	2,880	33.00
34.00	90.02	TRANSPLANT CLINIC	791,494	0	791,494	246,400	3,240	34.00
200.00			15,627,787	75,401	15,552,386		89,762	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2022 4:27 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	5.00	ADMINISTRATIVE & GENERAL	1,412,723	70,636	0	0	108,254	1.00
2.00	13.00	NURSING ADMINISTRATION	78,485	3,924	0	0	9,372	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,049,722	102,486	0	0	258,104	5.00
6.00	30.00	ADULTS & PEDIATRICS	1,271,596	63,580	0	0	205,316	6.00
7.00	31.00	INTENSIVE CARE UNIT	328,396	16,420	0	0	56,386	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	4,386	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	672,151	33,608	0	0	149,605	10.00
11.00	51.00	RECOVERY ROOM	61,962	3,098	0	0	8,025	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	98,612	4,931	0	0	10,830	12.00
13.00	53.00	ANESTHESIOLOGY	505,502	25,275	0	0	55,955	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	318,175	15,909	0	0	41,125	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	65,884	3,294	0	0	11,704	15.00
16.00	56.00	RADIOISOTOPE	75,295	3,765	0	0	7,378	16.00
17.00	57.00	CT SCAN	7,582	379	0	0	1,735	17.00
18.00	58.00	MRI	18,824	941	0	0	2,091	18.00
19.00	59.00	CARDIAC CATHETERIZATION	94,119	4,706	0	0	6,820	19.00
20.00	59.02	CARDIOLOGY	55,765	2,788	0	0	6,979	20.00
21.00	59.03	PULMONARY FUNCTION TESTING	37,177	1,859	0	0	3,718	21.00
22.00	59.04	ELECTROMYOGRAPHY	30,981	1,549	0	0	7,171	22.00
23.00	59.05	GASTRO INTESTINAL SERVICES	74,354	3,718	0	0	13,810	23.00
24.00	60.00	LABORATORY	185,885	9,294	0	0	32,921	24.00
25.00	63.00	BLOOD STORING, PROCESSING & TRANS.	36,042	1,802	0	0	1,943	25.00
26.00	65.00	RESPIRATORY THERAPY	49,569	2,478	0	0	4,467	26.00
27.00	66.00	PHYSICAL THERAPY	0	0	0	0	1,186	27.00
28.00	70.00	ELECTROENCEPHALOGRAPHY	117,727	5,886	0	0	20,071	28.00
29.00	74.00	RENAL DIALYSIS	12,392	620	0	0	1,456	29.00
30.00	76.97	CARDIAC REHABILITATION	4,991	250	0	0	693	30.00
31.00	90.00	CLINIC	99,138	4,957	0	0	10,636	31.00
32.00	90.01	PSYCH CLINIC	99,138	4,957	0	0	10,960	32.00
33.00	91.00	EMERGENCY	247,846	12,392	0	0	43,303	33.00
34.00	90.02	TRANSPLANT CLINIC	383,815	19,191	0	0	58,491	34.00
200.00			8,493,848	424,693	0	0	1,154,891	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/26/2022 4:27 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	5.00	ADMINISTRATIVE & GENERAL	108,254	1,520,977	0	0		1.00
2.00	13.00	NURSING ADMINISTRATION	9,372	87,857	38,957	38,957		2.00
3.00	15.00	PHARMACY	0	0	0	0		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	258,104	2,307,826	1,184,792	1,184,792		5.00
6.00	30.00	ADULTS & PEDIATRICS	205,316	1,476,912	1,301,393	1,301,393		6.00
7.00	31.00	INTENSIVE CARE UNIT	56,386	384,782	378,217	378,217		7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	59,346		8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0		9.00
10.00	50.00	OPERATING ROOM	149,605	821,756	1,202,672	1,202,672		10.00
11.00	51.00	RECOVERY ROOM	8,025	69,987	38,607	38,607		11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	10,830	109,442	37,104	37,104		12.00
13.00	53.00	ANESTHESIOLOGY	55,955	561,457	195,717	195,717		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	41,125	359,300	197,195	197,195		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	11,704	77,588	80,784	80,784		15.00
16.00	56.00	RADIOISOTOPE	7,378	82,673	17,162	17,162		16.00
17.00	57.00	CT SCAN	1,735	9,317	14,158	14,158		17.00
18.00	58.00	MRI	2,091	20,915	7,384	7,384		18.00
19.00	59.00	CARDIAC CATHETERIZATION	6,820	100,939	0	0		19.00
20.00	59.02	CARDIOLOGY	6,979	62,744	31,699	31,699		20.00
21.00	59.03	PULMONARY FUNCTION TESTING	3,718	40,895	9,418	9,418		21.00
22.00	59.04	ELECTROMYOGRAPHY	7,171	38,152	58,885	58,885		22.00
23.00	59.05	GASTRO INTESTINAL SERVICES	13,810	88,164	98,716	98,716		23.00
24.00	60.00	LABORATORY	32,921	218,806	226,679	226,679		24.00
25.00	63.00	BLOOD STORING, PROCESSING & TRANS.	1,943	37,985	0	0		25.00
26.00	65.00	RESPIRATORY THERAPY	4,467	54,036	6,415	6,415		26.00
27.00	66.00	PHYSICAL THERAPY	0	0	0	16,055		27.00
28.00	70.00	ELECTROENCEPHALOGRAPHY	20,071	137,798	133,806	133,806		28.00
29.00	74.00	RENAL DIALYSIS	1,456	13,848	5,848	5,848		29.00
30.00	76.97	CARDIAC REHABILITATION	693	5,684	3,689	3,689		30.00
31.00	90.00	CLINIC	10,636	109,774	34,151	34,151		31.00
32.00	90.01	PSYCH CLINIC	10,960	110,098	38,207	38,207		32.00
33.00	91.00	EMERGENCY	43,303	291,149	294,822	294,822		33.00
34.00	90.02	TRANSPLANT CLINIC	58,491	442,306	349,188	349,188		34.00
200.00			1,149,319	9,643,167	5,985,665	6,061,066		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	65,372,091	65,372,091			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	30,734,364	30,734,364			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	94,106,247	0	94,106,247		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	455,550,130	3,032,512	6,444,914	466,453,277	5.00
7.00	00700	OPERATION OF PLANT	48,562,092	22,075,349	214,676	81,230,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,982,819	0	0	3,982,819	8.00
9.00	00900	HOUSEKEEPING	11,717,694	357,189	2,113,308	14,356,122	9.00
10.00	01000	DIETARY	7,540,232	625,170	894,634	9,353,956	10.00
11.00	01100	CAFETERIA	7,140,349	0	793,946	7,934,295	11.00
13.00	01300	NURSING ADMINISTRATION	8,358,154	61,353	1,066,499	9,514,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,693,521	396,797	1,803,531	28,080,401	14.00
15.00	01500	PHARMACY	26,684,618	322,975	5,451,673	32,611,111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	769,376	9,001	123,127	905,736	16.00
17.00	01700	SOCIAL SERVICE	4,842,137	31,433	755,989	5,644,337	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	42,201,622	130,165	0	42,392,983	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,874,134	0	118,367	9,992,501	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	1,448,467	15,249	278,113	1,748,998	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	277,864	25,970	49,408	365,451	23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)	210,070	16,350	70,195	304,302	23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)	186,922	16,350	65,751	276,710	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)	194,816	16,350	67,266	286,119	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	273,901	16,350	7,687	380,389	23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	3,044,322	0	542,986	3,587,308	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	165,006,440	6,900,043	3,244,021	20,538,890	30.00
31.00	03100	INTENSIVE CARE UNIT	54,864,998	1,439,503	676,775	6,268,511	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,630,888	578,171	271,824	2,515,824	35.00
40.00	04000	SUBPROVIDER - IPF	4,162,639	429,221	201,796	735,469	40.00
43.00	04300	NURSERY	5,367,347	136,371	64,114	849,786	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	61,411,250	2,872,937	1,350,697	6,453,026	50.00
51.00	05100	RECOVERY ROOM	8,033,787	240,993	113,302	1,314,870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,909,694	750,256	352,729	3,148,810	52.00
53.00	05300	ANESTHESIOLOGY	6,919,870	63,912	30,048	873,948	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,569,919	1,324,849	622,871	4,316,100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,500,232	501,240	235,655	1,651,059	55.00
56.00	05600	RADIOISOTOPE	13,814,602	332,816	156,472	477,911	56.00
57.00	05700	CT SCAN	8,973,360	394,306	185,381	1,124,302	57.00
58.00	05800	MRI	13,837,658	250,434	117,740	1,752,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,464,727	75,900	35,684	387,729	59.00
59.01	03650	VASCULAR LAB	1,160,228	51,334	24,134	206,676	59.01
59.02	03140	CARDIOLOGY	6,760,090	177,961	83,668	963,685	59.02
59.03	03560	PULMONARY FUNCTION TESTING	694,189	75,500	35,496	46,951	59.03
59.04	03290	ELECTROMYOGRAPHY	1,950,387	129,683	60,970	318,738	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	10,512,123	537,903	252,892	981,886	59.05
60.00	06000	LABORATORY	84,202,125	891,967	419,354	5,214,795	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,760,908	301,217	141,616	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,352,370	0	0	661,836	63.00
65.00	06500	RESPIRATORY THERAPY	14,768,321	67,876	31,912	1,674,040	65.00
66.00	06600	PHYSICAL THERAPY	4,726,382	11,134	5,234	598,779	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,357,227	91,368	42,956	425,786	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,709,998	188,696	88,714	669,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,623,502	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,471,099	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,714,521	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,264,108	0	0	507,341	74.00
76.97	07697	CARDIAC REHABILITATION	536,438	0	0	82,551	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,023,630	752,912	353,978	1,502,526	90.00
90.01	09001	PSYCH CLINIC	3,041,702	6,620	3,112	261,459	90.01
90.02	09002	TRANSPLANT CLINIC	4,549,203	0	0	649,875	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	137,759	5,780	2,718	0	90.03
90.04	09004	COVID VACCINE CLINIC	1,155,780	0	0	200,674	90.04
91.00	09100	EMERGENCY	20,880,059	626,973	294,768	3,067,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,667,247	29,507	13,872	354,735	13,065,361 105.00
106.00	10600	HEART ACQUISITION	3,114,715	19,143	9,000	116,855	3,259,713 106.00
107.00	10700	LIVER ACQUISITION	7,056,154	12,551	5,901	154,401	7,229,007 107.00
108.00	10800	LUNG ACQUISITION	6,429,548	9,427	4,432	129,379	6,572,786 108.00
109.00	10900	PANCREAS ACQUISITION	1,419,174	1,899	893	29,618	1,451,584 109.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,737,272,340	47,428,966	22,298,493	92,165,371	1,708,952,468 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257,779	0	0	44,141	301,920 190.00
191.00	19100	RESEARCH	2,291,389	23,313	10,961	319,604	2,645,267 191.00
191.01	19101	SPONSERED PROJECT	3,666,035	0	0	112,578	3,778,613 191.01
194.00	07950	REAL ESTATE	12,738,076	0	0	12,687	12,750,763 194.00
194.01	07951	MARKETING, OTHER NON-REIMB	45,497,124	17,919,812	8,424,910	1,451,866	73,293,712 194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0 194.02
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)	1,801,722,743	65,372,091	30,734,364	94,106,247	1,801,722,743 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	466,453,277					5.00
7.00	00700	OPERATION OF PLANT	30,331,069	111,561,804				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,487,161	0	5,469,980			8.00
9.00	00900	HOUSEKEEPING	5,360,490	1,783,382	0	21,499,994		9.00
10.00	01000	DIETARY	3,492,711	3,121,364	0	611,316	16,579,347	10.00
11.00	01100	CAFETERIA	2,962,618	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,552,788	306,323	0	59,993	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,485,053	1,981,138	0	388,004	0	14.00
15.00	01500	PHARMACY	12,176,793	1,612,561	0	315,818	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	338,196	44,938	0	8,801	0	16.00
17.00	01700	SOCIAL SERVICE	2,107,562	156,941	0	30,737	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,829,285	649,889	0	127,280	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,731,140	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	653,065	76,134	0	14,911	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	136,457	129,662	0	25,394	0	23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)	113,625	81,631	0	15,987	0	23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)	103,322	81,631	0	15,987	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)	106,835	81,631	0	15,987	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	142,035	81,631	0	15,987	0	23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	1,339,479	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,069,409	34,450,722	3,855,205	6,747,142	13,620,494	30.00
31.00	03100	INTENSIVE CARE UNIT	23,617,091	7,187,191	670,367	1,407,604	2,368,414	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,093,256	2,886,709	345,002	565,359	0	35.00
40.00	04000	SUBPROVIDER - IPF	2,064,542	2,143,026	167,121	419,710	590,439	40.00
43.00	04300	NURSERY	2,396,300	680,879	432,285	133,349	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,917,193	14,344,080	0	2,809,274	0	50.00
51.00	05100	RECOVERY ROOM	3,623,024	1,203,236	0	235,653	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,768,543	3,745,898	0	733,630	0	52.00
53.00	05300	ANESTHESIOLOGY	2,945,249	319,104	0	62,496	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,753,497	6,614,742	0	1,295,491	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,559,159	2,502,602	0	490,132	0	55.00
56.00	05600	RADIOISOTOPE	5,519,436	1,661,691	0	325,440	0	56.00
57.00	05700	CT SCAN	3,986,858	1,968,701	0	385,568	0	57.00
58.00	05800	MRI	5,958,798	1,250,373	0	244,884	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,480,149	378,953	0	74,218	0	59.00
59.01	03650	VASCULAR LAB	538,573	256,300	0	50,196	0	59.01
59.02	03140	CARDIOLOGY	2,981,702	888,530	0	174,018	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	318,182	376,960	0	73,827	0	59.03
59.04	03290	ELECTROMYOGRAPHY	918,466	647,484	0	126,809	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	4,587,072	2,685,654	0	525,983	0	59.05
60.00	06000	LABORATORY	33,877,381	4,453,438	0	872,201	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,676,986	1,503,925	0	294,542	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,365,850	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,176,739	338,893	0	66,372	0	65.00
66.00	06600	PHYSICAL THERAPY	1,994,495	55,589	0	10,887	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,089,316	456,187	0	89,344	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112,161	942,126	0	184,514	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,396,088	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,807,062	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,606,198	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,781,630	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	231,127	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,463,892	3,759,160	0	736,228	0	90.00
90.01	09001	PSYCH CLINIC	1,237,014	33,051	0	6,473	0	90.01
90.02	09002	TRANSPLANT CLINIC	1,941,305	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	54,611	28,860	0	5,652	0	90.03
90.04	09004	COVID VACCINE CLINIC	506,492	0	0	0	0	90.04
91.00	09100	EMERGENCY	9,286,170	3,130,366	0	613,079	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,878,527	147,321	0	28,853	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 09/01/2020
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
106.00	10600	HEART ACQUISITION	1,217,157	95,580	0	18,719	0	106.00
107.00	10700	LIVER ACQUISITION	2,699,268	62,666	0	12,273	0	107.00
108.00	10800	LUNG ACQUISITION	2,454,239	47,069	0	9,218	0	108.00
109.00	10900	PANCREAS ACQUISITION	542,013	9,482	0	1,857	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	463,941,904	111,445,404	5,469,980	21,477,197	16,579,347	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,735	0	0	0	0	190.00
191.00	19100	RESEARCH	987,727	116,400	0	22,797	0	191.00
191.01	19101	SPONSERED PROJECT	1,410,911	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	466,453,277	111,561,804	5,469,980	21,499,994	16,579,347	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	10,896,913					11.00
13.00	01300	NURSING ADMINISTRATION	138,941	13,572,896				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	234,960	0	41,169,556			14.00
15.00	01500	PHARMACY	710,232	0	316,102	47,742,617		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,041	0	106	0	1,313,818	16.00
17.00	01700	SOCIAL SERVICE	98,489	0	3	0	0	17.00
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	15,421	0	448	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	36,232	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	6,437	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)	9,145	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)	8,566	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)	8,763	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	10,742	0	0	0	0	23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)	70,739	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,675,616	4,873,289	2,235,213	203,744	116,974	30.00
31.00	03100	INTENSIVE CARE UNIT	816,648	1,931,481	1,169,416	798,335	34,243	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	327,756	823,648	132,850	2,520	21,434	35.00
40.00	04000	SUBPROVIDER - IPF	95,815	126,727	4,744	12	3,763	40.00
43.00	04300	NURSERY	110,708	299,253	0	0	5,861	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	840,686	1,460,924	1,501,104	222,503	231,280	50.00
51.00	05100	RECOVERY ROOM	171,298	400,056	65,236	7,750	11,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	410,220	912,516	511,014	51,217	33,126	52.00
53.00	05300	ANESTHESIOLOGY	113,856	0	151,879	39,763	32,152	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	562,292	367,463	640,117	159,443	70,237	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	215,096	98,651	78,132	3,453	32,082	55.00
56.00	05600	RADIOISOTOPE	62,261	25,940	1,741,906	5,976	15,303	56.00
57.00	05700	CT SCAN	146,472	96,816	223,177	2,424	69,489	57.00
58.00	05800	MRI	228,330	180,769	317,960	49,376	49,517	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,513	81,609	53,733	2,009	17,531	59.00
59.01	03650	VASCULAR LAB	26,925	0	2,492	17	6,456	59.01
59.02	03140	CARDIOLOGY	125,547	21,480	216,135	2,072	35,839	59.02
59.03	03560	PULMONARY FUNCTION TESTING	6,117	14,271	49,434	2,540	1,453	59.03
59.04	03290	ELECTROMYOGRAPHY	41,525	62,443	0	4,454	7,598	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	127,918	222,863	571,790	15,678	28,688	59.05
60.00	06000	LABORATORY	679,372	7,850	5,808,213	29,566	192,180	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2,340,295	39,073	9,902	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	86,223	74,620	573,135	9,911	7,684	63.00
65.00	06500	RESPIRATORY THERAPY	218,090	53	396,579	54,731	16,748	65.00
66.00	06600	PHYSICAL THERAPY	78,008	0	83,126	0	3,706	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,470	0	2,006	0	2,128	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,188	5,674	50,056	0	9,779	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,607,460	0	52,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,640,631	0	48,367	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,403,889	77,146	73.00
74.00	07400	RENAL DIALYSIS	66,095	131,015	47,196	471,637	5,017	74.00
76.97	07697	CARDIAC REHABILITATION	10,755	4,811	647	8	417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	195,746	271,181	142,959	126,878	5,403	90.00
90.01	09001	PSYCH CLINIC	34,062	52,393	7	0	121	90.01
90.02	09002	TRANSPLANT CLINIC	84,664	66,765	20,779	1,523	897	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	3	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	26,143	31,300	2,777	0	1,905	90.04
91.00	09100	EMERGENCY	399,670	780,212	405,416	26,262	46,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	46,214	41,079	0	3,112	3,913	105.00
106.00	10600	HEART ACQUISITION	15,224	4,075	2,282	0	656	106.00
107.00	10700	LIVER ACQUISITION	20,115	10,545	216	0	1,700	107.00
108.00	10800	LUNG ACQUISITION	16,855	9,133	2,639	0	2,529	108.00
109.00	10900	PANCREAS ACQUISITION	3,859	5,948	0	0	335	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,644,060	13,496,853	41,109,413	47,739,876	1,313,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,751	0	0	0	0	190.00
191.00	19100	RESEARCH	41,637	62,202	16,260	627	0	191.00
191.01	19101	SPONSERED PROJECT	14,666	13,841	43,883	2,114	0	191.01
194.00	07950	REAL ESTATE	1,653	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	189,146	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,896,913	13,572,896	41,169,556	47,742,617	1,313,818	202.00

