

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interest payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0290 Period: From 07/01/2020 To 06/30/2021 Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 2:29 pm

PART I - COST REPORT STATUS

Provider use only 1. ☒ Electronically prepared cost report Date: 11/29/2021 Time: 2:29 pm
 2. ☐ Manually prepared cost report
 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report
 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. ☒ Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. ☒ Initial Report for this Provider CCN 12. ☐ If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. ☒ Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ALEXIUS MEDICAL CENTER (14-0290) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) KEVIN LARKIN

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX		
			Part A	Part B				
		1.00	2.00	3.00	4.00	5.00		
	PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	1,142,718	383,836	0	0	1.00	
2.00	Subprovider - IPF	0	0	0		0	2.00	
3.00	Subprovider - IRF	0	0	0		0	3.00	
5.00	Swing Bed - SNF	0	0	0		0	5.00	
6.00	Swing Bed - NF	0				0	6.00	
200.00	Total	0	1,142,718	383,836	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 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 Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10						
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0290		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:29 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street:1555 BARRINGTON ROAD		PO Box:				1.00			
2.00	City: HOFFMAN ESTATES		State: IL		Zip Code:60194		County: COOK			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, 0, 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		ST. ALEXIUS MEDICAL CENTER	140290	16974	1	09/16/1979	N	P	0
4.00	Subprovider - IPF									3.00
5.00	Subprovider - IRF									4.00
6.00	Subprovider - (Other)									5.00
7.00	Swing Beds - SNF									6.00
8.00	Swing Beds - NF									7.00
9.00	Hospital-Based SNF									8.00
10.00	Hospital-Based NF									9.00
11.00	Hospital-Based OLTC									10.00
12.00	Hospital-Based HHA									11.00
13.00	Separately Certified ASC									12.00
14.00	Hospital-Based Hospice									13.00
15.00	Hospital-Based Health Clinic - RHC									14.00
16.00	Hospital-Based Health Clinic - FQHC									15.00
17.00	Hospital-Based (CMHC) I									16.00
18.00	Renal Dialysis									17.00
19.00	Other									18.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				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 OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,879	2,827	0	3	11,265	884	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
				Urban/Rural Status	Date of Geographic Reclassification		
				1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
				Beginning:	Ending:		
				1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
				Y/N	Y/N		
				1.00	2.00		
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N		39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N		40.00
				V	XVIII	XIX	
				1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				With	N	N	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.				With	N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.				N	N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N	48.00
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.				Y/N	Y		56.00
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GMEY programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					Y		57.00
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				N			58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0290		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:29 pm	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	6.72	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	6.45	0.000000	67.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:29 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.	N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:29 pm	
			V	XIX	
			1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.				108.00
			Physical	Occupational	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N	111.00
			1.00	2.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N	112.00
<u>Miscellaneous Cost Reporting Information</u>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y	116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N	117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:		8,590,691	0	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N	118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N	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.			Y	122.00
<u>Transplant Center Information</u>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0290		Period: From 07/01/2020 To 06/30/2021	
				Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 2:29 pm	
		1.00		2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	149013		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: ALEXIAN BROTHERS HEALTH SYSTEM	Contractor's Name:WPS		Contractor's Number:05901	
142.00	Street:200 S WACKER DR	PO Box:			
143.00	City: CHICAGO	State: IL		Zip Code: 60606	
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
		1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			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	