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					INTERNS & RESIDENTS		1/26/2022 4:27 pm	
Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	
					Y & FRINGES	PRGM COSTS		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	8,038,069					17.00
20.00	02000	NURSING PROGRAM		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			58,999,437			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				13,739,510		22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)					2,529,340	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)						23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)						23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)						23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)						23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,665,178	0	15,322,459	3,568,222	0	30.00
31.00	03100	INTENSIVE CARE UNIT	985,095	0	6,499,432	1,513,557	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	506,976	0	358,498	83,485	0	35.00
40.00	04000	SUBPROVIDER - IPF	245,582	0	1,799,128	418,972	0	40.00
43.00	04300	NURSERY	635,238	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	14,758,158	3,436,810	0	50.00
51.00	05100	RECOVERY ROOM	0	0	683,801	159,240	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,436,457	567,391	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	99,583	23,190	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,474,583	1,042,020	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,427,352	332,395	0	55.00
56.00	05600	RADIOISOTOPE	0	0	192,527	44,835	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	385,053	89,669	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	590,857	137,596	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	219,082	51,019	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	371,775	86,577	0	59.05
60.00	06000	LABORATORY	0	0	3,644,727	848,767	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	278,832	64,933	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	192,527	44,835	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,278	3,092	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	19,917	4,638	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	159,332	37,105	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	6,639	1,546	2,529,340	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,177,542	507,096	0	90.00
90.01	09001	PSYCH CLINIC	0	0	331,942	77,301	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	331,942	77,301	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	2,031,487	473,083	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

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Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM- (PHARMACY)	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
			17.00	20.00			23.00	
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,038,069	0	58,806,910	13,694,675	2,529,340	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	192,527	44,835	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,038,069	0	58,999,437	13,739,510	2,529,340	202.00

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Cost Center Description			PARAMED ED PRGM - (CHAPLAIN CY)	PARAMED ED PRGM - (RADIOGRA PHY)	PARAMED ED PRGM - (RADIATIO N THERAPY)	PARAMED ED PRGM - (NUCLEAR MEDICINE)	PARAMED ED PRGM - (SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	663,401					23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)		524,690				23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)			486,216			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)				499,335		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)					630,784	23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	545,006	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	94,769	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	23,626	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	524,690	0	0	630,784	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	486,216	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	499,335	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	0	90.04
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

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Cost Center Description			PARAMED ED PRGM - (CHAPLAIN CY)	PARAMED ED PRGM - (RADIOGRA PHY)	PARAMED ED PRGM - (RADIATIO N THERAPY)	PARAMED ED PRGM - (NUCLEAR MEDICINE)	PARAMED ED PRGM - (SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	663,401	524,690	486,216	499,335	630,784	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	663,401	524,690	486,216	499,335	630,784	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM- (NURSING PROGRAM)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)					23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)					23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)					23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)					23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)					23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)					23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	4,997,526				23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,108,116	366,746,183	-18,890,681	347,855,502	30.00
31.00	03100	INTENSIVE CARE UNIT	751,308	113,094,738	-8,012,989	105,081,749	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	118,605	32,262,805	-441,983	31,820,822	35.00
40.00	04000	SUBPROVIDER - IPF	0	13,632,332	-2,218,100	11,414,232	40.00
43.00	04300	NURSERY	0	11,111,491	0	11,111,491	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	138,609,922	-18,194,968	120,414,954	50.00
51.00	05100	RECOVERY ROOM	19,497	16,282,920	-843,041	15,439,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,331,501	-3,003,848	42,327,653	52.00
53.00	05300	ANESTHESIOLOGY	0	11,675,050	-122,773	11,552,277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,969,098	-5,516,603	61,452,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,113,456	-1,759,747	24,353,709	55.00
56.00	05600	RADIOISOTOPE	0	24,876,451	-237,362	24,639,089	56.00
57.00	05700	CT SCAN	0	17,556,854	0	17,556,854	57.00
58.00	05800	MRI	0	24,238,481	0	24,238,481	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,577,477	-474,722	6,102,755	59.00
59.01	03650	VASCULAR LAB	0	2,323,331	0	2,323,331	59.01
59.02	03140	CARDIOLOGY	0	13,159,180	-728,453	12,430,727	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	1,965,021	-270,101	1,694,920	59.03
59.04	03290	ELECTROMYOGRAPHY	0	4,268,557	0	4,268,557	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	21,508,802	-458,352	21,050,450	59.05
60.00	06000	LABORATORY	0	141,141,936	-4,493,494	136,648,442	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	25,412,229	-343,765	25,068,464	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,131,629	0	13,131,629	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,047,716	-237,362	23,810,354	65.00
66.00	06600	PHYSICAL THERAPY	0	7,583,710	-16,370	7,567,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,636,343	-24,555	4,611,788	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,048,152	0	9,048,152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	84,876,197	-196,437	84,679,760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	113,967,159	0	113,967,159	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	186,339,279	-8,185	186,331,094	73.00
74.00	07400	RENAL DIALYSIS	0	7,274,039	0	7,274,039	74.00
76.97	07697	CARDIAC REHABILITATION	0	866,754	0	866,754	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	28,019,131	-2,684,638	25,334,493	90.00
90.01	09001	PSYCH CLINIC	0	5,085,257	-409,243	4,676,014	90.01
90.02	09002	TRANSPLANT CLINIC	0	7,724,254	-409,243	7,315,011	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	235,383	0	235,383	90.03
90.04	09004	COVID VACCINE CLINIC	0	1,925,071	0	1,925,071	90.04
91.00	09100	EMERGENCY	0	42,061,745	-2,504,570	39,557,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			PARAMED ED PRGM- (NURSING PROGRAM)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	18,214,380	0	18,214,380	105.00
106.00	10600	HEART ACQUISITION	0	4,613,406	0	4,613,406	106.00
107.00	10700	LIVER ACQUISITION	0	10,035,790	0	10,035,790	107.00
108.00	10800	LUNG ACQUISITION	0	9,114,468	0	9,114,468	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,015,078	0	2,015,078	109.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,997,526	1,705,672,756	-72,501,585	1,633,171,171	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420,406	0	420,406	190.00
191.00	19100	RESEARCH	0	4,130,279	-237,362	3,892,917	191.00
191.01	19101	SPONSERED PROJECT	0	5,264,028	0	5,264,028	191.01
194.00	07950	REAL ESTATE	0	12,752,416	0	12,752,416	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	73,482,858	0	73,482,858	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,997,526	1,801,722,743	-72,738,947	1,728,983,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	425	0	0	425	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,938,472	3,032,512	1,425,721	53,396,705	34 5.00
7.00	00700	OPERATION OF PLANT	2,555,478	22,075,349	10,378,618	35,009,445	1 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	11,455	357,189	167,931	536,575	11 9.00
10.00	01000	DIETARY	941	625,170	293,920	920,031	5 10.00
11.00	01100	CAFETERIA	0	0	0	0	4 11.00
13.00	01300	NURSING ADMINISTRATION	848,980	61,353	28,845	939,178	6 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	101,122	396,797	186,552	684,471	9 14.00
15.00	01500	PHARMACY	9,009	322,975	151,845	483,829	28 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,806	9,001	4,232	43,039	1 16.00
17.00	01700	SOCIAL SERVICE	0	31,433	14,778	46,211	4 17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	130,165	61,196	191,361	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	296	0	0	296	1 22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	15,249	7,169	22,418	1 23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	2,525	25,970	12,209	40,704	0 23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)	0	16,350	7,687	24,037	0 23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)	0	16,350	7,687	24,037	0 23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)	0	16,350	7,687	24,037	0 23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	16,350	7,687	24,037	0 23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)	0	0	0	0	3 23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,228	6,900,043	3,244,021	10,188,292	43 30.00
31.00	03100	INTENSIVE CARE UNIT	396,403	1,439,503	676,775	2,512,681	33 31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,835	578,171	271,824	860,830	13 35.00
40.00	04000	SUBPROVIDER - IPF	308	429,221	201,796	631,325	4 40.00
43.00	04300	NURSERY	0	136,371	64,114	200,485	4 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	638,404	2,872,937	1,350,697	4,862,038	34 50.00
51.00	05100	RECOVERY ROOM	2,352	240,993	113,302	356,647	7 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	869	750,256	352,729	1,103,854	16 52.00
53.00	05300	ANESTHESIOLOGY	143,523	63,912	30,048	237,483	5 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,577	1,324,849	622,871	2,105,297	22 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	163,771	501,240	235,655	900,666	9 55.00
56.00	05600	RADIOISOTOPE	4,637	332,816	156,472	493,925	2 56.00
57.00	05700	CT SCAN	0	394,306	185,381	579,687	6 57.00
58.00	05800	MRI	7,004	250,434	117,740	375,178	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	9,662	75,900	35,684	121,246	2 59.00
59.01	03650	VASCULAR LAB	0	51,334	24,134	75,468	1 59.01
59.02	03140	CARDIOLOGY	49,599	177,961	83,668	311,228	5 59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	75,500	35,496	110,996	0 59.03
59.04	03290	ELECTROMYOGRAPHY	15,622	129,683	60,970	206,275	2 59.04
59.05	03340	GASTRO INTESTINAL SERVICES	86,768	537,903	252,892	877,563	5 59.05
60.00	06000	LABORATORY	66,082	891,967	419,354	1,377,403	27 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	301,217	141,616	442,833	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,348	0	0	7,348	3 63.00
65.00	06500	RESPIRATORY THERAPY	171,199	67,876	31,912	270,987	9 65.00
66.00	06600	PHYSICAL THERAPY	500	11,134	5,234	16,868	3 66.00
67.00	06700	OCCUPATIONAL THERAPY	25	91,368	42,956	134,349	2 67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,060	188,696	88,714	279,470	3 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	14,317	0	0	14,317	3 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,025	752,912	353,978	1,109,915	8 90.00
90.01	09001	PSYCH CLINIC	1,473,739	6,620	3,112	1,483,471	1 90.01
90.02	09002	TRANSPLANT CLINIC	1,016	0	0	1,016	3 90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	5,780	2,718	8,498	0 90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	1 90.04
91.00	09100	EMERGENCY	2,181	626,973	294,768	923,922	16 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:27 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	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,309	29,507	13,872	44,688	2105.00
106.00	10600	HEART ACQUISITION	0	19,143	9,000	28,143	1106.00
107.00	10700	LIVER ACQUISITION	19	12,551	5,901	18,471	1107.00
108.00	10800	LUNG ACQUISITION	0	9,427	4,432	13,859	1108.00
109.00	10900	PANCREAS ACQUISITION	0	1,899	893	2,792	0109.00
116.00	11600	HOSPICE	0	0	0	0	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,972,891	47,428,966	22,298,493	125,700,350	414118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0190.00
191.00	19100	RESEARCH	3,641	23,313	10,961	37,915	2191.00
191.01	19101	SPONSERED PROJECT	7,133	0	0	7,133	1191.01
194.00	07950	REAL ESTATE	7,171,665	0	0	7,171,665	0194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	17,919,812	8,424,910	26,344,722	8194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	63,155,330	65,372,091	30,734,364	159,261,785	425202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	53,396,739					5.00
7.00	00700	OPERATION OF PLANT	3,472,127	38,481,573				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	170,242	0	170,242			8.00
9.00	00900	HOUSEKEEPING	613,638	615,151	0	1,765,375		9.00
10.00	01000	DIETARY	399,825	1,076,668	0	50,195	2,446,724	10.00
11.00	01100	CAFETERIA	339,144	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	406,703	105,662	0	4,926	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,200,269	683,364	0	31,859	0	14.00
15.00	01500	PHARMACY	1,393,929	556,229	0	25,932	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,715	15,501	0	723	0	16.00
17.00	01700	SOCIAL SERVICE	241,262	54,134	0	2,524	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,812,046	224,170	0	10,451	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	427,119	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	74,759	26,261	0	1,224	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	15,621	44,725	0	2,085	0	23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)	13,007	28,157	0	1,313	0	23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)	11,828	28,157	0	1,313	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)	12,230	28,157	0	1,313	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	16,259	28,157	0	1,313	0	23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	153,336	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,364,410	11,883,261	119,986	554,008	2,010,066	30.00
31.00	03100	INTENSIVE CARE UNIT	2,703,549	2,479,114	20,864	115,579	349,523	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	811,995	995,727	10,737	46,422	0	35.00
40.00	04000	SUBPROVIDER - IPF	236,337	739,205	5,201	34,463	87,135	40.00
43.00	04300	NURSERY	274,315	234,859	13,454	10,949	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,081,326	4,947,775	0	230,671	0	50.00
51.00	05100	RECOVERY ROOM	414,743	415,038	0	19,350	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,118,247	1,292,091	0	60,239	0	52.00
53.00	05300	ANESTHESIOLOGY	337,155	110,070	0	5,132	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,574,421	2,281,656	0	106,373	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	636,381	863,235	0	40,245	0	55.00
56.00	05600	RADIOISOTOPE	631,833	573,175	0	26,722	0	56.00
57.00	05700	CT SCAN	456,393	679,074	0	31,659	0	57.00
58.00	05800	MRI	682,129	431,298	0	20,108	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	169,439	130,714	0	6,094	0	59.00
59.01	03650	VASCULAR LAB	61,653	88,407	0	4,122	0	59.01
59.02	03140	CARDIOLOGY	341,328	306,485	0	14,289	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	36,424	130,027	0	6,062	0	59.03
59.04	03290	ELECTROMYOGRAPHY	105,141	223,340	0	10,412	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	525,102	926,376	0	43,189	0	59.05
60.00	06000	LABORATORY	3,878,088	1,536,147	0	71,617	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	649,869	518,756	0	24,185	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	385,303	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	707,078	116,896	0	5,450	0	65.00
66.00	06600	PHYSICAL THERAPY	228,318	19,175	0	894	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	124,699	157,355	0	7,336	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	241,788	324,972	0	15,151	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,334,827	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,183,193	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,304,941	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	203,951	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	26,458	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	625,475	1,296,666	0	60,452	0	90.00
90.01	09001	PSYCH CLINIC	141,606	11,400	0	532	0	90.01
90.02	09002	TRANSPLANT CLINIC	222,229	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	6,252	9,955	0	464	0	90.03
90.04	09004	COVID VACCINE CLINIC	57,980	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,063,027	1,079,773	0	50,340	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	558,466	50,816	0	2,369	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
106.00	10600	HEART ACQUISITION	139,333	32,969	0	1,537	0	106.00
107.00	10700	LIVER ACQUISITION	308,997	21,616	0	1,008	0	107.00
108.00	10800	LUNG ACQUISITION	280,947	16,236	0	757	0	108.00
109.00	10900	PANCREAS ACQUISITION	62,047	3,271	0	152	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,109,252	38,441,423	170,242	1,763,503	2,446,724	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,905	0	0	0	0	190.00
191.00	19100	RESEARCH	113,069	40,150	0	1,872	0	191.00
191.01	19101	SPONSERED PROJECT	161,513	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	53,396,739	38,481,573	170,242	1,765,375	2,446,724	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	339,148					11.00
13.00	01300	NURSING ADMINISTRATION	4,327	1,460,802				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,317	0	2,607,289			14.00
15.00	01500	PHARMACY	22,118	0	20,019	2,502,084		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	500	0	7	0	98,486	16.00
17.00	01700	SOCIAL SERVICE	3,067	0	0	0	0	17.00
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	480	0	28	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,128	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	200	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)	285	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)	267	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)	273	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	335	0	0	0	0	23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)	2,203	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,117	524,462	141,555	10,678	8,998	30.00
31.00	03100	INTENSIVE CARE UNIT	25,433	207,885	74,059	41,838	2,634	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,207	88,649	8,413	132	1,649	35.00
40.00	04000	SUBPROVIDER - IPF	2,984	13,640	300	1	289	40.00
43.00	04300	NURSERY	3,448	32,209	0	0	451	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,181	157,239	95,064	11,661	15,212	50.00
51.00	05100	RECOVERY ROOM	5,335	43,058	4,131	406	860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,775	98,214	32,362	2,684	2,548	52.00
53.00	05300	ANESTHESIOLOGY	3,546	0	9,618	2,084	2,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,511	39,550	40,538	8,356	5,403	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,699	10,618	4,948	181	2,468	55.00
56.00	05600	RADIOISOTOPE	1,939	2,792	110,314	313	1,177	56.00
57.00	05700	CT SCAN	4,562	10,420	14,134	127	5,345	57.00
58.00	05800	MRI	7,111	19,456	20,136	2,588	3,809	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,573	8,784	3,403	105	1,349	59.00
59.01	03650	VASCULAR LAB	839	0	158	1	497	59.01
59.02	03140	CARDIOLOGY	3,910	2,312	13,688	109	2,757	59.02
59.03	03560	PULMONARY FUNCTION TESTING	190	1,536	3,131	133	112	59.03
59.04	03290	ELECTROMYOGRAPHY	1,293	6,721	0	233	584	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	3,984	23,987	36,211	822	2,207	59.05
60.00	06000	LABORATORY	21,157	845	367,832	1,549	14,783	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	148,210	2,048	762	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,685	8,031	36,296	519	591	63.00
65.00	06500	RESPIRATORY THERAPY	6,792	6	25,115	2,868	1,288	65.00
66.00	06600	PHYSICAL THERAPY	2,429	0	5,264	0	285	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,727	0	127	0	164	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,715	611	3,170	0	752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	608,437	0	4,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	737,235	0	3,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,379,519	5,934	73.00
74.00	07400	RENAL DIALYSIS	2,058	14,101	2,989	24,717	386	74.00
76.97	07697	CARDIAC REHABILITATION	335	518	41	0	32	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,096	29,187	9,054	6,649	416	90.00
90.01	09001	PSYCH CLINIC	1,061	5,639	0	0	9	90.01
90.02	09002	TRANSPLANT CLINIC	2,637	7,186	1,316	80	69	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	814	3,369	176	0	147	90.04
91.00	09100	EMERGENCY	12,447	83,974	25,675	1,376	3,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,439	4,421	0	163	301	105.00
106.00	10600	HEART ACQUISITION	474	439	145	0	50	106.00
107.00	10700	LIVER ACQUISITION	626	1,135	14	0	131	107.00
108.00	10800	LUNG ACQUISITION	525	983	167	0	195	108.00
109.00	10900	PANCREAS ACQUISITION	120	640	0	0	26	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	331,274	1,452,617	2,603,480	2,501,940	98,486	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	179	0	0	0	0	190.00
191.00	19100	RESEARCH	1,297	6,695	1,030	33	0	191.00
191.01	19101	SPONSERED PROJECT	457	1,490	2,779	111	0	191.01
194.00	07950	REAL ESTATE	51	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	5,890	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	339,148	1,460,802	2,607,289	2,502,084	98,486	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	347,202					17.00
20.00	02000	NURSING PROGRAM	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		2,238,028			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			427,924		22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0				125,791	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0					23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)	0					23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)	0					23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)	0					23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0					23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)	0					23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	244,705					30.00
31.00	03100	INTENSIVE CARE UNIT	42,551					31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	21,899					35.00
40.00	04000	SUBPROVIDER - IPF	10,608					40.00
43.00	04300	NURSERY	27,439					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MRI	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
59.01	03650	VASCULAR LAB	0					59.01
59.02	03140	CARDIOLOGY	0					59.02
59.03	03560	PULMONARY FUNCTION TESTING	0					59.03
59.04	03290	ELECTROMYOGRAPHY	0					59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0					59.05
60.00	06000	LABORATORY	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.97	07697	CARDIAC REHABILITATION	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
90.01	09001	PSYCH CLINIC	0					90.01
90.02	09002	TRANSPLANT CLINIC	0					90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0					90.03
90.04	09004	COVID VACCINE CLINIC	0					90.04
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0					92.01