		1.00		2.00	
		3.00		Title V	
		4.00		Title XIX	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC	N	N	N	N
		1.00			
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name		County	
		0		1.00	
		2.00		3.00	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00	
		1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

		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)			0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 2:29 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/15/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
				4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	11/04/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0290		Period: From 07/01/2020 To 06/30/2021	
		Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 2:29 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?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RASA	BAKERT		41.00
42.00	Enter the employer/company name of the cost report preparer	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-544-8211	RASA.BAKERT@AMITAHEALTH.ORG		43.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0290		Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 2:29 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.	38. ANALYST			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 2:29 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	267	97,455	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)		267	97,455	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	35	12,775	0.00	0	8.00
8.01 NEONATAL NICU	31.01	16	5,840	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		318	116,070	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		318			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 2:29 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)	17,707	2,868	51,199			1.00
2.00	HMO and other (see instructions)	8,990	11,265				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	17,707	2,868	51,199			7.00
8.00	INTENSIVE CARE UNIT	1,344	644	6,127			8.00
8.01	NEONATAL NICU	0	2,271	7,931			8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		682	4,886			13.00
14.00	Total (see instructions)	19,051	6,465	70,143	5.87	1,117.12	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			462			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)				5.87	1,117.12	27.00
28.00	Observation Bed Days		0	14,287			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	128	1,478			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,579	1,777	14,512	1.00
2.00 HMO and other (see instructions)			1,481	3,321		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL NICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,579	1,777	14,512	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 2:29 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	89,058,608	0	89,058,608	2,323,619.77	38.33
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		127,706	0	127,706	1,345.75	94.90
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		289,465	0	289,465	34,117.68	8.48
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	598,128	598,128	12,209.60	48.99
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		586,388	0	586,388	17,542.38	33.43
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,711,999	0	5,711,999	38,278.00	149.22
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		753,813	0	753,813	3,450.00	218.50
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		97,942,520	0	97,942,520	1,449,587.00	67.57
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,204,897	0	20,204,897		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		152,775	0	152,775		
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		26,806	0	26,806		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		467,601	0	467,601		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		158,350	0	158,350		
25.50	Home office wage-related (core)		0	0	0		
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:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 2:29 pm

		Wkst. A Line Number	Amount Reported	Reclassification 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	98,653	0	98,653	3,989.00	24.73	26.00
27.00	Administrative & General	5.00	5,481,626	0	5,481,626	162,813.00	33.67	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,797,286	0	3,797,286	144,738.00	26.24	33.00
34.00	Dietary	10.00	77,986	-55,656	22,330	477.00	46.81	34.00
35.00	Dietary under contract (see instructions)		1,099,729	0	1,099,729	40,731.29	27.00	35.00
36.00	Cafeteria	11.00	0	55,656	55,656	1,189.00	46.81	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,309,548	0	3,309,548	54,317.00	60.93	38.00
39.00	Central Services and Supply	14.00	464,699	0	464,699	21,834.00	21.28	39.00
40.00	Pharmacy	15.00	4,131,851	0	4,131,851	88,968.00	46.44	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 2:29 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	93,666,158	-598,128	93,068,030	2,462,761.78	37.79	1.00
2.00	Excluded area salaries (see instructions)	586,388	0	586,388	17,542.38	33.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,079,770	-598,128	92,481,642	2,445,219.40	37.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	104,408,332	0	104,408,332	1,491,315.00	70.01	4.00
5.00	Subtotal wage-related costs (see inst.)	20,231,703	0	20,231,703	0.00	21.88	5.00
6.00	Total (sum of lines 3 thru 5)	217,719,805	-598,128	217,121,677	3,936,534.40	55.16	6.00
7.00	Total overhead cost (see instructions)	18,461,378	0	18,461,378	519,056.29	35.57	7.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2021 2:29 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		1,732,219	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)		2,305,419	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)		8,944,772	8.02	
8.03	Health Insurance (Purchased)		0	8.03	
9.00	Prescription Drug Plan		0	9.00	
10.00	Dental, Hearing and Vision Plan		175,381	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		-52,089	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)		503,346	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		758,138	15.00	
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00	
TAXES					
17.00	FICA-Employers Portion Only		6,404,071	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		45	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		239,127	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,010,429	24.00	
Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00	

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,711,999	21,010,429	1.00
2.00	Hospital	5,711,999	20,204,897	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	805,532	18.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 2:29 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)			0.191744	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			48,727,337	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			302,535,539	6.00
7.00	Medicaid cost (line 1 times line 6)			58,009,374	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)			9,282,037	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 9, 12, 13, 15, 16 and 17)			9,282,037	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	37,031,830	4,186,735	41,218,565	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,100,631	4,186,735	11,287,366	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,100,631	4,186,735	11,287,366	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,981,709	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,564,709	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,407,245	27.01
28.00	Non-Medicare bad debt expense (see instructions)			574,464	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			952,686	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,240,052	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			21,522,089	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 2:29 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		0	0	21,869,137	21,869,137	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,342,577	8,342,577	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	98,653	14,500,874	14,599,527	53,899	14,653,426	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,481,626	120,903,547	126,385,173	-14,434,322	111,950,851	5.00
7.00	00700	OPERATION OF PLANT	0	8,336,830	8,336,830	-5,388,716	2,948,114	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	746,942	746,942	8.00
9.00	00900	HOUSEKEEPING	0	5,302,055	5,302,055	-712,415	4,589,640	9.00
10.00	01000	DIETARY	77,986	5,735,097	5,813,083	-4,175,245	1,637,838	10.00
11.00	01100	CAFETERIA	0	0	0	4,144,737	4,144,737	11.00
13.00	01300	NURSING ADMINISTRATION	3,309,548	2,337,942	5,647,490	-464,877	5,182,613	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	464,699	120,285	584,984	-172,603	412,381	14.00
15.00	01500	PHARMACY	4,131,851	14,423,208	18,555,059	-13,507,494	5,047,565	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,742	9,742	-23	9,719	16.00
17.00	01700	SOCIAL SERVICE	0	2,525	2,525	-2,525	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	598,128	598,128	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	17,634	1,287	18,921	-17,634	1,287	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,694,539	7,648,470	35,343,009	-3,606,631	31,736,378	30.00
31.00	03100	INTENSIVE CARE UNIT	5,580,994	2,891,465	8,472,459	-1,359,604	7,112,855	31.00
31.01	02060	NEONATAL NICU	5,591,925	1,792,435	7,384,360	-467,268	6,917,092	31.01
43.00	04300	NURSERY	562,916	55,731	618,647	-7,515	611,132	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,379,386	26,344,343	31,723,729	-19,443,822	12,279,907	50.00
50.01	05001	ENDOSCOPY	1,063,335	816,978	1,880,313	-518,528	1,361,785	50.01
51.00	05100	RECOVERY ROOM	1,569,045	204,292	1,773,337	-54,338	1,718,999	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,511,989	1,427,698	4,939,687	-639,602	4,300,085	52.00
53.00	05300	ANESTHESIOLOGY	69,790	670,670	740,460	-653,266	87,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,411,427	1,131,955	3,543,382	-681,660	2,861,722	54.00
54.01	03630	ULTRASOUND	923,266	143,518	1,066,784	-31,857	1,034,927	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	599,881	636,822	1,236,703	-416,348	820,355	54.02
54.03	03440	MAMMOGRAPHY	657,767	155,547	813,314	-10,891	802,423	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	472,741	649,880	1,122,621	-600,853	521,768	55.00
56.00	05600	RADIOISOTOPE	294,431	1,045,141	1,339,572	-273,445	1,066,127	56.00
57.00	05700	CT SCAN	947,712	499,176	1,446,888	-284,350	1,162,538	57.00
58.00	05800	MRI	702,152	417,212	1,119,364	-244,863	874,501	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,248,866	3,442,149	4,691,015	-1,811,110	2,879,905	59.00