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Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
		17.00		20.00			23.00	
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	347,202	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00	19100	RESEARCH	0					191.00
191.01	19101	SPONSERED PROJECT	0					191.01
194.00	07950	REAL ESTATE	0					194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0					194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0					194.02
200.00		Cross Foot Adjustments		0	2,238,028	427,924	125,791	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	347,202	0	2,238,028	427,924	125,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM - (CHAPLAIN CY)	PARAMED ED PRGM - (RADIOGRA PHY)	PARAMED ED PRGM - (RADIATIO N THERAPY)	PARAMED ED PRGM - (NUCLEAR MEDICINE)	PARAMED ED PRGM - (SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	103,335					23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)		66,799				23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)			65,602			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)				66,010		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)					70,101	23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
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
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	03650	VASCULAR LAB						59.01
59.02	03140	CARDIOLOGY						59.02
59.03	03560	PULMONARY FUNCTION TESTING						59.03
59.04	03290	ELECTROMYOGRAPHY						59.04
59.05	03340	GASTRO INTESTINAL SERVICES						59.05
60.00	06000	LABORATORY						60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	PSYCH CLINIC						90.01
90.02	09002	TRANSPLANT CLINIC						90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT						90.03
90.04	09004	COVID VACCINE CLINIC						90.04
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			PARAMED ED PRGM - (CHAPLAIN CY)	PARAMED ED PRGM - (RADIOGRA PHY)	PARAMED ED PRGM - (RADIATIO N THERAPY)	PARAMED ED PRGM - (NUCLEAR MEDICINE)	PARAMED ED PRGM - (SONOGRAP HY)	
			23.01	23.02	23.03	23.04	23.05	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	SPONSERED PROJECT						191.01
194.00	07950	REAL ESTATE						194.00
194.01	07951	MARKETING, OTHER NON-REIMB						194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY						194.02
200.00		Cross Foot Adjustments	103,335	66,799	65,602	66,010	70,101	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	103,335	66,799	65,602	66,010	70,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			PARAMED ED PRGM- (NURSING PROGRAM)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)					23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)					23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)					23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)					23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)					23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)					23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	155,542				23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		34,133,581	0	34,133,581	30.00
31.00	03100	INTENSIVE CARE UNIT		8,575,743	0	8,575,743	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		2,856,673	0	2,856,673	35.00
40.00	04000	SUBPROVIDER - IPF		1,761,492	0	1,761,492	40.00
43.00	04300	NURSERY		797,613	0	797,613	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		13,427,201	0	13,427,201	50.00
51.00	05100	RECOVERY ROOM		1,259,575	0	1,259,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,723,030	0	3,723,030	52.00
53.00	05300	ANESTHESIOLOGY		707,566	0	707,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,179,127	0	6,179,127	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		2,465,450	0	2,465,450	55.00
56.00	05600	RADIOISOTOPE		1,842,192	0	1,842,192	56.00
57.00	05700	CT SCAN		1,781,407	0	1,781,407	57.00
58.00	05800	MRI		1,561,822	0	1,561,822	58.00
59.00	05900	CARDIAC CATHETERIZATION		442,709	0	442,709	59.00
59.01	03650	VASCULAR LAB		231,146	0	231,146	59.01
59.02	03140	CARDIOLOGY		996,111	0	996,111	59.02
59.03	03560	PULMONARY FUNCTION TESTING		288,611	0	288,611	59.03
59.04	03290	ELECTROMYOGRAPHY		554,001	0	554,001	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		2,439,446	0	2,439,446	59.05
60.00	06000	LABORATORY		7,269,448	0	7,269,448	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		1,786,663	0	1,786,663	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		440,776	0	440,776	63.00
65.00	06500	RESPIRATORY THERAPY		1,136,489	0	1,136,489	65.00
66.00	06600	PHYSICAL THERAPY		273,236	0	273,236	66.00
67.00	06700	OCCUPATIONAL THERAPY		425,759	0	425,759	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY		868,632	0	868,632	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2,947,319	0	2,947,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		3,924,149	0	3,924,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		6,690,394	0	6,690,394	73.00
74.00	07400	RENAL DIALYSIS		262,522	0	262,522	74.00
76.97	07697	CARDIAC REHABILITATION		27,384	0	27,384	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		3,143,918	0	3,143,918	90.00
90.01	09001	PSYCH CLINIC		1,643,719	0	1,643,719	90.01
90.02	09002	TRANSPLANT CLINIC		234,536	0	234,536	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		25,169	0	25,169	90.03
90.04	09004	COVID VACCINE CLINIC		62,487	0	62,487	90.04
91.00	09100	EMERGENCY		3,244,117	0	3,244,117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM- (NURSING PROGRAM)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.06	24.00	25.00	26.00		
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		662,665	0	662,665	105.00
106.00	10600	HEART ACQUISITION		203,091	0	203,091	106.00
107.00	10700	LIVER ACQUISITION		351,999	0	351,999	107.00
108.00	10800	LUNG ACQUISITION		313,670	0	313,670	108.00
109.00	10900	PANCREAS ACQUISITION		69,048	0	69,048	109.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	122,031,686	0	122,031,686	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		13,084	0	13,084	190.00
191.00	19100	RESEARCH		202,063	0	202,063	191.00
191.01	19101	SPONSERED PROJECT		173,484	0	173,484	191.01
194.00	07950	REAL ESTATE		7,171,716	0	7,171,716	194.00
194.01	07951	MARKETING, OTHER NON-REIMB		26,350,620	0	26,350,620	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY		0	0	0	194.02
200.00		Cross Foot Adjustments	155,542	3,319,132	0	3,319,132	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	155,542	159,261,785	0	159,261,785	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,750,058					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,750,058				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	490,124,790			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	220,348	220,348	33,566,384	-466,453,277	1,249,224,991	5.00
7.00	00700	OPERATION OF PLANT	1,604,036	1,604,036	1,118,073	0	81,230,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,982,819	8.00
9.00	00900	HOUSEKEEPING	25,954	25,954	11,006,524	0	14,356,122	9.00
10.00	01000	DIETARY	45,426	45,426	4,659,432	0	9,353,956	10.00
11.00	01100	CAFETERIA	0	0	4,135,026	0	7,934,295	11.00
13.00	01300	NURSING ADMINISTRATION	4,458	4,458	5,554,538	0	9,514,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,832	28,832	9,393,144	0	28,080,401	14.00
15.00	01500	PHARMACY	23,468	23,468	28,393,391	0	32,611,111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	654	654	641,268	0	905,736	16.00
17.00	01700	SOCIAL SERVICE	2,284	2,284	3,937,342	0	5,644,337	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,458	9,458	0	0	42,392,983	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	616,478	0	9,992,501	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	1,108	1,108	1,448,467	0	1,748,998	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	1,887	1,887	257,327	0	365,451	23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)	1,188	1,188	365,590	0	304,302	23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)	1,188	1,188	342,442	0	276,710	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)	1,188	1,188	350,336	0	286,119	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	1,188	1,188	429,421	0	380,389	23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	0	0	2,827,981	0	3,587,308	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	501,370	501,370	106,971,448	0	195,689,394	30.00
31.00	03100	INTENSIVE CARE UNIT	104,597	104,597	32,647,645	0	63,249,787	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	42,011	42,011	13,102,910	0	18,996,707	35.00
40.00	04000	SUBPROVIDER - IPF	31,188	31,188	3,830,466	0	5,529,125	40.00
43.00	04300	NURSERY	9,909	9,909	4,425,856	0	6,417,618	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	208,753	208,753	33,608,633	0	72,087,910	50.00
51.00	05100	RECOVERY ROOM	17,511	17,511	6,848,103	0	9,702,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,515	54,515	16,399,627	0	26,161,489	52.00
53.00	05300	ANESTHESIOLOGY	4,644	4,644	4,551,693	0	7,887,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,266	96,266	22,479,100	0	36,833,739	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	36,421	36,421	8,599,041	0	14,888,186	55.00
56.00	05600	RADIOISOTOPE	24,183	24,183	2,489,055	0	14,781,801	56.00
57.00	05700	CT SCAN	28,651	28,651	5,855,589	0	10,677,349	57.00
58.00	05800	MRI	18,197	18,197	9,128,105	0	15,958,474	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,515	5,515	2,019,370	0	3,964,040	59.00
59.01	03650	VASCULAR LAB	3,730	3,730	1,076,411	0	1,442,372	59.01
59.02	03140	CARDIOLOGY	12,931	12,931	5,019,064	0	7,985,404	59.02
59.03	03560	PULMONARY FUNCTION TESTING	5,486	5,486	244,532	0	852,136	59.03
59.04	03290	ELECTROMYOGRAPHY	9,423	9,423	1,660,051	0	2,459,778	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	39,085	39,085	5,113,857	0	12,284,804	59.05
60.00	06000	LABORATORY	64,812	64,812	27,159,683	0	90,728,241	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,887	21,887	0	0	15,203,741	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,446,972	0	9,014,206	63.00
65.00	06500	RESPIRATORY THERAPY	4,932	4,932	8,718,729	0	16,542,149	65.00
66.00	06600	PHYSICAL THERAPY	809	809	3,118,562	0	5,341,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,639	6,639	2,217,578	0	2,917,337	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,711	13,711	3,485,566	0	5,656,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	54,623,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	74,471,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100,714,521	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,642,334	0	4,771,449	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	429,944	0	618,989	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	54,708	54,708	7,825,451	0	14,633,046	90.00
90.01	09001	PSYCH CLINIC	481	481	1,361,729	0	3,312,893	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	3,384,677	0	5,199,078	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	420	420	0	0	146,257	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	1,045,151	0	1,356,454	90.04
91.00	09100	EMERGENCY	45,557	45,557	15,977,855	0	24,869,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,144	2,144	1,847,528	0	13,065,361	105.00
106.00	10600	HEART ACQUISITION	1,391	1,391	608,604	0	3,259,713	106.00
107.00	10700	LIVER ACQUISITION	912	912	804,153	0	7,229,007	107.00
108.00	10800	LUNG ACQUISITION	685	685	673,831	0	6,572,786	108.00
109.00	10900	PANCREAS ACQUISITION	138	138	154,259	0	1,451,584	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,446,277	3,446,277	480,016,326	-466,453,277	1,242,499,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	229,893	0	301,920	190.00
191.00	19100	RESEARCH	1,694	1,694	1,664,561	0	2,645,267	191.00
191.01	19101	SPONSERED PROJECT	0	0	586,331	0	3,778,613	191.01
194.00	07950	REAL ESTATE	0	0	66,076	-12,750,763	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	1,302,087	1,302,087	7,561,603	-73,293,712	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	65,372,091	30,734,364	94,106,247		466,453,277	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.762377	6.470313	0.192005		0.373394	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			425		53,396,739	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000001		0.042744	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,623,587				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	301,941			8.00
9.00	00900	HOUSEKEEPING	25,954	0	1,597,633		9.00
10.00	01000	DIETARY	45,426	0	45,426	259,035	10.00
11.00	01100	CAFETERIA	0	0	0	435,639,351	11.00
13.00	01300	NURSING ADMINISTRATION	4,458	0	4,458	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,832	0	28,832	0	14.00
15.00	01500	PHARMACY	23,468	0	23,468	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	654	0	654	0	16.00
17.00	01700	SOCIAL SERVICE	2,284	0	2,284	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,458	0	9,458	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	616,478	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	1,108	0	1,108	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	1,887	0	1,887	0	23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)	1,188	0	1,188	0	23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)	1,188	0	1,188	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)	1,188	0	1,188	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	1,188	0	1,188	0	23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)	0	0	0	2,827,981	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	501,370	212,806	501,370	212,806	30.00
31.00	03100	INTENSIVE CARE UNIT	104,597	37,004	104,597	37,004	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	42,011	19,044	42,011	0	35.00
40.00	04000	SUBPROVIDER - IPF	31,188	9,225	31,188	9,225	40.00
43.00	04300	NURSERY	9,909	23,862	9,909	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,753	0	208,753	0	50.00
51.00	05100	RECOVERY ROOM	17,511	0	17,511	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,515	0	54,515	0	52.00
53.00	05300	ANESTHESIOLOGY	4,644	0	4,644	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,266	0	96,266	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	36,421	0	36,421	0	55.00
56.00	05600	RADIOISOTOPE	24,183	0	24,183	0	56.00
57.00	05700	CT SCAN	28,651	0	28,651	0	57.00
58.00	05800	MRI	18,197	0	18,197	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,515	0	5,515	0	59.00
59.01	03650	VASCULAR LAB	3,730	0	3,730	0	59.01
59.02	03140	CARDIOLOGY	12,931	0	12,931	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	5,486	0	5,486	0	59.03
59.04	03290	ELECTROMYOGRAPHY	9,423	0	9,423	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	39,085	0	39,085	0	59.05
60.00	06000	LABORATORY	64,812	0	64,812	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,887	0	21,887	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,446,972	63.00
65.00	06500	RESPIRATORY THERAPY	4,932	0	4,932	0	65.00
66.00	06600	PHYSICAL THERAPY	809	0	809	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,639	0	6,639	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,711	0	13,711	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	2,642,334	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	429,944	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	54,708	0	54,708	0	90.00
90.01	09001	PSYCH CLINIC	481	0	481	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	3,384,677	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	420	0	420	0	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	1,045,151	90.04
91.00	09100	EMERGENCY	45,557	0	45,557	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				15,977,855	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,144	0	2,144	0	1,847,528	105.00
106.00	10600	HEART ACQUISITION	1,391	0	1,391	0	608,604	106.00
107.00	10700	LIVER ACQUISITION	912	0	912	0	804,153	107.00
108.00	10800	LUNG ACQUISITION	685	0	685	0	673,831	108.00
109.00	10900	PANCREAS ACQUISITION	138	0	138	0	154,259	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,621,893	301,941	1,595,939	259,035	425,530,887	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	229,893	190.00
191.00	19100	RESEARCH	1,694	0	1,694	0	1,664,561	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	586,331	191.01
194.00	07950	REAL ESTATE	0	0	0	0	66,076	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	7,561,603	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	111,561,804	5,469,980	21,499,994	16,579,347	10,896,913	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	68.713167	18.116056	13.457405	64.004274	0.025014	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,481,573	170,242	1,765,375	2,446,724	339,148	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.701577	0.563825	1.104994	9.445534	0.000779	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	193,567,614					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	263,384,896				14.00
15.00	01500	PHARMACY	0	2,022,289	105,902,264			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	677	0	9,174,467,189		16.00
17.00	01700	SOCIAL SERVICE	0	20	0	0	301,941	17.00
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	2,868	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)	0	0	0	0	0	23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,500,223	14,299,961	451,943	817,997,301	212,806	30.00
31.00	03100	INTENSIVE CARE UNIT	27,545,363	7,481,438	1,770,858	239,461,961	37,004	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,746,259	849,920	5,590	149,891,255	19,044	35.00
40.00	04000	SUBPROVIDER - IPF	1,807,293	30,350	27	26,315,942	9,225	40.00
43.00	04300	NURSERY	4,267,732	0	0	40,988,075	23,862	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,834,624	9,603,438	493,554	1,604,265,536	0	50.00
51.00	05100	RECOVERY ROOM	5,705,308	417,355	17,190	78,162,028	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,013,629	3,269,258	113,608	231,650,379	0	52.00
53.00	05300	ANESTHESIOLOGY	0	971,660	88,202	224,840,789	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,240,491	4,095,204	353,675	491,165,064	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,406,882	499,859	7,660	224,346,596	0	55.00
56.00	05600	RADIOISOTOPE	369,933	11,143,993	13,256	107,016,805	0	56.00
57.00	05700	CT SCAN	1,380,712	1,427,796	5,378	485,937,970	0	57.00
58.00	05800	MRI	2,577,997	2,034,173	109,525	346,272,362	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,163,849	343,761	4,457	122,597,631	0	59.00
59.01	03650	VASCULAR LAB	0	15,943	37	45,148,301	0	59.01
59.02	03140	CARDIOLOGY	306,331	1,382,740	4,596	250,621,250	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	203,520	316,256	5,634	10,163,837	0	59.03
59.04	03290	ELECTROMYOGRAPHY	890,520	0	9,880	53,132,873	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	3,178,303	3,658,072	34,777	200,612,045	0	59.05
60.00	06000	LABORATORY	111,949	37,158,530	65,584	1,343,914,284	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,972,237	86,671	69,246,068	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,064,179	3,666,679	21,985	53,736,286	0	63.00
65.00	06500	RESPIRATORY THERAPY	750	2,537,146	121,404	117,116,668	0	65.00
66.00	06600	PHYSICAL THERAPY	0	531,808	0	25,918,855	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,834	0	14,880,708	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80,914	320,236	0	68,385,355	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	61,464,536	0	368,604,195	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74,471,099	0	338,229,045	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100,714,521	539,479,830	0	73.00
74.00	07400	RENAL DIALYSIS	1,868,439	301,941	1,046,181	35,080,879	0	74.00
76.97	07697	CARDIAC REHABILITATION	68,612	4,141	18	2,913,504	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,867,387	914,590	281,440	37,784,320	0	90.00
90.01	09001	PSYCH CLINIC	747,189	42	0	844,056	0	90.01
90.02	09002	TRANSPLANT CLINIC	952,157	132,938	3,378	6,270,239	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	19	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	446,384	17,768	0	13,320,050	0	90.04
91.00	09100	EMERGENCY	11,126,811	2,593,680	58,253	324,281,887	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	585,834	0	6,903	27,363,225	0	105.00
106.00	10600 HEART ACQUISITION	58,111	14,600	0	4,590,798	0	106.00
107.00	10700 LIVER ACQUISITION	150,382	1,385	0	11,887,545	0	107.00
108.00	10800 LUNG ACQUISITION	130,244	16,882	0	17,688,092	0	108.00
109.00	10900 PANCREAS ACQUISITION	84,830	0	0	2,343,300	0	109.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	192,483,141	263,000,122	105,896,185	9,174,467,189	301,941	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	887,078	104,025	1,390	0	0	191.00
191.01	19101 SPONSERED PROJECT	197,395	280,748	4,689	0	0	191.01
194.00	07950 REAL ESTATE	0	0	0	0	0	194.00
194.01	07951 MARKETING, OTHER NON-REIMB	0	1	0	0	0	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	13,572,896	41,169,556	47,742,617	1,313,818	8,038,069	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.070120	0.156309	0.450818	0.000143	26.621323	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,460,802	2,607,289	2,502,084	98,486	347,202	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007547	0.009899	0.023626	0.000011	1.149900	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: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAIN CY) (PATIENT DA YS)	
			NURSING PROGRAM (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			20.00	21.00	22.00	23.00	23.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING PROGRAM	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		8,887			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,887		22.00
23.00	02300	PARAMED ED PRGM- (PHARMACY)				100	23.00
23.01	02301	PARAMED ED PRGM- (CHAPLAINCY)					23.01
23.02	02302	PARAMED ED PRGM- (RADIOGRAPHY)					23.02
23.03	02303	PARAMED ED PRGM- (RADIATION THERAPY)					23.03
23.04	02304	PARAMED ED PRGM- (NUCLEAR MEDICINE)					23.04
23.05	02305	PARAMED ED PRGM- (SONOGRAPHY)					23.05
23.06	02306	PARAMED ED PRGM- (NURSING PROGRAM)					23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,308	2,308	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	979	979	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	54	54	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	271	271	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,223	2,223	0	50.00
51.00	05100	RECOVERY ROOM	0	103	103	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	367	367	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15	15	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	674	674	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	215	215	0	55.00
56.00	05600	RADIOISOTOPE	0	29	29	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	58	58	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	89	89	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	33	33	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	56	56	0	59.05
60.00	06000	LABORATORY	0	549	549	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	42	42	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	29	29	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2	2	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	3	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24	24	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	1	1	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	328	328	0	90.00
90.01	09001	PSYCH CLINIC	0	50	50	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	50	50	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	306	306	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAIN CY) (PATIENT DA YS)	
			NURSING PROGRAM (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,858	8,858	100	259,035	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	29	29	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	58,999,437	13,739,510	2,529,340	663,401	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6,638.847418	1,546.023405	25,293.400000	2.561048	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,238,028	427,924	125,791	103,335	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	251.831664	48.151682	1,257.910000	0.398923	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000	207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			PARAMED ED PRGM-(RADIOGRA PHY) (ASSIGNED TIME)	PARAMED ED PRGM-(RADIATIO N THERAPY) (ASSIGNED TIME)	PARAMED ED PRGM-(NUCLEAR MEDICINE) (ASSIGNED TIME)	PARAMED ED PRGM-(SONOGRAP HY) (ASSIGNED TIME)	PARAMED ED PRGM-(NURSING PROGRAM) (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	02302	PARAMED ED PRGM-(RADIOGRAPHY)	100					23.02
23.03	02303	PARAMED ED PRGM-(RADIATION THERAPY)		100				23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MEDICINE)			100			23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				100		23.05
23.06	02306	PARAMED ED PRGM-(NURSING PROGRAM)					80,227	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	65,949	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	12,061	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	1,904	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	313	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	100	0	0	100	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	100	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	100	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		PARAMED ED PRGM - (RADIOGRA PHY) (ASSIGNED TIME)	PARAMED ED PRGM - (RADIATIO N THERAPY) (ASSIGNED TIME)	PARAMED ED PRGM - (NUCLEAR MEDICINE) (ASSIGNED TIME)	PARAMED ED PRGM - (SONOGRAP HY) (ASSIGNED TIME)	PARAMED ED PRGM - (NURSING PROGRAM) (ASSIGNED TIME)	
		23.02	23.03	23.04	23.05	23.06	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	80,227	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950 REAL ESTATE	0	0	0	0	0	194.00
194.01	07951 MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	524,690	486,216	499,335	630,784	4,997,526	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5,246.900000	4,862.160000	4,993.350000	6,307.840000	62.292321	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	66,799	65,602	66,010	70,101	155,542	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	667.990000	656.020000	660.100000	701.010000	1.938774	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:27 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	347,855,502		347,855,502	1,301,393	349,156,895	30.00
31.00	03100	INTENSIVE CARE UNIT	105,081,749		105,081,749	378,217	105,459,966	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	31,820,822		31,820,822	0	31,820,822	35.00
40.00	04000	SUBPROVIDER - IPF	11,414,232		11,414,232	0	11,414,232	40.00
43.00	04300	NURSERY	11,111,491		11,111,491	0	11,111,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	120,414,954		120,414,954	1,202,672	121,617,626	50.00
51.00	05100	RECOVERY ROOM	15,439,879		15,439,879	38,607	15,478,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,327,653		42,327,653	37,104	42,364,757	52.00
53.00	05300	ANESTHESIOLOGY	11,552,277		11,552,277	195,717	11,747,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,452,495		61,452,495	197,195	61,649,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,353,709		24,353,709	80,784	24,434,493	55.00
56.00	05600	RADIOISOTOPE	24,639,089		24,639,089	17,162	24,656,251	56.00
57.00	05700	CT SCAN	17,556,854		17,556,854	14,158	17,571,012	57.00
58.00	05800	MRI	24,238,481		24,238,481	7,384	24,245,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,102,755		6,102,755	0	6,102,755	59.00
59.01	03650	VASCULAR LAB	2,323,331		2,323,331	0	2,323,331	59.01
59.02	03140	CARDIOLOGY	12,430,727		12,430,727	31,699	12,462,426	59.02
59.03	03560	PULMONARY FUNCTION TESTING	1,694,920		1,694,920	9,418	1,704,338	59.03
59.04	03290	ELECTROMYOGRAPHY	4,268,557		4,268,557	58,885	4,327,442	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	21,050,450		21,050,450	98,716	21,149,166	59.05
60.00	06000	LABORATORY	136,648,442		136,648,442	226,679	136,875,121	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,068,464		25,068,464	0	25,068,464	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,131,629		13,131,629	0	13,131,629	63.00
65.00	06500	RESPIRATORY THERAPY	23,810,354	0	23,810,354	6,415	23,816,769	65.00
66.00	06600	PHYSICAL THERAPY	7,567,340	0	7,567,340	0	7,567,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,611,788	0	4,611,788	0	4,611,788	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,048,152		9,048,152	133,806	9,181,958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,679,760		84,679,760	0	84,679,760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,967,159		113,967,159	0	113,967,159	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,331,094		186,331,094	0	186,331,094	73.00
74.00	07400	RENAL DIALYSIS	7,274,039		7,274,039	5,848	7,279,887	74.00
76.97	07697	CARDIAC REHABILITATION	866,754		866,754	3,689	870,443	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,334,493		25,334,493	34,151	25,368,644	90.00
90.01	09001	PSYCH CLINIC	4,676,014		4,676,014	38,207	4,714,221	90.01
90.02	09002	TRANSPLANT CLINIC	7,315,011		7,315,011	349,188	7,664,199	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	235,383		235,383	0	235,383	90.03
90.04	09004	COVID VACCINE CLINIC	1,925,071		1,925,071	0	1,925,071	90.04
91.00	09100	EMERGENCY	39,557,175		39,557,175	294,822	39,851,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	34,006,596		34,006,596	0	34,006,596	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	18,214,380		18,214,380	0	18,214,380	105.00
106.00	10600	HEART ACQUISITION	4,613,406		4,613,406	0	4,613,406	106.00
107.00	10700	LIVER ACQUISITION	10,035,790		10,035,790	0	10,035,790	107.00
108.00	10800	LUNG ACQUISITION	9,114,468		9,114,468	0	9,114,468	108.00
109.00	10900	PANCREAS ACQUISITION	2,015,078		2,015,078	0	2,015,078	109.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	1,667,177,767	0	1,667,177,767	4,761,916	1,671,939,683	200.00
201.00		Less Observation Beds	34,006,596	0	34,006,596	0	34,006,596	201.00
202.00		Total (see instructions)	1,633,171,171	0	1,633,171,171	4,761,916	1,637,933,087	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:27 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	731,655,808		731,655,808		30.00
31.00	03100	INTENSIVE CARE UNIT	239,461,961		239,461,961		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	149,891,255		149,891,255		35.00
40.00	04000	SUBPROVIDER - IPF	26,315,942		26,315,942		40.00
43.00	04300	NURSERY	40,988,075		40,988,075		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	826,739,501	777,526,035	1,604,265,536	0.075059	50.00
51.00	05100	RECOVERY ROOM	33,445,867	44,716,161	78,162,028	0.197537	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	223,171,300	8,479,079	231,650,379	0.182722	52.00
53.00	05300	ANESTHESIOLOGY	107,332,816	117,507,973	224,840,789	0.051380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	151,893,852	339,271,212	491,165,064	0.125116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,616,139	210,730,457	224,346,596	0.108554	55.00
56.00	05600	RADIOISOTOPE	12,377,337	94,639,468	107,016,805	0.230236	56.00
57.00	05700	CT SCAN	152,596,125	333,341,845	485,937,970	0.036130	57.00
58.00	05800	MRI	55,077,186	291,195,176	346,272,362	0.069998	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,016,729	64,580,902	122,597,631	0.049779	59.00
59.01	03650	VASCULAR LAB	20,105,354	25,042,947	45,148,301	0.051460	59.01
59.02	03140	CARDIOLOGY	96,534,933	154,086,317	250,621,250	0.049600	59.02
59.03	03560	PULMONARY FUNCTION TESTING	2,740,477	7,423,360	10,163,837	0.166760	59.03
59.04	03290	ELECTROMYOGRAPHY	12,260,268	40,872,605	53,132,873	0.080337	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	18,599,558	182,012,487	200,612,045	0.104931	59.05
60.00	06000	LABORATORY	486,662,725	857,251,559	1,343,914,284	0.101679	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	56,958,816	12,287,252	69,246,068	0.362020	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,515,723	32,220,563	53,736,286	0.244372	63.00
65.00	06500	RESPIRATORY THERAPY	112,648,913	4,467,755	117,116,668	0.203305	65.00
66.00	06600	PHYSICAL THERAPY	22,509,346	3,409,509	25,918,855	0.291963	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,657,916	1,222,792	14,880,708	0.309917	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,745,351	27,640,004	68,385,355	0.132311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	214,872,036	153,732,159	368,604,195	0.229731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	201,521,489	136,707,556	338,229,045	0.336953	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	348,935,213	190,544,617	539,479,830	0.345390	73.00
74.00	07400	RENAL DIALYSIS	35,080,879	0	35,080,879	0.207351	74.00
76.97	07697	CARDIAC REHABILITATION	2,640	2,910,864	2,913,504	0.297495	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	283,074	37,501,246	37,784,320	0.670503	90.00
90.01	09001	PSYCH CLINIC	196,011	648,045	844,056	5.539933	90.01
90.02	09002	TRANSPLANT CLINIC	78,583	6,191,656	6,270,239	1.166624	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0.000000	90.03
90.04	09004	COVID VACCINE CLINIC	6,350	13,313,700	13,320,050	0.144524	90.04
91.00	09100	EMERGENCY	107,896,540	216,385,347	324,281,887	0.121984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	26,964,585	59,376,908	86,341,493	0.393862	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	27,356,799	6,426	27,363,225		105.00
106.00	10600	HEART ACQUISITION	4,590,798	0	4,590,798		106.00
107.00	10700	LIVER ACQUISITION	11,887,545	0	11,887,545		107.00
108.00	10800	LUNG ACQUISITION	17,688,092	0	17,688,092		108.00
109.00	10900	PANCREAS ACQUISITION	2,343,300	0	2,343,300		109.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	4,727,223,207	4,447,243,982	9,174,467,189		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,727,223,207	4,447,243,982	9,174,467,189		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:27 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
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	0.075809		50.00
51.00	05100	RECOVERY ROOM	0.198031		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182882		52.00
53.00	05300	ANESTHESIOLOGY	0.052250		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125517		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108914		55.00
56.00	05600	RADIOISOTOPE	0.230396		56.00
57.00	05700	CT SCAN	0.036159		57.00
58.00	05800	MRI	0.070020		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.049779		59.00
59.01	03650	VASCULAR LAB	0.051460		59.01
59.02	03140	CARDIOLOGY	0.049726		59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.167686		59.03
59.04	03290	ELECTROMYOGRAPHY	0.081446		59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.105423		59.05
60.00	06000	LABORATORY	0.101848		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.362020		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.244372		63.00
65.00	06500	RESPIRATORY THERAPY	0.203359		65.00
66.00	06600	PHYSICAL THERAPY	0.291963		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309917		67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134268		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.229731		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.336953		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345390		73.00
74.00	07400	RENAL DIALYSIS	0.207517		74.00
76.97	07697	CARDIAC REHABILITATION	0.298762		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.671407		90.00
90.01	09001	PSYCH CLINIC	5.585199		90.01
90.02	09002	TRANSPLANT CLINIC	1.222314		90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000		90.03
90.04	09004	COVID VACCINE CLINIC	0.144524		90.04
91.00	09100	EMERGENCY	0.122893		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.393862		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:27 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	347,855,502		347,855,502	1,301,393	349,156,895	30.00
31.00	03100	INTENSIVE CARE UNIT	105,081,749		105,081,749	378,217	105,459,966	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	31,820,822		31,820,822	0	31,820,822	35.00
40.00	04000	SUBPROVIDER - IPF	11,414,232		11,414,232	0	11,414,232	40.00
43.00	04300	NURSERY	11,111,491		11,111,491	0	11,111,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	120,414,954		120,414,954	1,202,672	121,617,626	50.00
51.00	05100	RECOVERY ROOM	15,439,879		15,439,879	38,607	15,478,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,327,653		42,327,653	37,104	42,364,757	52.00
53.00	05300	ANESTHESIOLOGY	11,552,277		11,552,277	195,717	11,747,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,452,495		61,452,495	197,195	61,649,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,353,709		24,353,709	80,784	24,434,493	55.00
56.00	05600	RADIOISOTOPE	24,639,089		24,639,089	17,162	24,656,251	56.00
57.00	05700	CT SCAN	17,556,854		17,556,854	14,158	17,571,012	57.00
58.00	05800	MRI	24,238,481		24,238,481	7,384	24,245,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,102,755		6,102,755	0	6,102,755	59.00
59.01	03650	VASCULAR LAB	2,323,331		2,323,331	0	2,323,331	59.01
59.02	03140	CARDIOLOGY	12,430,727		12,430,727	31,699	12,462,426	59.02
59.03	03560	PULMONARY FUNCTION TESTING	1,694,920		1,694,920	9,418	1,704,338	59.03
59.04	03290	ELECTROMYOGRAPHY	4,268,557		4,268,557	58,885	4,327,442	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	21,050,450		21,050,450	98,716	21,149,166	59.05
60.00	06000	LABORATORY	136,648,442		136,648,442	226,679	136,875,121	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,068,464		25,068,464	0	25,068,464	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,131,629		13,131,629	0	13,131,629	63.00
65.00	06500	RESPIRATORY THERAPY	23,810,354	0	23,810,354	6,415	23,816,769	65.00
66.00	06600	PHYSICAL THERAPY	7,567,340	0	7,567,340	0	7,567,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,611,788	0	4,611,788	0	4,611,788	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,048,152		9,048,152	133,806	9,181,958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,679,760		84,679,760	0	84,679,760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,967,159		113,967,159	0	113,967,159	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,331,094		186,331,094	0	186,331,094	73.00
74.00	07400	RENAL DIALYSIS	7,274,039		7,274,039	5,848	7,279,887	74.00
76.97	07697	CARDIAC REHABILITATION	866,754		866,754	3,689	870,443	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,334,493		25,334,493	34,151	25,368,644	90.00
90.01	09001	PSYCH CLINIC	4,676,014		4,676,014	38,207	4,714,221	90.01
90.02	09002	TRANSPLANT CLINIC	7,315,011		7,315,011	349,188	7,664,199	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	235,383		235,383	0	235,383	90.03
90.04	09004	COVID VACCINE CLINIC	1,925,071		1,925,071	0	1,925,071	90.04
91.00	09100	EMERGENCY	39,557,175		39,557,175	294,822	39,851,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	34,006,596		34,006,596	0	34,006,596	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	18,214,380		18,214,380	0	18,214,380	105.00
106.00	10600	HEART ACQUISITION	4,613,406		4,613,406	0	4,613,406	106.00
107.00	10700	LIVER ACQUISITION	10,035,790		10,035,790	0	10,035,790	107.00
108.00	10800	LUNG ACQUISITION	9,114,468		9,114,468	0	9,114,468	108.00
109.00	10900	PANCREAS ACQUISITION	2,015,078		2,015,078	0	2,015,078	109.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	1,667,177,767	0	1,667,177,767	4,761,916	1,671,939,683	200.00
201.00		Less Observation Beds	34,006,596	0	34,006,596	0	34,006,596	201.00
202.00		Total (see instructions)	1,633,171,171	0	1,633,171,171	4,761,916	1,637,933,087	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 1/26/2022 4:27 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	731,655,808		731,655,808			30.00
31.00	03100	INTENSIVE CARE UNIT	239,461,961		239,461,961			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	149,891,255		149,891,255			35.00
40.00	04000	SUBPROVIDER - IPF	26,315,942		26,315,942			40.00
43.00	04300	NURSERY	40,988,075		40,988,075			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	826,739,501	777,526,035	1,604,265,536	0.075059	0.000000	50.00
51.00	05100	RECOVERY ROOM	33,445,867	44,716,161	78,162,028	0.197537	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	223,171,300	8,479,079	231,650,379	0.182722	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	107,332,816	117,507,973	224,840,789	0.051380	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	151,893,852	339,271,212	491,165,064	0.125116	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,616,139	210,730,457	224,346,596	0.108554	0.000000	55.00
56.00	05600	RADIOISOTOPE	12,377,337	94,639,468	107,016,805	0.230236	0.000000	56.00
57.00	05700	CT SCAN	152,596,125	333,341,845	485,937,970	0.036130	0.000000	57.00
58.00	05800	MRI	55,077,186	291,195,176	346,272,362	0.069998	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,016,729	64,580,902	122,597,631	0.049779	0.000000	59.00
59.01	03650	VASCULAR LAB	20,105,354	25,042,947	45,148,301	0.051460	0.000000	59.01
59.02	03140	CARDIOLOGY	96,534,933	154,086,317	250,621,250	0.049600	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	2,740,477	7,423,360	10,163,837	0.166760	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	12,260,268	40,872,605	53,132,873	0.080337	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	18,599,558	182,012,487	200,612,045	0.104931	0.000000	59.05
60.00	06000	LABORATORY	486,662,725	857,251,559	1,343,914,284	0.101679	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	56,958,816	12,287,252	69,246,068	0.362020	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,515,723	32,220,563	53,736,286	0.244372	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	112,648,913	4,467,755	117,116,668	0.203305	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	22,509,346	3,409,509	25,918,855	0.291963	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,657,916	1,222,792	14,880,708	0.309917	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,745,351	27,640,004	68,385,355	0.132311	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	214,872,036	153,732,159	368,604,195	0.229731	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	201,521,489	136,707,556	338,229,045	0.336953	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	348,935,213	190,544,617	539,479,830	0.345390	0.000000	73.00
74.00	07400	RENAL DIALYSIS	35,080,879	0	35,080,879	0.207351	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	2,640	2,910,864	2,913,504	0.297495	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	283,074	37,501,246	37,784,320	0.670503	0.000000	90.00
90.01	09001	PSYCH CLINIC	196,011	648,045	844,056	5.539933	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	78,583	6,191,656	6,270,239	1.166624	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0.000000	0.000000	90.03
90.04	09004	COVID VACCINE CLINIC	6,350	13,313,700	13,320,050	0.144524	0.000000	90.04
91.00	09100	EMERGENCY	107,896,540	216,385,347	324,281,887	0.121984	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	26,964,585	59,376,908	86,341,493	0.393862	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	27,356,799	6,426	27,363,225			105.00
106.00	10600	HEART ACQUISITION	4,590,798	0	4,590,798			106.00
107.00	10700	LIVER ACQUISITION	11,887,545	0	11,887,545			107.00
108.00	10800	LUNG ACQUISITION	17,688,092	0	17,688,092			108.00
109.00	10900	PANCREAS ACQUISITION	2,343,300	0	2,343,300			109.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	4,727,223,207	4,447,243,982	9,174,467,189			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,727,223,207	4,447,243,982	9,174,467,189			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:27 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
59.01	03650	VASCULAR LAB	0.000000			59.01
59.02	03140	CARDIOLOGY	0.000000			59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000			59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000			59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000			59.05
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
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
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PSYCH CLINIC	0.000000			90.01
90.02	09002	TRANSPLANT CLINIC	0.000000			90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000			90.03
90.04	09004	COVID VACCINE CLINIC	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/26/2022 4:27 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	34,133,581	0	34,133,581	235,769	144.78	30.00
31.00	INTENSIVE CARE UNIT	8,575,743		8,575,743	37,004	231.75	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,856,673		2,856,673	19,044	150.00	35.00
40.00	SUBPROVIDER - IPF	1,761,492	0	1,761,492	9,225	190.95	40.00
43.00	NURSERY	797,613		797,613	23,862	33.43	43.00
200.00	Total (lines 30 through 199)	48,125,102		48,125,102	324,904		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	60,224	8,719,231				30.00
31.00	INTENSIVE CARE UNIT	10,657	2,469,760				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,522	290,626				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	72,403	11,479,617				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/26/2022 4:27 pm