60.00	06000	LABORATORY	65,048	10,634,889	10,699,937	-225,186	10,474,751	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	408	877,203	877,611	-15,370	862,241	63.00
64.00	06400	INTRAVENOUS THERAPY	321,540	344,104	665,644	-317,496	348,148	64.00
65.00	06500	RESPIRATORY THERAPY	1,496,318	1,572,444	3,068,762	-852,803	2,215,959	65.00
66.00	06600	PHYSICAL THERAPY	2,525,980	222,345	2,748,325	-6,667	2,741,658	66.00
66.01	06601	REHAB OUTPATIENT	1,224,243	166,458	1,390,701	-17,148	1,373,553	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	876,433	349,693	1,226,126	-229,991	996,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,939	127,666	270,605	-113,274	157,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,446,376	10,446,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,968,783	13,968,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,565,191	13,565,191	73.00
74.00	07400	RENAL DIALYSIS	21,204	1,143,784	1,164,988	-18,388	1,146,600	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	126,873	11,528	138,401	-1,018	137,383	90.01
90.02	09001	PROCEDURE CLINIC	1,888,921	437,297	2,326,218	-271,245	2,054,973	90.02
90.04	09002	EPILEPSY MONITORING UNIT	171,585	48,869	220,454	-36,041	184,413	90.04
90.05	09003	OFFSITE IMAGING CENTER	405,889	479,530	885,419	-404,959	480,460	90.05
91.00	09100	EMERGENCY	6,340,680	4,217,806	10,558,486	-1,244,379	9,314,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,472,220	242,280,490	330,752,710	0	330,752,710	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,005	442,174	568,179	0	568,179	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	155,138	58,554	213,692	0	213,692	192.00
192.01	19201	POB	42,400	5,250,485	5,292,885	0	5,292,885	192.01
194.00	07950	COMMUNITY PROGRAMS	444	33	477	0	477	194.00
194.01	07951	RETAIL PHARMACY	262,401	1,860,495	2,122,896	0	2,122,896	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 2:29 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	
200.00 TOTAL (SUM OF LINES 118 through 199)	89,058,608	249,892,231	338,950,839	0	338,950,839	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/29/2021 2:29 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	-8,985,618	12,883,519	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,700,894	18,043,471	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	570,410	15,223,836	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-34,060,499	77,890,352	5.00
7.00	00700	OPERATION OF PLANT	7,870,103	10,818,217	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,229	769,171	8.00
9.00	00900	HOUSEKEEPING	0	4,589,640	9.00
10.00	01000	DIETARY	0	1,637,838	10.00
11.00	01100	CAFETERIA	-568,269	3,576,468	11.00
13.00	01300	NURSING ADMINISTRATION	233,258	5,415,871	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-255,894	156,487	14.00
15.00	01500	PHARMACY	72,602	5,120,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,253	66,972	16.00
17.00	01700	SOCIAL SERVICE	1,644,960	1,644,960	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	598,128	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	1,287	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,970	31,727,408	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,112,855	31.00
31.01	02060	NEONATAL NICU	0	6,917,092	31.01
43.00	04300	NURSERY	0	611,132	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-174,792	12,105,115	50.00
50.01	05001	ENDOSCOPY	0	1,361,785	50.01
51.00	05100	RECOVERY ROOM	0	1,718,999	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,300,085	52.00
53.00	05300	ANESTHESIOLOGY	0	87,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-121	2,861,601	54.00
54.01	03630	ULTRASOUND	-315	1,034,612	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	820,355	54.02
54.03	03440	MAMMOGRAPHY	-4,115	798,308	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	193,518	715,286	55.00
56.00	05600	RADIOISOTOPE	0	1,066,127	56.00
57.00	05700	CT SCAN	0	1,162,538	57.00
58.00	05800	MRI	0	874,501	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,879,905	59.00
60.00	06000	LABORATORY	892,689	11,367,440	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	862,241	63.00
64.00	06400	INTRAVENOUS THERAPY	0	348,148	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,215,959	65.00
66.00	06600	PHYSICAL THERAPY	0	2,741,658	66.00
66.01	06601	REHAB OUTPATIENT	-4,800	1,368,753	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	996,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	157,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,446,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,968,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,565,191	73.00
74.00	07400	RENAL DIALYSIS	0	1,146,600	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	137,383	90.01
90.02	09001	PROCEDURE CLINIC	0	2,054,973	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	184,413	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	480,460	90.05
91.00	09100	EMERGENCY	-1,343,001	7,971,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-24,148,478	306,604,232	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-321,615	246,564	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-49,965	163,727	192.00
192.01	19201	POB	-4,166,688	1,126,197	192.01
194.00	07950	COMMUNITY PROGRAMS	0	477	194.00
194.01	07951	RETAIL PHARMACY	0	2,122,896	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,686,746	310,264,093	200.00

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
A - LEASE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,415,553	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,592,864	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	
TOTALS			0	5,008,417		
B - SUPPLIES/IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,446,376	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,968,783	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,909,347	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	202,949	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	
TOTALS			0	26,527,455		
C - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,565,191	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	383	2.00	
3.00	LABORATORY	60.00	0	2,253	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	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	13,567,827		
	D - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,111,896		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,749,713		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
39.00		0.00	0	0		39.00
	TOTALS		0	16,861,609		
	E - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	746,942		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	746,942		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	55,656	4,089,081		1.00
	TOTALS		55,656	4,089,081		
	G - WORKER'S COMP					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	54,154		1.00
	TOTALS		0	54,154		
	H - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,051,627		1.00
	TOTALS		0	8,051,627		
	I - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	290,061		1.00
	TOTALS		0	290,061		
	J - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	598,128	0		1.00
	APPRVD					
2.00		0.00	0	0		2.00
	TOTALS		598,128	0		
500.00	Grand Total: Increases		653,784	75,197,173		500.00

RECLASSIFICATIONS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/29/2021 2:29 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,592,864	10		1.00	
2.00	NURSING ADMINISTRATION	13.00	0	75,125	10		2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	291,431	0		3.00	
4.00	PHARMACY	15.00	0	466,471	0		4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	134,501	0		5.00	
6.00	OPERATING ROOM	50.00	0	963,760	0		6.00	
7.00	RESPIRATORY THERAPY	65.00	0	484,265	0		7.00	
	TOTALS		0	5,008,417				
	B - SUPPLIES/IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	255	0		1.00	
2.00	OPERATION OF PLANT	7.00	0	1,541	0		2.00	
3.00	HOUSEKEEPING	9.00	0	16,948	0		3.00	
4.00	DIETARY	10.00	0	9,353	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	126,299	0		5.00	
6.00	PHARMACY	15.00	0	129,492	0		6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	23	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	2,733,589	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	1,133,576	0		9.00	
10.00	NEONATAL NICU	31.01	0	414,804	0		10.00	
11.00	NURSERY	43.00	0	4,493	0		11.00	
12.00	OPERATING ROOM	50.00	0	15,850,513	0		12.00	
13.00	ENDOSCOPY	50.01	0	345,958	0		13.00	
14.00	RECOVERY ROOM	51.00	0	49,559	0		14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	607,123	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	325,452	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,986	0		17.00	
18.00	ULTRASOUND	54.01	0	31,700	0		18.00	
19.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	383,568	0		19.00	
20.00	MAMMOGRAPHY	54.03	0	10,540	0		20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,537	0		21.00	
22.00	RADIOISOTOPE	56.00	0	264,607	0		22.00	
23.00	CT SCAN	57.00	0	80,565	0		23.00	
24.00	MRI	58.00	0	52,655	0		24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	1,642,968	0		25.00	
26.00	LABORATORY	60.00	0	126,719	0		26.00	
27.00	INTRAVENOUS THERAPY	64.00	0	310,502	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	300,342	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	6,667	0		29.00	
30.00	REHAB OUTPATIENT	66.01	0	14,991	0		30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	30,244	0		31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	105,222	0		32.00	
33.00	RENAL DIALYSIS	74.00	0	12,775	0		33.00	
34.00	CONGESTIVE HEART FAILURE CLINIC	90.01	0	1,018	0		34.00	
35.00	PROCEDURE CLINIC	90.02	0	187,497	0		35.00	
36.00	OFFSITE IMAGING CENTER	90.05	0	4,858	0		36.00	
37.00	EMERGENCY	91.00	0	1,155,516	0		37.00	
	TOTALS		0	26,527,455				
	C - DRUGS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,416	0		1.00	
2.00	DIETARY	10.00	0	12,014	0		2.00	
3.00	PHARMACY	15.00	0	12,667,250	0		3.00	
4.00	SOCIAL SERVICE	17.00	0	2,525	0		4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	127,953	0		5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	29,222	0		6.00	
7.00	NEONATAL NICU	31.01	0	16,352	0		7.00	
8.00	OPERATING ROOM	50.00	0	67,627	0		8.00	
9.00	ENDOSCOPY	50.01	0	15,407	0		9.00	
10.00	RECOVERY ROOM	51.00	0	4,779	0		10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	30,440	0		11.00	
12.00	ANESTHESIOLOGY	53.00	0	104,950	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,542	0		13.00	
14.00	ULTRASOUND	54.01	0	157	0		14.00	
15.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	4,292	0		15.00	