			Title XVIII		Hospital	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	13,427,201	1,604,265,536	0.008370	243,995,537	2,042,243	50.00
51.00	05100	RECOVERY ROOM	1,259,575	78,162,028	0.016115	10,274,916	165,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,723,030	231,650,379	0.016072	167,565	2,693	52.00
53.00	05300	ANESTHESIOLOGY	707,566	224,840,789	0.003147	33,019,826	103,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,179,127	491,165,064	0.012581	46,660,811	587,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,465,450	224,346,596	0.010989	4,129,800	45,382	55.00
56.00	05600	RADIOISOTOPE	1,842,192	107,016,805	0.017214	4,557,289	78,449	56.00
57.00	05700	CT SCAN	1,781,407	485,937,970	0.003666	51,638,511	189,307	57.00
58.00	05800	MRI	1,561,822	346,272,362	0.004510	18,015,082	81,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	442,709	122,597,631	0.003611	25,358,800	91,571	59.00
59.01	03650	VASCULAR LAB	231,146	45,148,301	0.005120	6,989,925	35,788	59.01
59.02	03140	CARDIOLOGY	996,111	250,621,250	0.003975	33,319,486	132,445	59.02
59.03	03560	PULMONARY FUNCTION TESTING	288,611	10,163,837	0.028396	825,228	23,433	59.03
59.04	03290	ELECTROMYOGRAPHY	554,001	53,132,873	0.010427	6,251,978	65,189	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	2,439,446	200,612,045	0.012160	6,255,345	76,065	59.05
60.00	06000	LABORATORY	7,269,448	1,343,914,284	0.005409	143,069,735	773,864	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,786,663	69,246,068	0.025802	13,968,452	360,414	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	440,776	53,736,286	0.008203	5,583,895	45,805	63.00
65.00	06500	RESPIRATORY THERAPY	1,136,489	117,116,668	0.009704	29,896,655	290,117	65.00
66.00	06600	PHYSICAL THERAPY	273,236	25,918,855	0.010542	8,588,422	90,539	66.00
67.00	06700	OCCUPATIONAL THERAPY	425,759	14,880,708	0.028611	5,328,649	152,458	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	868,632	68,385,355	0.012702	11,894,642	151,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,947,319	368,604,195	0.007996	64,833,538	518,409	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,924,149	338,229,045	0.011602	98,888,123	1,147,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,690,394	539,479,830	0.012402	92,968,664	1,152,997	73.00
74.00	07400	RENAL DIALYSIS	262,522	35,080,879	0.007483	14,703,219	110,024	74.00
76.97	07697	CARDIAC REHABILITATION	27,384	2,913,504	0.009399	1,584	15	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,143,918	37,784,320	0.083207	158,904	13,222	90.00
90.01	09001	PSYCH CLINIC	1,643,719	844,056	1.947405	1,616	3,147	90.01
90.02	09002	TRANSPLANT CLINIC	234,536	6,270,239	0.037405	41,603	1,556	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	25,169	0	0.000000	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	62,487	13,320,050	0.004691	0	0	90.04
91.00	09100	EMERGENCY	3,244,117	324,281,887	0.010004	35,065,947	350,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,324,485	86,341,493	0.038504	12,900,271	496,712	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)		75,630,596	7,922,281,188		1,029,354,018	9,378,811	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/26/2022 4:27 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	4,653,122	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	846,077	0	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	118,605	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	23,626	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	5,641,430	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	4,653,122	235,769	19.74	60,224	30.00		
31.00	03100	INTENSIVE CARE UNIT		846,077	37,004	22.86	10,657	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT		118,605	19,044	6.23	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	23,626	9,225	2.56	1,522	40.00		
43.00	04300	NURSERY		0	23,862	0.00	0	43.00		
200.00		Total (lines 30 through 199)		5,641,430	324,904		72,403	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	1,188,822						30.00	
31.00	03100	INTENSIVE CARE UNIT	243,619						31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00	
40.00	04000	SUBPROVIDER - IPF	3,896						40.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	1,436,337						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:27 pm