16.00	MAMMOGRAPHY	54.03	0	297	0		16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,086	0		17.00	
18.00	RADIOISOTOPE	56.00	0	1,122	0		18.00	
19.00	CT SCAN	57.00	0	115,870	0		19.00	
20.00	MRI	58.00	0	1,754	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	18,467	0		21.00	
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	14,040	0		22.00	
23.00	INTRAVENOUS THERAPY	64.00	0	840	0		23.00	

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	RESPIRATORY THERAPY	65.00	0	488	0	24.00	
25.00	REHAB OUTPATIENT	66.01	0	3	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	161,167	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	5,613	0	27.00	
28.00	PROCEDURE CLINIC	90.02	0	53,858	0	28.00	
29.00	OFFSITE IMAGING CENTER	90.05	0	11,325	0	29.00	
30.00	EMERGENCY	91.00	0	54,971	0	30.00	
	TOTALS		0	13,567,827			
D - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,293,749	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	5,387,175	9	2.00	
3.00	HOUSEKEEPING	9.00	0	5,323	0	3.00	
4.00	DIETARY	10.00	0	9,141	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	263,453	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,504	0	6.00	
7.00	PHARMACY	15.00	0	244,281	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	30,094	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	196,806	0	9.00	
10.00	NEONATAL NICU	31.01	0	36,112	0	10.00	
11.00	NURSERY	43.00	0	3,022	0	11.00	
12.00	OPERATING ROOM	50.00	0	2,561,922	0	12.00	
13.00	ENDOSCOPY	50.01	0	157,163	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,039	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	222,864	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	601,132	0	16.00	
17.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	28,488	0	17.00	
18.00	MAMMOGRAPHY	54.03	0	54	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	585,230	0	19.00	
20.00	RADIOISOTOPE	56.00	0	7,716	0	20.00	
21.00	CT SCAN	57.00	0	87,915	0	21.00	
22.00	MRI	58.00	0	190,454	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	149,675	0	23.00	
24.00	LABORATORY	60.00	0	100,720	0	24.00	
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,330	0	25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	6,154	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	67,708	0	27.00	
28.00	REHAB OUTPATIENT	66.01	0	2,154	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	38,580	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,052	0	30.00	
31.00	PROCEDURE CLINIC	90.02	0	29,890	0	31.00	
32.00	EPILEPSY MONITORING UNIT	90.04	0	36,041	0	32.00	
33.00	OFFSITE IMAGING CENTER	90.05	0	388,776	0	33.00	
34.00	EMERGENCY	91.00	0	33,892	0	34.00	
39.00		0.00	0	0	9	39.00	
	TOTALS		0	16,861,609			
E - LINEN							
1.00	HOUSEKEEPING	9.00	0	690,144	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	56,798	0	2.00	
	TOTALS		0	746,942			
F - CAFETERIA							
1.00	DIETARY	10.00	55,656	4,089,081	0	1.00	
	TOTALS		55,656	4,089,081			
G - WORKER'S COMP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	54,154	0	1.00	
	TOTALS		0	54,154			
H - INTEREST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,051,627	11	1.00	
	TOTALS		0	8,051,627			
I - CAPITAL INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	290,061	12	1.00	
	TOTALS		0	290,061			
J - RESIDENTS							
1.00	ADULTS & PEDIATRICS	30.00	580,494	0	0	1.00	
2.00	I&R SERVICES-OTHER PRGM. COSTS	22.00	17,634	0	0	2.00	
	APPRVD						
	TOTALS		598,128	0			
500.00	Grand Total: Decreases		653,784	75,197,173		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,220,000	0	0	0	0	1.00
2.00	Land Improvements	303,984	0	0	0	0	2.00
3.00	Buildings and Fixtures	248,909,413	79,734	0	79,734	0	3.00
4.00	Building Improvements	33,671,261	476,235	0	476,235	0	4.00
5.00	Fixed Equipment	3,287,616	0	0	0	0	5.00
6.00	Movable Equipment	67,068,759	2,190,663	0	2,190,663	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	365,461,033	2,746,632	0	2,746,632	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	365,461,033	2,746,632	0	2,746,632	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	12,220,000	0				1.00
2.00	Land Improvements	303,984	0				2.00
3.00	Buildings and Fixtures	248,989,147	0				3.00
4.00	Building Improvements	34,147,496	0				4.00
5.00	Fixed Equipment	3,287,616	0				5.00
6.00	Movable Equipment	69,259,422	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	368,207,665	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	368,207,665	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 2:29 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	0	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)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	298,948,243	0	298,948,243	0.811901	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	69,259,422	0	69,259,422	0.188099	0	2.00
3.00	Total (sum of lines 1-2)	368,207,665	0	368,207,665	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,177,905	2,415,553	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,450,607	2,592,864	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,628,512	5,008,417	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	290,061	0	0	12,883,519	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	18,043,471	2.00
3.00	Total (sum of lines 1-2)	0	290,061	0	0	30,926,990	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 2:29 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.	