			Title XVIII		Hospital		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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,497	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	1,155,474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	486,216	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	499,335	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
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	2,529,340	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	453,206	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	5,143,068	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:27 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	1,604,265,536	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	19,497	19,497	78,162,028	0.000249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	231,650,379	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	224,840,789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,155,474	1,155,474	491,165,064	0.002353	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	486,216	486,216	224,346,596	0.002167	55.00
56.00	05600	RADIOISOTOPE	0	499,335	499,335	107,016,805	0.004666	56.00
57.00	05700	CT SCAN	0	0	0	485,937,970	0.000000	57.00
58.00	05800	MRI	0	0	0	346,272,362	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	122,597,631	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	45,148,301	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	250,621,250	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	10,163,837	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	53,132,873	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	200,612,045	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	1,343,914,284	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	69,246,068	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	53,736,286	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	117,116,668	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,918,855	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,880,708	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	68,385,355	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	368,604,195	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	338,229,045	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,529,340	2,529,340	539,479,830	0.004688	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	35,080,879	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,913,504	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	37,784,320	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	844,056	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	6,270,239	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0.000000	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	13,320,050	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	324,281,887	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	453,206	453,206	86,341,493	0.005249	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	5,143,068	5,143,068	7,922,281,188		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:27 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	243,995,537	0	154,185,522	0	50.00	
51.00	05100	RECOVERY ROOM	0.000249	10,274,916	2,558	8,187,855	2,039	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	167,565	0	15,000	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	33,019,826	0	23,649,334	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002353	46,660,811	109,793	60,018,875	141,224	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002167	4,129,800	8,949	68,133,087	147,644	55.00	
56.00	05600	RADIOISOTOPE	0.004666	4,557,289	21,264	36,180,070	168,816	56.00	
57.00	05700	CT SCAN	0.000000	51,638,511	0	97,811,472	0	57.00	
58.00	05800	MRI	0.000000	18,015,082	0	71,064,047	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	25,358,800	0	25,575,993	0	59.00	
59.01	03650	VASCULAR LAB	0.000000	6,989,925	0	9,063,306	0	59.01	
59.02	03140	CARDIOLOGY	0.000000	33,319,486	0	47,143,716	0	59.02	
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	825,228	0	2,431,213	0	59.03	
59.04	03290	ELECTROMYOGRAPHY	0.000000	6,251,978	0	14,362,076	0	59.04	
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	6,255,345	0	40,293,236	0	59.05	
60.00	06000	LABORATORY	0.000000	143,069,735	0	63,389,038	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	13,968,452	0	3,116,197	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	5,583,895	0	9,769,731	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	29,896,655	0	1,179,303	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	8,588,422	0	448,974	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	5,328,649	0	159,320	0	67.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	11,894,642	0	5,823,947	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	64,833,538	0	41,218,393	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	98,888,123	0	40,196,148	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004688	92,968,664	435,837	55,109,183	258,352	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	14,703,219	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	1,584	0	1,168,992	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	158,904	0	10,641,822	0	90.00	
90.01	09001	PSYCH CLINIC	0.000000	1,616	0	42,016	0	90.01	
90.02	09002	TRANSPLANT CLINIC	0.000000	41,603	0	2,222,880	0	90.02	
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03	
90.04	09004	COVID VACCINE CLINIC	0.000000	0	0	4,923,325	0	90.04	
91.00	09100	EMERGENCY	0.000000	35,065,947	0	31,683,879	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.005249	12,900,271	67,714	14,574,165	76,500	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
200.00		Total (lines 50 through 199)		1,029,354,018	646,115	943,782,115	794,575	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/26/2022 4:27 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
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.075059	154,185,522	0	0	11,573,011	50.00
51.00	05100	RECOVERY ROOM	0.197537	8,187,855	0	0	1,617,404	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182722	15,000	0	0	2,741	52.00
53.00	05300	ANESTHESIOLOGY	0.051380	23,649,334	0	0	1,215,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125116	60,018,875	0	0	7,509,322	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108554	68,133,087	0	0	7,396,119	55.00
56.00	05600	RADIOISOTOPE	0.230236	36,180,070	0	0	8,329,955	56.00
57.00	05700	CT SCAN	0.036130	97,811,472	1	0	3,533,928	57.00
58.00	05800	MRI	0.069998	71,064,047	0	0	4,974,341	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.049779	25,575,993	0	0	1,273,147	59.00
59.01	03650	VASCULAR LAB	0.051460	9,063,306	0	0	466,398	59.01
59.02	03140	CARDIOLOGY	0.049600	47,143,716	0	0	2,338,328	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.166760	2,431,213	0	0	405,429	59.03
59.04	03290	ELECTROMYOGRAPHY	0.080337	14,362,076	0	0	1,153,806	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.104931	40,293,236	0	0	4,228,010	59.05
60.00	06000	LABORATORY	0.101679	63,389,038	269,775	0	6,445,334	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.362020	3,116,197	0	0	1,128,126	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.244372	9,769,731	0	0	2,387,449	63.00
65.00	06500	RESPIRATORY THERAPY	0.203305	1,179,303	0	0	239,758	65.00
66.00	06600	PHYSICAL THERAPY	0.291963	448,974	0	0	131,084	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309917	159,320	0	0	49,376	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132311	5,823,947	0	0	770,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.229731	41,218,393	2,251	0	9,469,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.336953	40,196,148	224,175	0	13,544,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345390	55,109,183	13,416	132,992	19,034,161	73.00
74.00	07400	RENAL DIALYSIS	0.207351	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.297495	1,168,992	0	0	347,769	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.670503	10,641,822	0	0	7,135,374	90.00
90.01	09001	PSYCH CLINIC	5.539933	42,016	0	0	232,766	90.01
90.02	09002	TRANSPLANT CLINIC	1.166624	2,222,880	0	0	2,593,265	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0.144524	4,923,325	0	0	711,539	90.04
91.00	09100	EMERGENCY	0.121984	31,683,879	0	0	3,864,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.393862	14,574,165	0	0	5,740,210	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		943,782,115	509,618	132,992	129,842,107	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		943,782,115	509,618	132,992	129,842,107	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021	Worksheet D Part V Date/Time Prepared: 1/26/2022 4:27 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
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	03650	VASCULAR LAB	0	0		59.01
59.02	03140	CARDIOLOGY	0	0		59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0		59.03
59.04	03290	ELECTROMYOGRAPHY	0	0		59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0		59.05
60.00	06000	LABORATORY	27,430	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	517	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,536	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,634	45,934		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PSYCH CLINIC	0	0		90.01
90.02	09002	TRANSPLANT CLINIC	0	0		90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0		90.03
90.04	09004	COVID VACCINE CLINIC	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	108,117	45,934		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	108,117	45,934		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2020

Part II

To 08/31/2021

Date/Time Prepared:
1/26/2022 4:27 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	13,427,201	1,604,265,536	0.008370	80	1
51.00	05100	RECOVERY ROOM	1,259,575	78,162,028	0.016115	163,818	2,640
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,723,030	231,650,379	0.016072	0	0
53.00	05300	ANESTHESIOLOGY	707,566	224,840,789	0.003147	146,994	463
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,179,127	491,165,064	0.012581	14,820	186
55.00	05500	RADIOLOGY-THERAPEUTIC	2,465,450	224,346,596	0.010989	0	0
56.00	05600	RADIOISOTOPE	1,842,192	107,016,805	0.017214	14,455	249
57.00	05700	CT SCAN	1,781,407	485,937,970	0.003666	52,158	191
58.00	05800	MRI	1,561,822	346,272,362	0.004510	66,292	299
59.00	05900	CARDIAC CATHETERIZATION	442,709	122,597,631	0.003611	0	0
59.01	03650	VASCULAR LAB	231,146	45,148,301	0.005120	4,820	25
59.02	03140	CARDIOLOGY	996,111	250,621,250	0.003975	37,761	150
59.03	03560	PULMONARY FUNCTION TESTING	288,611	10,163,837	0.028396	0	0
59.04	03290	ELECTROMYOGRAPHY	554,001	53,132,873	0.010427	0	0
59.05	03340	GASTRO INTESTINAL SERVICES	2,439,446	200,612,045	0.012160	0	0
60.00	06000	LABORATORY	7,269,448	1,343,914,284	0.005409	298,101	1,612
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,786,663	69,246,068	0.025802	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	440,776	53,736,286	0.008203	109	1
65.00	06500	RESPIRATORY THERAPY	1,136,489	117,116,668	0.009704	669	6
66.00	06600	PHYSICAL THERAPY	273,236	25,918,855	0.010542	6,197	65
67.00	06700	OCCUPATIONAL THERAPY	425,759	14,880,708	0.028611	823	24
70.00	07000	ELECTROENCEPHALOGRAPHY	868,632	68,385,355	0.012702	12,558	160
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,947,319	368,604,195	0.007996	9,135	73
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,924,149	338,229,045	0.011602	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,690,394	539,479,830	0.012402	156,309	1,939
74.00	07400	RENAL DIALYSIS	262,522	35,080,879	0.007483	0	0
76.97	07697	CARDIAC REHABILITATION	27,384	2,913,504	0.009399	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,143,918	37,784,320	0.083207	0	0
90.01	09001	PSYCH CLINIC	1,643,719	844,056	1.947405	12,524	24,389
90.02	09002	TRANSPLANT CLINIC	234,536	6,270,239	0.037405	0	0
90.03	09003	MEDICINE THERAPY MANAGEMENT	25,169	0	0.000000	0	0
90.04	09004	COVID VACCINE CLINIC	62,487	13,320,050	0.004691	0	0
91.00	09100	EMERGENCY	3,244,117	324,281,887	0.010004	231,297	2,314
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	86,341,493	0.000000	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	72,306,111	7,922,281,188		1,228,920	34,787

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/26/2022 4:27 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	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	19,497	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	1,155,474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	486,216	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	499,335	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
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	2,529,340	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC		0	0	0	0	0	90.04
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	4,689,862	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/26/2022 4:27 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	0	1,604,265,536	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	19,497	19,497	19,497	78,162,028	0.000249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	231,650,379	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	224,840,789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,155,474	1,155,474	1,155,474	491,165,064	0.002353	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	486,216	486,216	486,216	224,346,596	0.002167	55.00
56.00	05600	RADIOISOTOPE	0	499,335	499,335	499,335	107,016,805	0.004666	56.00
57.00	05700	CT SCAN	0	0	0	0	485,937,970	0.000000	57.00
58.00	05800	MRI	0	0	0	0	346,272,362	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	122,597,631	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	45,148,301	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	250,621,250	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	10,163,837	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	53,132,873	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	200,612,045	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	0	1,343,914,284	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	69,246,068	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	53,736,286	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	117,116,668	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	25,918,855	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	14,880,708	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	68,385,355	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	368,604,195	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	338,229,045	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,529,340	2,529,340	2,529,340	539,479,830	0.004688	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	35,080,879	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,913,504	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	37,784,320	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	844,056	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	6,270,239	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	0.000000	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	13,320,050	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	0	324,281,887	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	86,341,493	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	4,689,862	4,689,862	4,689,862	7,922,281,188		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2020
To 08/31/2021Part IV
Date/Time Prepared:
1/26/2022 4:27 pm

Title XVIII				Subprovider - IPF		PPS	
Cost Center Description				Outpatient Program Charges	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
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 Pass-Through Costs (col. 9 x col. 12)	
9.00				10.00	11.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	80	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000249	163,818	41	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	146,994	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002353	14,820	35	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002167	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.004666	14,455	67	0	56.00
57.00	05700	CT SCAN	0.000000	52,158	0	0	57.00
58.00	05800	MRI	0.000000	66,292	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
59.01	03650	VASCULAR LAB	0.000000	4,820	0	0	59.01
59.02	03140	CARDIOLOGY	0.000000	37,761	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	59.05
60.00	06000	LABORATORY	0.000000	298,101	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	109	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	669	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,197	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	823	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	12,558	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	9,135	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004688	156,309	733	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0.000000	12,524	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0.000000	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	231,297	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
200.00		Total (lines 50 through 199)		1,228,920	876	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0281

Period:

Worksheet D

Component CCN: 14-S281

From 09/01/2020
To 08/31/2021Part V
Date/Time Prepared:
1/26/2022 4:27 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	0.075059	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.197537	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.182722	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.051380	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125116	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.108554	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.230236	0	0	0	0 56.00
57.00	05700 CT SCAN	0.036130	0	0	0	0 57.00
58.00	05800 MRI	0.069998	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.049779	0	0	0	0 59.00
59.01	03650 VASCULAR LAB	0.051460	0	0	0	0 59.01
59.02	03140 CARDIOLOGY	0.049600	0	0	0	0 59.02
59.03	03560 PULMONARY FUNCTION TESTING	0.166760	0	0	0	0 59.03
59.04	03290 ELECTROMYOGRAPHY	0.080337	0	0	0	0 59.04
59.05	03340 GASTRO INTESTINAL SERVICES	0.104931	0	0	0	0 59.05
60.00	06000 LABORATORY	0.101679	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.362020	0	0	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.244372	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.203305	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.291963	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.309917	0	0	0	0 67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132311	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.229731	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.336953	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.345390	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.207351	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.297495	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.670503	0	0	0	0 90.00
90.01	09001 PSYCH CLINIC	5.539933	0	0	0	0 90.01
90.02	09002 TRANSPLANT CLINIC	1.166624	0	0	0	0 90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0 90.03
90.04	09004 COVID VACCINE CLINIC	0.144524	0	0	0	0 90.04
91.00	09100 EMERGENCY	0.121984	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.393862	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
200.00	Subtotal (see instructions)		0	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part V Date/Time Prepared: 1/26/2022 4:27 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
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
59.01	03650	VASCULAR LAB	0	0					59.01
59.02	03140	CARDIOLOGY	0	0					59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0					59.03
59.04	03290	ELECTROMYOGRAPHY	0	0					59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0					59.05
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0					90.00
90.01	09001	PSYCH CLINIC	0	0					90.01
90.02	09002	TRANSPLANT CLINIC	0	0					90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0					90.03
90.04	09004	COVID VACCINE CLINIC	0	0					90.04
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
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 OTHER PASS THROUGH COSTS					Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/26/2022 4:27 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	4,653,122	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	846,077	0	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	118,605	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	23,626	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	5,641,430	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	4,653,122	235,769	19.74	11,621	30.00		
31.00	03100	INTENSIVE CARE UNIT		846,077	37,004	22.86	654	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT		118,605	19,044	6.23	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	23,626	9,225	2.56	405	40.00		
43.00	04300	NURSERY		0	23,862	0.00	2,110	43.00		
200.00		Total (lines 30 through 199)		5,641,430	324,904		14,790	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	229,399						30.00	
31.00	03100	INTENSIVE CARE UNIT	14,950						31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00	
40.00	04000	SUBPROVIDER - IPF	1,037						40.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	245,386						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:27 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	19,497	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	1,155,474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	486,216	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	499,335	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
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	2,529,340	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	453,206	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	5,143,068	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:27 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	1,604,265,536	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	19,497	19,497	78,162,028	0.000249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	231,650,379	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	224,840,789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,155,474	1,155,474	491,165,064	0.002353	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	486,216	486,216	224,346,596	0.002167	55.00
56.00	05600	RADIOISOTOPE	0	499,335	499,335	107,016,805	0.004666	56.00
57.00	05700	CT SCAN	0	0	0	485,937,970	0.000000	57.00
58.00	05800	MRI	0	0	0	346,272,362	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	122,597,631	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	45,148,301	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	250,621,250	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	10,163,837	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	53,132,873	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	200,612,045	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	1,343,914,284	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	69,246,068	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	53,736,286	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	117,116,668	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,918,855	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,880,708	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	68,385,355	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	368,604,195	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	338,229,045	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,529,340	2,529,340	539,479,830	0.004688	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	35,080,879	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,913,504	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	37,784,320	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	844,056	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	6,270,239	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0.000000	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	13,320,050	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	324,281,887	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	453,206	453,206	86,341,493	0.005249	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)		0	5,143,068	5,143,068	7,922,281,188		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000249	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002353	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002167	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.004666	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0.000000	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0.000000	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	59.05
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004688	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.005249	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/26/2022 4:27 pm	
				Title XIX		Subprovider - IPF		Cost	
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	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	19,497	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	1,155,474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	486,216	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	499,335	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB		0	0	0	0	0	59.01
59.02	03140	CARDIOLOGY		0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY		0	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	59.05
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
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	2,529,340	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC		0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC		0	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT		0	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC		0	0	0	0	0	90.04
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	4,689,862	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/26/2022 4:27 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	1,604,265,536	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	19,497	19,497	19,497	78,162,028	0.000249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	231,650,379	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	224,840,789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,155,474	1,155,474	1,155,474	491,165,064	0.002353	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	486,216	486,216	486,216	224,346,596	0.002167	55.00
56.00	05600	RADIOISOTOPE	0	499,335	499,335	499,335	107,016,805	0.004666	56.00
57.00	05700	CT SCAN	0	0	0	0	485,937,970	0.000000	57.00
58.00	05800	MRI	0	0	0	0	346,272,362	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	122,597,631	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	45,148,301	0.000000	59.01
59.02	03140	CARDIOLOGY	0	0	0	0	250,621,250	0.000000	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	10,163,837	0.000000	59.03
59.04	03290	ELECTROMYOGRAPHY	0	0	0	0	53,132,873	0.000000	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	200,612,045	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	0	1,343,914,284	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	69,246,068	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	53,736,286	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	117,116,668	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	25,918,855	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	14,880,708	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	68,385,355	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	368,604,195	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	338,229,045	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,529,340	2,529,340	2,529,340	539,479,830	0.004688	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	35,080,879	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,913,504	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	37,784,320	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	844,056	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	6,270,239	0.000000	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0	0	0	0	0	0.000000	90.03
90.04	09004	COVID VACCINE CLINIC	0	0	0	0	13,320,050	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	0	324,281,887	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	86,341,493	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	4,689,862	4,689,862	4,689,862	7,922,281,188		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0281

Component CCN: 14-S281

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description			Title XIX		Subprovider - IPF		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000249	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002353	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002167	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.004666	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0.000000	0	0	0	0	59.01
59.02	03140	CARDIOLOGY	0.000000	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	59.03
59.04	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	59.05
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004688	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 4:27 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		235,769	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		235,769	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)		212,806	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)		60,224	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)		349,156,895	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)		349,156,895	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)		349,156,895	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)		1,480.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		89,187,528	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)		89,187,528	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	105,459,966	37,004	2,849.96	10,657	30,372,024		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,820,822	19,044	1,670.91	0	0		47.00
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					163,121,173		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					282,680,725		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)					12,621,432		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,024,926		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					22,646,358		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					260,034,367		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)					22,963		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,480.93		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					34,006,596		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:27 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	34,133,581	349,156,895	0.097760	34,006,596	3,324,485	90.00
91.00	Nursing Program cost	0	349,156,895	0.000000	34,006,596	0	91.00
92.00	Allied health cost	4,653,122	349,156,895	0.013327	34,006,596	453,206	92.00
93.00	All other Medical Education	0	349,156,895	0.000000	34,006,596	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 4:27 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)		9,225	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,225	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)		9,225	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)		1,522	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)		11,414,232	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)		11,414,232	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)		11,414,232	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)		1,237.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,883,201	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)		1,883,201	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 4:27 pm
			Title XVIII	Subprovider - IPF	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	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description					
	1.00				
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					242,706
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,125,907
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					294,522
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,663
52.00 Total Program excludable cost (sum of lines 50 and 51)					330,185
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,795,722
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)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2020 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/26/2022 4:27 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	1,761,492	11,414,232	0.154324	0	0	90.00
91.00	Nursing Program cost	0	11,414,232	0.000000	0	0	91.00
92.00	Allied health cost	23,626	11,414,232	0.002070	0	0	92.00
93.00	All other Medical Education	0	11,414,232	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:27 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)	235,769	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	235,769	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)	212,806	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	11,621	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)	23,862	15.00
16.00	Nursery days (title V or XIX only)	2,110	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)	347,855,502	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)	347,855,502	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)	347,855,502	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)	1,475.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	17,145,740	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)	17,145,740	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:27 pm

		Title XIX		Hospital		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)	11,111,491	23,862	465.66	2,110	982,543	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	105,081,749	37,004	2,839.74	654	1,857,190	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	31,820,822	19,044	1,670.91	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)						19,985,473	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)						22,963	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,475.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						33,879,840	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0281