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-8,051,627	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00	Television and radio service (chapter 21)		0		0.00		0	8.00
9.00	Parking lot (chapter 21)		0		0.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,036,211				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,368,406				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests	B	-519,211	CAFETERIA	11.00		0	14.00
15.00	Rental of quarters to employees and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients		0		0.00		0	17.00
18.00	Sale of medical records and abstracts	B	-36,427	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines	B	-49,058	CAFETERIA	11.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-997,274	CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00	PRENATAL CLASS	B	-6,500	NURSING ADMINISTRATION	13.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/29/2021 2:29 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
	1.00	2.00	3.00	4.00	5.00	
33.01 GIFT SHOP	B	-321,615	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.01
33.02 MISC INCOME	B	-590,868	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MISC INCOME	B	-8,970	ADULTS & PEDIATRICS	30.00	0	33.03
33.04 MISC INCOME	B	-1,166,957	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05 MISC INCOME	B	0		0.00	0	33.05
33.06 OP REHAB REV	B	-4,800	REHAB OUTPATIENT	66.01	0	33.06
33.07 RESEARCH	B	-5,200	PHARMACY	15.00	0	33.07
33.08 RENT PHYSICIANS OFFICE	B	0	POB	192.01	0	33.08
33.09 PHYSICIANS PART B	A	-4,166,688	POB	192.01	0	33.09
33.10 PHYSICIANS PART B	A	-49,965	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.10
33.11 REAL ESTATE TAXES	A	-896,668	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 LOBBYING FEES	A	-50,000	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13 MARKETING	A	-22,494	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 MARKETING	A	-2,620	MAMMOGRAPHY	54.03	0	33.14
33.15 ER DIRECT PT SVCES	A	-1,308,000	EMERGENCY	91.00	0	33.15
33.16 NON-REIMBURSABLE	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 NON-REIMBURSABLE	A	0	NURSING ADMINISTRATION	13.00	0	33.17
33.18 CHARITABLE DONATIONS	A	-27,187	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19
33.20 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.20
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21
33.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.22
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
50.00 TOTAL (sum of lines 1 thru 49)		-28,686,746				50.00
(Transfer to Worksheet A, column 6, line 200.)						

(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:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 2:29 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	2.00	CAP REL COSTS-MVBLE EQUIP	IS CAPITAL RELATED COSTS	6,257,713	0	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL RELATED BUILD	63,283	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL RELATED EQUIP	3,443,181	0	3.00
3.01	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	193,518	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	COVID 19 VACCINE	43,725	0	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	IS SERVICES	15,145,009	57,209,144	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER AND CENTRAL SCHE	978,084	0	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	CLINICAL INFORMATICS	88,917	0	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	123,848	0	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	QUALITY MGMT	951,092	0	3.07
3.08	15.00	PHARMACY	PHARMACY ADMIN	77,802	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	REVENUE CYCLE	182,597	0	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	PT ACCESS	109,558	0	3.10
3.11	5.00	ADMINISTRATIVE & GENERAL	MEDICAL ADMIN	265,162	0	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE	206,414	0	3.12
3.13	13.00	NURSING ADMINISTRATION	NURSING ADMINING	239,758	0	3.13
3.14	7.00	OPERATION OF PLANT	FACILITES	7,870,103	0	3.14
3.15	5.00	ADMINISTRATIVE & GENERAL	SERVICE LINES	712,922	0	3.15
3.16	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	570,410	0	3.16
3.17	5.00	ADMINISTRATIVE & GENERAL	TELECOM	250,824	0	3.17
3.18	14.00	CENTRAL SERVICES & SUPPLY	MATERIALS MGMT	-255,894	0	3.18
3.19	16.00	MEDICAL RECORDS & LIBRARY	HIM	93,680	0	3.19
3.20	17.00	SOCIAL SERVICE	CASE MGMT	1,644,960	0	3.20
3.21	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	22,229	0	3.21