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

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Title XIX		Hospital		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	34,133,581	347,855,502	0.098126	33,879,840	3,324,493	90.00
91.00	Nursing Program cost	0	347,855,502	0.000000	33,879,840	0	91.00
92.00	Allied health cost	4,653,122	347,855,502	0.013377	33,879,840	453,211	92.00
93.00	All other Medical Education	0	347,855,502	0.000000	33,879,840	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 4:27 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)			9,225 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,225 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)			9,225 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)			405 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)			23,862 15.00
16.00	Nursery days (title V or XIX only)			2,110 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)			11,414,232 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)			11,414,232 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)			11,414,232 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)			1,237.32 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			501,115 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)			501,115 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 4:27 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		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						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					501,115	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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2020 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/26/2022 4:27 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	1,761,492	11,414,232	0.154324	0	0	90.00
91.00	Nursing Program cost	0	11,414,232	0.000000	0	0	91.00
92.00	Allied health cost	23,626	11,414,232	0.002070	0	0	92.00
93.00	All other Medical Education	0	11,414,232	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00 Total cost of services rendered	100.00	0				1.00
Hospital Inpatient Routine Services:						
2.00 ADULTS & PEDIATRICS	95.01	0	235,769	0.00	0	2.00
3.00 INTENSIVE CARE UNIT	0.00	0	37,004	0.00	0	3.00
4.00 CORONARY CARE UNIT						4.00
5.00 BURN INTENSIVE CARE UNIT						5.00
6.00 SURGICAL INTENSIVE CARE UNIT	0.00	0	0	0.00	0	6.00
7.00 NEONATAL INTENSIVE CARE UNIT	0.00	0	19,044	0.00	0	7.00
8.00 NURSERY	0.00	0	23,862	0.00	0	8.00
9.00 Subtotal (sum of lines 2 through 8)	95.01	0				9.00
10.00 SUBPROVIDER - IPF	0.00	0	9,225	0.00	0	10.00
11.00 SUBPROVIDER - IRF						11.00
12.00 SUBPROVIDER						12.00
13.00 SKILLED NURSING FACILITY						13.00
14.00 NURSING FACILITY						14.00
15.00 OTHER LONG TERM CARE						15.00
16.00 HOME HEALTH AGENCY						16.00
17.00 CMHC						17.00
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00 HOSPICE	0.00	0				19.00
20.00 Subtotal (sum of lines 9 through 19)	95.01	0				20.00
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V	
	1.00	2.00	3.00	4.00	5.00	
Hospital Outpatient Services:						
21.00 RURAL HEALTH CLINIC						21.00
22.00 FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00 CLINIC	4.99	0	37,784,320	0.000000	0	23.00
23.01 PSYCH CLINIC	0.00	0	844,056	0.000000	0	23.01
23.02 TRANSPLANT CLINIC	0.00	0	6,270,239	0.000000	0	23.02
23.03 MEDICINE THERAPY MANAGEMENT	0.00	0	0	0.000000	0	23.03
23.04 COVID VACCINE CLINIC	0.00	0	13,320,050	0.000000	0	23.04
24.00 EMERGENCY	0.00	0	324,281,887	0.000000	0	24.00
25.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.00	0	86,341,493	0.000000	0	25.00
25.01 OBSERVATION BEDS (DISTINCT PART)	0.00	0	0	0.000000	0	25.01
26.00 OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00 Subtotal (sum of lines 21 through 26)	4.99	0				27.00
28.00 Total (sum of lines 20 and 27)	100.00	0				28.00
Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00 ADULTS & PEDIATRICS	0	0	0	0	0.00	29.00
30.00 Swing Bed - SNF		0	0	0	0.00	30.00
31.00 Swing Bed - NF		0				31.00
32.00 INTENSIVE CARE UNIT	0		0	0	0.00	32.00
33.00 CORONARY CARE UNIT						33.00
34.00 BURN INTENSIVE CARE UNIT						34.00
35.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	35.00
36.00 NEONATAL INTENSIVE CARE UNIT	0		0	0	0.00	36.00
37.00 Subtotal (sum of lines 29, and 32 through 36)	0		0			37.00
38.00 SUBPROVIDER - IPF	0	0	0	0	0.00	38.00
39.00 SUBPROVIDER - IRF						39.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)	0		0			42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, -)		
		1.00		2.00	3.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)							
	Hospital						
43.00	Inpatient	col. 9, line 9.00			line 37.00		43.00
44.00	Outpatient	col. 9, line 27.00					44.00
45.00	Total Hospital (sum of lines 43 and 44)						45.00
46.00	SUBPROVIDER - IPF	col. 9, line 10.00			col. 9, line 38.00		46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
		Title XVIII, Part B Only less Part A Coverage but no Part B Coverage	Title XIX				
		6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM							
1.00	Total cost of services rendered						1.00
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	60,224	11,621	0	0	0	2.00
3.00	INTENSIVE CARE UNIT	10,657	654	0	0	0	3.00
4.00	CORONARY CARE UNIT						4.00
5.00	BURN INTENSIVE CARE UNIT						5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	NURSERY		2,110	0		0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	0	9.00
10.00	SUBPROVIDER - IPF	1,522	405	0	0	0	10.00
11.00	SUBPROVIDER - IRF						11.00
12.00	SUBPROVIDER						12.00
13.00	SKILLED NURSING FACILITY						13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC						21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00	CLINIC	12,124,999	0	0	0	0	23.00
23.01	PSYCH CLINIC	2,377,759	0	0	0	0	23.01
23.02	TRANSPLANT CLINIC	5,179,164	0	0	0	0	23.02
23.03	MEDICINE THERAPY MANAGEMENT	1,012	0	0	0	0	23.03
23.04	COVID VACCINE CLINIC	4,923,325	0	0	0	0	23.04
24.00	EMERGENCY	124,706,991	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	46,338,539	0	0	0	0	25.00
25.01	OBSERVATION BEDS (DISTINCT PART)	1,674,956	0	0	0	0	25.01
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
		6.00	7.00	11.00			
		PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)					
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0			29.00
30.00	Swing Bed - SNF	0	0				30.00
31.00	Swing Bed - NF						31.00
32.00	INTENSIVE CARE UNIT	0	0	0			32.00
33.00	CORONARY CARE UNIT						33.00
34.00	BURN INTENSIVE CARE UNIT						34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			35.00
36.00	NEONATAL INTENSIVE CARE UNIT	0	0	0			36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)		0	0			37.00
38.00	SUBPROVIDER - IPF	0	0	0			38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)		0	0			42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22	0	45.00
46.00	SUBPROVIDER - IPF	0	line 22	0	46.00
47.00	SUBPROVIDER - IRF				47.00
48.00	SUBPROVIDER				48.00
49.00	SKILLED NURSING FACILITY				49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/26/2022 4:27 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		166,049,168		30.00
31.00	03100	INTENSIVE CARE UNIT		60,266,221		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
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	0.075809	243,995,537	18,497,058	50.00
51.00	05100	RECOVERY ROOM	0.198031	10,274,916	2,034,752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182882	167,565	30,645	52.00
53.00	05300	ANESTHESIOLOGY	0.052250	33,019,826	1,725,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125517	46,660,811	5,856,725	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108914	4,129,800	449,793	55.00
56.00	05600	RADIOISOTOPE	0.230396	4,557,289	1,049,981	56.00
57.00	05700	CT SCAN	0.036159	51,638,511	1,867,197	57.00
58.00	05800	MRI	0.070020	18,015,082	1,261,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.049779	25,358,800	1,262,336	59.00
59.01	03650	VASCULAR LAB	0.051460	6,989,925	359,702	59.01
59.02	03140	CARDIOLOGY	0.049726	33,319,486	1,656,845	59.02
59.03	03560	PULMONARY FUNCTION TESTING	0.167686	825,228	138,379	59.03
59.04	03290	ELECTROMYOGRAPHY	0.081446	6,251,978	509,199	59.04
59.05	03340	GASTRO INTESTINAL SERVICES	0.105423	6,255,345	659,457	59.05
60.00	06000	LABORATORY	0.101848	143,069,735	14,571,366	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.362020	13,968,452	5,056,859	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.244372	5,583,895	1,364,548	63.00
65.00	06500	RESPIRATORY THERAPY	0.203359	29,896,655	6,079,754	65.00
66.00	06600	PHYSICAL THERAPY	0.291963	8,588,422	2,507,501	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309917	5,328,649	1,651,439	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134268	11,894,642	1,597,070	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.229731	64,833,538	14,894,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.336953	98,888,123	33,320,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345390	92,968,664	32,110,447	73.00
74.00	07400	RENAL DIALYSIS	0.207517	14,703,219	3,051,168	74.00
76.97	07697	CARDIAC REHABILITATION	0.298762	1,584	473	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.671407	158,904	106,689	90.00
90.01	09001	PSYCH CLINIC	5.585199	1,616	9,026	90.01
90.02	09002	TRANSPLANT CLINIC	1.222314	41,603	50,852	90.02
90.03	09003	MEDICINE THERAPY MANAGEMENT	0.000000	0	0	90.03
90.04	09004	COVID VACCINE CLINIC	0.144524	0	0	90.04
91.00	09100	EMERGENCY	0.122893	35,065,947	4,309,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.393862	12,900,271	5,080,927	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,029,354,018	163,121,173	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)		1,029,354,018		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/26/2022 4:27 pm	
		Component CCN: 14-S281			
		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
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF		3,960,291		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.075809	80	6	50.00
51.00	05100 RECOVERY ROOM	0.198031	163,818	32,441	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.182882	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.052250	146,994	7,680	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125517	14,820	1,860	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.108914	0	0	55.00
56.00	05600 RADIOISOTOPE	0.230396	14,455	3,330	56.00
57.00	05700 CT SCAN	0.036159	52,158	1,886	57.00
58.00	05800 MRI	0.070020	66,292	4,642	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.049779	0	0	59.00
59.01	03650 VASCULAR LAB	0.051460	4,820	248	59.01
59.02	03140 CARDIOLOGY	0.049726	37,761	1,878	59.02
59.03	03560 PULMONARY FUNCTION TESTING	0.167686	0	0	59.03
59.04	03290 ELECTROMYOGRAPHY	0.081446	0	0	59.04
59.05	03340 GASTRO INTESTINAL SERVICES	0.105423	0	0	59.05
60.00	06000 LABORATORY	0.101848	298,101	30,361	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.362020	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.244372	109	27	63.00
65.00	06500 RESPIRATORY THERAPY	0.203359	669	136	65.00
66.00	06600 PHYSICAL THERAPY	0.291963	6,197	1,809	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.309917	823	255	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134268	12,558	1,686	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.229731	9,135	2,099	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.336953	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.345390	156,309	53,988	73.00
74.00	07400 RENAL DIALYSIS	0.207517	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.298762	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.671407	0	0	90.00
90.01	09001 PSYCH CLINIC	5.585199	12,524	69,949	90.01
90.02	09002 TRANSPLANT CLINIC	1.222314	0	0	90.02
90.03	09003 MEDICINE THERAPY MANAGEMENT	0.000000	0	0	90.03
90.04	09004 COVID VACCINE CLINIC	0.144524	0	0	90.04
91.00	09100 EMERGENCY	0.122893	231,297	28,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.393862	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,228,920	242,706	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)		1,228,920		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 1/26/2022 4:27 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	376,216	1,480.93	145	214,735	1.00
2.00	INTENSIVE CARE UNIT	43.00	23,925	2,849.96	4	11,400	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,670.91	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		400,141		149	226,135	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.075059	9,546,185	716,527	8.00
9.00	RECOVERY ROOM		51.00	0.197537	652,300	128,853	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.182722	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.051380	891,106	45,785	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125116	303,986	38,034	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.108554	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230236	1,222,942	281,565	14.00
15.00	CT SCAN		57.00	0.036130	1,594,857	57,622	15.00
16.00	MRI		58.00	0.069998	33,915	2,374	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.049779	0	0	17.00
17.01	VASCULAR LAB		59.01	0.051460	8,998	463	17.01
17.02	CARDIOLOGY		59.02	0.049600	167,728	8,319	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.166760	6,595	1,100	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.080337	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.104931	16,512	1,733	17.05
18.00	LABORATORY		60.00	0.101679	2,486,321	252,807	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.362020	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.244372	4,306	1,052	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.203305	11,396	2,317	23.00
24.00	PHYSICAL THERAPY		66.00	0.291963	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.309917	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132311	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.229731	1,495,014	343,451	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.336953	197	66	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.345390	264,255	91,271	31.00
32.00	RENAL DIALYSIS		74.00	0.207351	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.297495	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.670503	0	0	37.00
37.01	PSYCH CLINIC		90.01	5.539933	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.166624	332,584	388,000	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
37.04	COVID VACCINE CLINIC		90.04	0.144524	0	0	37.04
38.00	EMERGENCY		91.00	0.121984	14,908	1,819	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.393862	20,009	7,881	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.000000	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				19,074,114	2,371,039	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 1/26/2022 4:27 pm	
				Kidney		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	145	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			149	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	0	0.000000	0	51.00			
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01			
51.02	TRANSPLANT CLINIC	23.02	332,584	0.000000	0	51.02			
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03			
51.04	COVID VACCINE CLINIC	23.04	0	0.000000	0	51.04			
52.00	EMERGENCY	24.00	14,908	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	20,009	0.000000	0	53.00			
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)		367,501		0	55.00			
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	2,597,174		19,474,255		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	18,214,380		18,354,900		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	20,811,554		37,829,155		61.00			
62.00	Total Usable Organs (see instructions)		329			62.00			
63.00	Medicare Usable Organs (see instructions)		162			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.492401			64.00			
65.00	Medicare Cost/Charges (see instructions)	10,247,630		18,627,114		65.00			
66.00	Revenue for Organs Sold	429,797		0		66.00			
67.00	Subtotal (line 65 minus line 66)	9,817,833		18,627,114		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	9,817,833	0	18,627,114	0	69.00			
Cost Center Description				Living Related	Cadaveric	Revenue			
				1.00	2.00	3.00			
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)		112	28		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00			
73.00	Organs Purchased from OPOs		0	189		73.00			
74.00	Total (sum of lines 70 through 73)		112	217		74.00			
75.00	Organs Transplanted		102	189	0	75.00			
76.00	Organs Sold to Other Hospitals		10	0	0	76.00			
77.00	Organs Sold to OPOs		0	28	0	77.00			
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00			
80.00	Organs Sold Outside the U.S.		0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00			
82.00	Organs Used for Research		0	0	0	82.00			
83.00	Unusable/Discarded Organs		0	0	0	83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)		112	217		84.00			

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

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

Provider CCN: 14-0281

Period:

From 09/01/2020

To 08/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
1/26/2022 4:27 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	91,460	1,480.93	71	105,146	1.00
2.00	INTENSIVE CARE UNIT	43.00	66,990	2,849.96	12	34,200	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,670.91	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		158,450		83	139,346	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.075059	373,950	28,068	8.00
9.00	RECOVERY ROOM		51.00	0.197537	19,664	3,884	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.182722	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.051380	14,453	743	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125116	29,573	3,700	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.108554	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230236	0	0	14.00
15.00	CT SCAN		57.00	0.036130	2,058,399	74,370	15.00
16.00	MRI		58.00	0.069998	636,893	44,581	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.049779	0	0	17.00
17.01	VASCULAR LAB		59.01	0.051460	0	0	17.01
17.02	CARDIOLOGY		59.02	0.049600	26,869	1,333	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.166760	1,883	314	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.080337	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.104931	6,706	704	17.05
18.00	LABORATORY		60.00	0.101679	750,370	76,297	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.362020	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.244372	2,461	601	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.203305	12,977	2,638	23.00
24.00	PHYSICAL THERAPY		66.00	0.291963	1,935	565	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.309917	576	179	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132311	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.229731	209,653	48,164	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.336953	1,680	566	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.345390	117,018	40,417	31.00
32.00	RENAL DIALYSIS		74.00	0.207351	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.297495	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.670503	0	0	37.00
37.01	PSYCH CLINIC		90.01	5.539933	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.166624	91,697	106,976	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
37.04	COVID VACCINE CLINIC		90.04	0.144524	0	0	37.04
38.00	EMERGENCY		91.00	0.121984	3,820	466	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.393862	5,142	2,025	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.000000	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				4,365,719	436,591	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 1/26/2022 4:27 pm	
				Liver		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	71	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	12	0	43.00			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			83	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	0	0.000000	0	51.00			
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01			
51.02	TRANSPLANT CLINIC	23.02	91,697	0.000000	0	51.02			
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03			
51.04	COVID VACCINE CLINIC	23.04	0	0.000000	0	51.04			
52.00	EMERGENCY	24.00	3,820	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	5,142	0.000000	0	53.00			
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)		100,659		0	55.00			
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	575,937		4,524,169		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	10,035,790		9,985,472		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	10,611,727		14,509,641		61.00			
62.00	Total Usable Organs (see instructions)		128			62.00			
63.00	Medicare Usable Organs (see instructions)		41			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.320313			64.00			
65.00	Medicare Cost/Charges (see instructions)	3,399,074		4,647,627		65.00			
66.00	Revenue for Organs Sold	188,414		0		66.00			
67.00	Subtotal (line 65 minus line 66)	3,210,660		4,647,627		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,210,660	0	4,647,627	0	69.00			
Cost Center Description				Living Related	Cadaveric	Revenue			
				1.00	2.00	3.00			
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)		28	0		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00			
73.00	Organs Purchased from OPOs		0	100		73.00			
74.00	Total (sum of lines 70 through 73)		28	100		74.00			
75.00	Organs Transplanted		11	100	0	75.00			
76.00	Organs Sold to Other Hospitals		3	0	0	76.00			
77.00	Organs Sold to OPOs		14	0	0	77.00			
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00			
80.00	Organs Sold Outside the U.S.		0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00			
82.00	Organs Used for Research		0	0	0	82.00			
83.00	Unusable/Discarded Organs		0	0	0	83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)		28	100		84.00			

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 1/26/2022 4:27 pm	
				Heart		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)			
		0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	0	1,480.93	0	0	0	1.00	
2.00	INTENSIVE CARE UNIT	43.00	0	2,849.96	0	0	0	2.00	
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	0	3.00	
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	0	4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,670.91	0	0	0	6.00	
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	0	7.00	
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs			
			0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition									
8.00	OPERATING ROOM		50.00	0.075059	1,310	98	8.00		
9.00	RECOVERY ROOM		51.00	0.197537	11,952	2,361	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.182722	0	0	10.00		
11.00	ANESTHESIOLOGY		53.00	0.051380	31,656	1,626	11.00		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125116	346,835	43,395	12.00		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.108554	0	0	13.00		
14.00	RADIOISOTOPE		56.00	0.230236	12,412	2,858	14.00		
15.00	CT SCAN		57.00	0.036130	366,810	13,253	15.00		
16.00	MRI		58.00	0.069998	35,342	2,474	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.049779	595,105	29,624	17.00		
17.01	VASCULAR LAB		59.01	0.051460	223,753	11,514	17.01		
17.02	CARDIOLOGY		59.02	0.049600	275,600	13,670	17.02		
17.03	PULMONARY FUNCTION TESTING		59.03	0.166760	118,073	19,690	17.03		
17.04	ELECTROMYOGRAPHY		59.04	0.080337	0	0	17.04		
17.05	GASTRO INTESTINAL SERVICES		59.05	0.104931	30,733	3,225	17.05		
18.00	LABORATORY		60.00	0.101679	1,288,030	130,966	18.00		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.362020	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.244372	208,347	50,914	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.203305	193,248	39,288	23.00		
24.00	PHYSICAL THERAPY		66.00	0.291963	0	0	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.309917	0	0	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132311	6,032	798	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.229731	0	0	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.336953	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.345390	0	0	31.00		
32.00	RENAL DIALYSIS		74.00	0.207351	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00		
34.97	CARDIAC REHABILITATION		76.97	0.297495	0	0	34.97		
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98		
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00		
37.00	CLINIC		90.00	0.670503	0	0	37.00		
37.01	PSYCH CLINIC		90.01	5.539933	0	0	37.01		
37.02	TRANSPLANT CLINIC		90.02	1.166624	75,004	87,501	37.02		
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03		
37.04	COVID VACCINE CLINIC		90.04	0.144524	0	0	37.04		
38.00	EMERGENCY		91.00	0.121984	13,419	1,637	38.00		
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.393862	26,604	10,478	39.00		
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.000000	0	0	39.01		
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00		
41.00	TOTAL (sum of lines 8 through 40)				3,860,265	465,370	41.00		

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 1/26/2022 4:27 pm	
					Heart		Hospital		PPS	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)										
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program										
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00			
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0	43.00			
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00			
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)				0	0	48.00			
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC		21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER		22.00	0	0.000000	0	50.00			
51.00	CLINIC		23.00	0	0.000000	0	51.00			
51.01	PSYCH CLINIC		23.01	0	0.000000	0	51.01			
51.02	TRANSPLANT CLINIC		23.02	75,004	0.000000	0	51.02			
51.03	MEDICINE THERAPY MANAGEMENT		23.03	0	0.000000	0	51.03			
51.04	COVID VACCINE CLINIC		23.04	0	0.000000	0	51.04			
52.00	EMERGENCY		24.00	13,419	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART		25.00	26,604	0.000000	0	53.00			
53.01	OBSERVATION BEDS (DISTINCT PART)		25.01	0	0.000000	0	53.01			
54.00	OTHER OUTPATIENT SERVICE COST CENTER		26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)			115,027		0	55.00			
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A	Part B		
					1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I		465,370		3,860,265		56.00			
57.00	Interns and Residents (inpatient)		0		0		57.00			
58.00	Interns and Residents (outpatient)		0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)		4,613,406		5,409,615		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)		0		0		60.00			
61.00	Total (sum of lines 56 thru 60)		5,078,776		9,269,880		61.00			
62.00	Total Usable Organs (see instructions)			34			62.00			
63.00	Medicare Usable Organs (see instructions)			9			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)			0.264706			64.00			
65.00	Medicare Cost/Charges (see instructions)		1,344,382		2,453,793		65.00			
66.00	Revenue for Organs Sold		3,077		0		66.00			
67.00	Subtotal (line 65 minus line 66)		1,341,305		2,453,793		67.00			
68.00	Organs Furnished Part B		0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)		1,341,305	0	2,453,793	0	69.00			
Cost Center Description					Living Related	Cadaveric	Revenue			
					1.00	2.00	3.00			
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)			0	4		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)			0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals			0	0		72.00			
73.00	Organs Purchased from OPOs			0	30		73.00			
74.00	Total (sum of lines 70 through 73)			0	34		74.00			
75.00	Organs Transplanted			0	30	0	75.00			
76.00	Organs Sold to Other Hospitals			0	0	0	76.00			
77.00	Organs Sold to OPOs			0	4	0	77.00			
78.00	Organs Sold to Transplant Hospitals			0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals			0	0	0	79.00			
80.00	Organs Sold Outside the U.S.			0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)			0	0		81.00			
82.00	Organs Used for Research			0	0		82.00			
83.00	Unusable/Discarded Organs			0	0		83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)			0	34		84.00			

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 1/26/2022 4:27 pm	
				Lung	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,480.93	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,849.96	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,670.91	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.075059	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.197537	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.182722	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.051380	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125116	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.108554	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230236	0	0	14.00
15.00	CT SCAN		57.00	0.036130	0	0	15.00
16.00	MRI		58.00	0.069998	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.049779	0	0	17.00
17.01	VASCULAR LAB		59.01	0.051460	0	0	17.01
17.02	CARDIOLOGY		59.02	0.049600	0	0	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.166760	0	0	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.080337	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.104931	0	0	17.05
18.00	LABORATORY		60.00	0.101679	0	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.362020	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.244372	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.203305	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.291963	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.309917	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132311	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.229731	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.336953	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.345390	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.207351	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.297495	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.670503	0	0	37.00
37.01	PSYCH CLINIC		90.01	5.539933	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.166624	0	0	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
37.04	COVID VACCINE CLINIC		90.04	0.144524	0	0	37.04
38.00	EMERGENCY		91.00	0.121984	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.393862	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.000000	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				0	0	41.00

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

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

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

Provider CCN: 14-0281

Period:

From 09/01/2020

To 08/31/2021

Worksheet D-4

Date/Time Prepared:
1/26/2022 4:27 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	PSYCH CLINIC	23.01	0	0.000000	0	0	51.01
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	0	51.02
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	0	51.03
51.04	COVID VACCINE CLINIC	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	9,114,468		8,763,465		0	59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	9,114,468		8,763,465		0	61.00
62.00	Total Usable Organs (see instructions)		79			0	62.00
63.00	Medicare Usable Organs (see instructions)		24			0	63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.303797			0	64.00
65.00	Medicare Cost/Charges (see instructions)	2,768,948		2,662,314		0	65.00
66.00	Revenue for Organs Sold	0		0		0	66.00
67.00	Subtotal (line 65 minus line 66)	2,768,948		2,662,314		0	67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,768,948	0	2,662,314	0	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	11		0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		0	72.00
73.00	Organs Purchased from OPOs		0	68		0	73.00
74.00	Total (sum of lines 70 through 73)		0	79		0	74.00
75.00	Organs Transplanted		0	68	0	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	11	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	79	0	0	84.00

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

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

Provider CCN: 14-0281

Period:

From 09/01/2020

To 08/31/2021

Worksheet D-4

Date/Time Prepared:
1/26/2022 4:27 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	2,648	1,480.93	1	1,481	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,849.96	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,670.91	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		2,648		1	1,481	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.075059	19,828	1,488	8.00
9.00	RECOVERY ROOM		51.00	0.197537	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.182722	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.051380	1,126	58	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125116	643	80	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.108554	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230236	0	0	14.00
15.00	CT SCAN		57.00	0.036130	824	30	15.00
16.00	MRI		58.00	0.069998	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.049779	0	0	17.00
17.01	VASCULAR LAB		59.01	0.051460	0	0	17.01
17.02	CARDIOLOGY		59.02	0.049600	762	38	17.02
17.03	PULMONARY FUNCTION TESTING		59.03	0.166760	0	0	17.03
17.04	ELECTROMYOGRAPHY		59.04	0.080337	0	0	17.04
17.05	GASTRO INTESTINAL SERVICES		59.05	0.104931	0	0	17.05
18.00	LABORATORY		60.00	0.101679	6,676	679	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.362020	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.244372	615	150	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.203305	1,532	311	23.00
24.00	PHYSICAL THERAPY		66.00	0.291963	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.309917	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.132311	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.229731	997	229	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.336953	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.345390	1,457	503	31.00
32.00	RENAL DIALYSIS		74.00	0.207351	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.297495	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.670503	0	0	37.00
37.01	PSYCH CLINIC		90.01	5.539933	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	1.166624	794	926	37.02
37.03	MEDICINE THERAPY MANAGEMENT		90.03	0.000000	0	0	37.03
37.04	COVID VACCINE CLINIC		90.04	0.144524	0	0	37.04
38.00	EMERGENCY		91.00	0.121984	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.393862	0	0	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)		92.01	0.000000	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				35,254	4,492	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 1/26/2022 4:27 pm	
				Pancreas		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	0	0.000000	0	51.00			
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01			
51.02	TRANSPLANT CLINIC	23.02	794	0.000000	0	51.02			
51.03	MEDICINE THERAPY MANAGEMENT	23.03	0	0.000000	0	51.03			
51.04	COVID VACCINE CLINIC	23.04	0	0.000000	0	51.04			
52.00	EMERGENCY	24.00	0	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00			
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)		794		0	55.00			
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	5,973		37,902		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	2,015,078		1,887,397		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	2,021,051		1,925,299		61.00			
62.00	Total Usable Organs (see instructions)		32			62.00			
63.00	Medicare Usable Organs (see instructions)		14			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.437500			64.00			
65.00	Medicare Cost/Charges (see instructions)	884,210		842,318		65.00			
66.00	Revenue for Organs Sold	3,077		0		66.00			
67.00	Subtotal (line 65 minus line 66)	881,133		842,318		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	881,133	0	842,318	0	69.00			
Cost Center Description				Living Related	Cadaveric	Revenue			
				1.00	2.00	3.00			
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)		0	7		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00			
73.00	Organs Purchased from OPOs		0	25		73.00			
74.00	Total (sum of lines 70 through 73)		0	32		74.00			
75.00	Organs Transplanted		0	25	0	75.00			
76.00	Organs Sold to Other Hospitals		0	0	0	76.00			
77.00	Organs Sold to OPOs		0	7	0	77.00			
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00			
80.00	Organs Sold Outside the U.S.		0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00			
82.00	Organs Used for Research		0	0		82.00			
83.00	Unusable/Discarded Organs		0	0		83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	32		84.00			

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 4:27 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)			13,015,211	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			144,856,467	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)			1,943,907	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			20,367,169	2.04
3.00	Managed Care Simulated Payments			55,721,832	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			841.93	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)			385.53	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)			1.11	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)			32.55	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)			419.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			623.98	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.06	11.00
12.00	Current year allowable FTE (see instructions)			422.25	12.00
13.00	Total allowable FTE count for the prior year.			422.23	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.			422.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.			422.24	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			422.24	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.501514	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.485411	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.485411	21.00
22.00	IME payment adjustment (see instructions)			37,043,642	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			13,074,794	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)			204.79	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)			37,043,642	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			13,074,794	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.56	31.00
32.00	Sum of lines 30 and 31			25.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.01	33.00
34.00	Disproportionate share adjustment (see instructions)			3,950,739	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 4:27 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)	8,608,027	11,857,047		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	705,574	10,882,493		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	11,588,067			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)	232,765,202			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)		245,839,996		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		16,874,067		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).		8,722,872		52.00
53.00	Nursing and Allied Health Managed Care payment		360,148		53.00
54.00	Special add-on payments for new technologies		1,805,936		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)		18,019,879		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		1,432,441		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		646,115		58.00
59.00	Total (sum of amounts on lines 49 through 58)		293,701,454		59.00
60.00	Primary payer payments		38,255		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		293,663,199		61.00
62.00	Deductibles billed to program beneficiaries		9,965,576		62.00
63.00	Coinsurance billed to program beneficiaries		1,827,132		63.00
64.00	Allowable bad debts (see instructions)		5,220,729		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		3,393,474		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,817,707		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		285,263,965		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	RECONCILIATION		1,291		70.00
70.01	OTHER ADJUSTMENTS		0		70.01
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)		226,175		70.93
70.94	HRR adjustment amount (see instructions)		-454,926		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A
Date/Time Prepared:
1/26/2022 4:27 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			2,260,372	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			282,776,133	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			276,883,521	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			5,892,612	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			6,823,506	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/26/2022 4:27 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,015,211	0	13,015,211		13,015,211
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	144,856,467	0		144,856,467	144,856,467
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,943,907	0	1,943,907		1,943,907
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	20,367,169	0		20,367,169	20,367,169
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	55,721,832	0	3,777,004	51,944,828	55,721,832
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.485411	0.485411	0.485411	0.485411	
6.00	IME payment adjustment (see instructions)	22.00	37,043,642	0	3,053,941	33,989,701	37,043,642
6.01	IME payment adjustment for managed care (see instructions)	22.01	13,074,794	0	886,251	12,188,543	13,074,794
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	37,043,642	0	3,053,941	33,989,701	37,043,642
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	13,074,794	0	886,251	12,188,543	13,074,794
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1001	0.1001	0.1001	0.1001	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,950,739	0	325,706	3,625,033	3,950,739
11.01	Uncompensated care payments	36.00	11,588,067	0	827,144	7,730,908	8,558,052
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	232,765,202	0	19,165,909	213,599,293	232,765,202
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	245,839,996	0	20,052,160	225,787,836	245,839,996
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,874,067	0	18,299,579	-1,425,512	16,874,067

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/26/2022 4:27 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	1,805,936	0	37,261	1,768,674	1,805,935	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	38,389,000	226,130,998	264,519,998	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	12,225,947	0	13,256,746	-1,030,799	12,225,947	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,536,699	0	2,753,393	-216,694	2,536,699	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1727	0.1727	0.1727	0.1727		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,111,421	0	2,289,440	-178,019	2,111,421	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	16,874,067	0	18,299,579	-1,425,512	16,874,067	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/26/2022 4:27 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,015,211	13,015,211		13,015,211	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	144,856,467		144,856,467	144,856,467	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,943,907	1,943,907		1,943,907	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	20,367,169		20,367,169	20,367,169	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	55,721,832	3,777,004	51,944,828	55,721,832	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.485411	0.485411	0.485411		5.00
6.00	IME payment adjustment (see instructions)	22.00	37,043,642	3,053,941	33,989,701	37,043,642	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	13,074,794	886,251	12,188,543	13,074,794	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	37,043,642	3,053,941	33,989,701	37,043,642	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	13,074,794	886,251	12,188,543	13,074,794	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1001	0.1001	0.1001		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,950,739	325,706	3,625,033	3,950,739	11.00
11.01	Uncompensated care payments	36.00	11,588,067	705,574	10,882,493	11,588,067	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	232,765,202	19,044,339	213,720,863	232,765,202	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	245,839,996	19,930,590	225,909,406	245,839,996	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,874,067	18,299,579	-1,425,512	16,874,067	16.00
17.00	Special add-on payments for new technologies	54.00	1,805,936	37,261	1,768,675	1,805,936	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			38,267,430	226,252,569	264,519,999	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/26/2022 4:27 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	12,225,947	13,256,746	-1,030,799	12,225,947	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,536,699	2,753,393	-216,694	2,536,699	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1727	0.1727	0.1727		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,111,421	2,289,440	-178,019	2,111,421	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	16,874,067	18,299,579	-1,425,512	16,874,067	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	226,175	30,995	195,180	226,175	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-454,926	-44,378	-410,548	-454,926	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	2,260,372	2,260,372	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/26/2022 4:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			154,051 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			129,047,532 2.00
3.00	OPPS payments			109,133,837 3.00
4.00	Outlier payment (see instructions)			1,662,109 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.820 5.00
6.00	Line 2 times line 5			105,818,976 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			794,575 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			154,051 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			642,610 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)			642,610 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)			642,610 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			488,559 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)			154,051 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)			111,590,521 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			45,285 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			17,565,716 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)			94,133,571 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			3,744,322 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)			97,877,893 30.00
31.00	Primary payer payments			23,560 31.00
32.00	Subtotal (line 30 minus line 31)			97,854,333 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)			4,010,443 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			2,606,788 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			844,499 36.00
37.00	Subtotal (see instructions)			100,461,121 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-256 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)			100,461,377 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			99,056,549 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)			1,404,828 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/26/2022 4:27 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	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)		0	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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		0	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
1/26/2022 4:27 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		249,032,334		93,254,598	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		27,851,187		5,801,951	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)		276,883,521		99,056,549	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		5,892,612		1,404,828	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		282,776,133		100,461,377	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0281

Period:

Worksheet E-1

Component CCN: 14-S281

From 09/01/2020
To 08/31/2021Part I
Date/Time Prepared:
1/26/2022 4:27 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				0	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		1,427,026		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,427,026		0	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		127,721		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,554,747		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part II
Date/Time Prepared:
1/26/2022 4:27 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part II Date/Time Prepared: 1/26/2022 4:27 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)		1,387,861	1.00
2.00	Net IPF PPS Outlier Payments		135,999	2.00
3.00	Net IPF PPS ECT Payments		43,741	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)		2.29	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)		25.273973	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,567,601	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)		1,567,601	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,567,601	18.00
19.00	Deductibles		66,820	19.00
20.00	Subtotal (line 18 minus line 19)		1,500,781	20.00
21.00	Coinurance		73,754	21.00
22.00	Subtotal (line 20 minus line 21)		1,427,027	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		189,150	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		122,948	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		45,153	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,549,975	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		4,772	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)		1,554,747	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		1,427,026	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)		127,721	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		135,999	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: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet E-3
Part VII
Date/Time Prepared:
1/26/2022 4:27 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		19,985,473		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)		19,985,473	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)		19,985,473	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)		19,985,473	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)		19,985,473	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: 14-0281 Component CCN: 14-S281	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2022 4:27 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	501,115			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)	501,115		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)	501,115		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)	501,115		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)	501,115		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			41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281		Period: From 09/01/2020 To 08/31/2021		Worksheet E-4 Date/Time Prepared: 1/26/2022 4:27 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					318.27	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					1.11	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					36.76	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					356.14	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					624.81	6.00
7.00	Enter the lesser of line 5 or line 6					356.14	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	138.64	416.47	555.11		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	79.02	237.39	316.41		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		2.55			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.06			10.01	
11.00	Total weighted FTE count	79.02	239.94			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	86.49	237.62			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	88.59	239.74			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	84.70	239.10			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01	
17.00	Adjusted rolling average FTE count	84.70	239.10			17.00	
18.00	Per resident amount	110,973.35	105,916.76			18.00	
19.00	Approved amount for resident costs	9,399,443	25,324,697	34,724,140		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.61		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			268.67		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.32		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			103,831.39		23.00	
24.00	Multiply line 22 time line 23			240,889		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			34,965,029		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	72,403	8,674	20,787		26.00	
27.00	Total Inpatient Days (see instructions)	282,321	282,321	282,321		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.256456	0.030724	0.073629		28.00	
29.00	Program direct GME amount	8,966,991	1,074,266	2,574,440	12,615,697	29.00	
29.01	Percent reduction for MA DGME		4.07	4.07		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		43,723	104,780	148,503	30.00	
31.00	Net Program direct GME amount				12,467,194	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/26/2022 4:27 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		35,080,879	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		284,806,632	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		18,019,879	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		38,255	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		302,788,256	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		129,996,158	42.00
43.00	Primary payer payments (see instructions)		23,560	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		129,972,598	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		432,760,854	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.699666	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.300334	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		12,467,194	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,722,872	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,744,322	50.00

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

Provider CCN: 14-0281

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

Worksheet G

Date/Time Prepared:
1/26/2022 4:27 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	0	0	0	0	1.00
2.00 Temporary investments	618,723,352	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	924,988,631	0	0	0	4.00
5.00 Other receivable	18,412,266	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-619,167,731	0	0	0	6.00
7.00 Inventory	65,259,887	0	0	0	7.00
8.00 Prepaid expenses	5,731,875	0	0	0	8.00
9.00 Other current assets	70,008,654	617,744	0	0	9.00
10.00 Due from other funds	115,161,751	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	1,199,118,685	617,744	0	0	11.00
FIXED ASSETS					
12.00 Land	208,500,354	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	2,117,167,151	0	0	0	15.00
16.00 Accumulated depreciation	-1,224,189,886	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	462,671,076	0	0	0	19.00
20.00 Accumulated depreciation	-341,103,083	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)	1,223,045,612	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,841,633,114	2,069,751	16,436,855	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	547,475,723	2,656,727	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	2,389,108,837	4,726,478	16,436,855	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	4,811,273,134	5,344,222	16,436,855	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	45,628,400	0	0	0	37.00
38.00 Salaries, wages, and fees payable	60,407,878	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	313,447,932	0	0	0	43.00
44.00 Other current liabilities	172,457,066	725	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	591,941,276	725	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	26,532,154	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	582,215,835	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	608,747,989	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	1,200,689,265	725	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	3,610,583,869				52.00
53.00 Specific purpose fund		5,343,497			53.00
54.00 Donor created - endowment fund balance - restricted			16,436,855		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	3,610,583,869	5,343,497	16,436,855	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	4,811,273,134	5,344,222	16,436,855	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0281

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

Worksheet G-1

Date/Time Prepared:
1/26/2022 4:27 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		3,282,632,033		4,028,350		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		198,317,740				2.00
3.00	Total (sum of line 1 and line 2)		3,480,949,773		4,028,350		3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP	3,968,745		0		0	4.00
5.00	INVESTMENT INCOME - REALIZED GAINS	0		1,096,112		0	5.00
6.00	INTERCOMPANY SETTLEMENT	21,631,265		19,424,485		0	6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE	0		632,683		0	7.00
8.00	GIFTS, GRANTS OTHER REVENUE	0		2,948,768		1,747,040	8.00
9.00	POST BENEF CHGS OTHTHAN NET PENS CST	105,294,574		106,648		0	9.00
10.00	Total additions (sum of line 4-9)		130,894,584		24,208,696		10.00
11.00	Subtotal (line 3 plus line 10)		3,611,844,357		28,237,046		11.00
12.00	POST BENEF CHGS OTHTHAN NET PENS CST	0		0		0	12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM	0		0		0	13.00
14.00	NET TRANSFERS TO AFFILIATES	0		0		0	14.00
15.00	ROUNDING	1		18,924,804		0	15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS	0		3,968,745		0	16.00
17.00	OTHER	1,260,487		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,260,488		22,893,549		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,610,583,869		5,343,497		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	14,689,815		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)	14,689,815		0			3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP		0				4.00
5.00	INVESTMENT INCOME - REALIZED GAINS		0				5.00
6.00	INTERCOMPANY SETTLEMENT		0				6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE		0				7.00
8.00	GIFTS, GRANTS OTHER REVENUE		0				8.00
9.00	POST BENEF CHGS OTHTHAN NET PENS CST		0				9.00
10.00	Total additions (sum of line 4-9)	1,747,040		0			10.00
11.00	Subtotal (line 3 plus line 10)	16,436,855		0			11.00
12.00	POST BENEF CHGS OTHTHAN NET PENS CST		0				12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM		0				13.00
14.00	NET TRANSFERS TO AFFILIATES		0				14.00
15.00	ROUNDING		0				15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS		0				16.00
17.00	OTHER		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)	16,436,855		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2020
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/26/2022 4:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	731,655,808		731,655,808	1.00
2.00	SUBPROVIDER - IPF	26,315,942		26,315,942	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)	757,971,750		757,971,750	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	239,461,961		239,461,961	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	149,891,255		149,891,255	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	389,353,216		389,353,216	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,147,324,966		1,147,324,966	17.00
18.00	Ancillary services	3,579,898,239	4,113,820,654	7,693,718,893	18.00
19.00	Outpatient services	0	333,423,328	333,423,328	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PROF FEES / OTHER	0	1,112,100	1,112,100	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,727,223,205	4,448,356,082	9,175,579,287	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,449,776,841		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	BAD DEBT	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,449,776,841		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0281

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

Worksheet G-3

Date/Time Prepared:
1/26/2022 4:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	9,175,579,287	1.00
2.00	Less contractual allowances and discounts on patients' accounts	6,951,355,935	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,224,223,352	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,449,776,841	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-225,553,489	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	696,881	6.00
7.00	Income from investments	38,157,698	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	10,981,575	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	213,840	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	233,769,822	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,086,981	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	269,578	21.00
22.00	Rental of hospital space	74,186,833	22.00
23.00	Governmental appropriations	495,617	23.00
24.00	OTHER REVENUE, SHARED, NET ASSETS,	33,513,796	24.00
24.01	OTHER OPERATING INCOME	5,694,530	24.01
24.02	PAYOR INTEREST INCOME	2,453,247	24.02
24.03	OTHER RESEARCH REVENUE	4,369,384	24.03
24.50	COVID-19 PHE Funding	17,981,440	24.50
25.00	Total other income (sum of lines 6-24)	423,871,222	25.00
26.00	Total (line 5 plus line 25)	198,317,733	26.00
27.00	ROUNDING	-7	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-7	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	198,317,740	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0281	Period: From 09/01/2020 To 08/31/2021	Worksheet L Parts I-III Date/Time Prepared: 1/26/2022 4:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		12,225,947	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,536,699	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)		748.21	3.00
4.00	Number of interns & residents (see instructions)		422.24	4.00
5.00	Indirect medical education percentage (see instructions)		17.27	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)		2,111,421	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		16,874,067	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