3.22	5.00	ADMINISTRATIVE & GENERAL	POOLED A&G	15,669,154	0	3.22
3.23	60.00	LABORATORY	ALVERNO	11,051,743	10,159,054	3.23
3.24	0.00			0	0	3.24
3.25	0.00			0	0	3.25
3.26	0.00			0	0	3.26
3.27	0.00			0	0	3.27
3.28	0.00			0	0	3.28
3.29	0.00			0	0	3.29
3.30	0.00			0	0	3.30
3.31	0.00			0	0	3.31
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			65,999,792	67,368,198	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 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 2:29 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00

(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:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 2:29 pm

	Net Adjustment (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	6,257,713	9		1.00
2.00	63,283	9		2.00
3.00	3,443,181	9		3.00
3.01	193,518	0		3.01
3.02	43,725	0		3.02
3.03	-42,064,135	0		3.03
3.04	978,084	0		3.04
3.05	88,917	0		3.05
3.06	123,848	0		3.06
3.07	951,092	0		3.07
3.08	77,802	0		3.08
3.09	182,597	0		3.09
3.10	109,558	0		3.10
3.11	265,162	0		3.11
3.12	206,414	0		3.12
3.13	239,758	0		3.13
3.14	7,870,103	0		3.14
3.15	712,922	0		3.15
3.16	570,410	0		3.16
3.17	250,824	0		3.17
3.18	-255,894	0		3.18
3.19	93,680	0		3.19
3.20	1,644,960	0		3.20
3.21	22,229	0		3.21
3.22	15,669,154	0		3.22
3.23	892,689	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	0	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
4.00	0	0		4.00
5.00	-1,368,406			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 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 2:29 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 2:29 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	9,225,320	8,486,801	738,519	211,500	3,942	1.00
2.00	50.00	OPERATING ROOM	237,103	94,103	143,000	246,400	526	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	121	121	0	0	0	3.00
4.00	54.01	ULTRASOUND	315	315	0	0	0	4.00
5.00	54.03	MAMMOGRAPHY	1,495	1,495	0	0	0	5.00
6.00	91.00	EMERGENCY	35,001	35,001	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,499,355	8,617,836	881,519		4,468	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	400,833	20,042	0	0	0	1.00
2.00	50.00	OPERATING ROOM	62,311	3,116	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	54.01	ULTRASOUND	0	0	0	0	0	4.00
5.00	54.03	MAMMOGRAPHY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			463,144	23,158	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	400,833	337,686	8,824,487		1.00
2.00	50.00	OPERATING ROOM	0	62,311	80,689	174,792		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	121		3.00
4.00	54.01	ULTRASOUND	0	0	0	315		4.00
5.00	54.03	MAMMOGRAPHY	0	0	0	1,495		5.00
6.00	91.00	EMERGENCY	0	0	0	35,001		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	463,144	418,375	9,036,211		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 2:29 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	12,883,519	12,883,519			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	18,043,471	18,043,471			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,223,836	9,153	12,952	15,245,941	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	77,890,352	1,180,011	1,482,436	939,441	5.00
7.00	00700	OPERATION OF PLANT	10,818,217	3,514,016	4,972,502	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	769,171	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,589,640	147,740	209,060	0	9.00
10.00	01000	DIETARY	1,637,838	131,344	185,859	3,827	10.00
11.00	01100	CAFETERIA	3,576,468	95,331	134,898	9,538	11.00
13.00	01300	NURSING ADMINISTRATION	5,415,871	209,724	296,770	567,190	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	156,487	66,094	93,527	79,640	14.00
15.00	01500	PHARMACY	5,120,167	95,931	135,747	708,117	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	66,972	146,740	207,645	0	16.00
17.00	01700	SOCIAL SERVICE	1,644,960	6,421	9,085	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	598,128	0	0	102,507	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,287	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,727,408	2,945,628	4,168,207	4,646,788	30.00
31.00	03100	INTENSIVE CARE UNIT	7,112,855	239,672	339,148	956,471	31.00
31.01	02060	NEONATAL NICU	6,917,092	436,844	618,156	958,344	31.01
43.00	04300	NURSERY	611,132	28,437	40,240	96,473	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,105,115	731,902	1,035,678	921,919	50.00
50.01	05001	ENDOSCOPY	1,361,785	235,696	333,521	182,234	50.01
51.00	05100	RECOVERY ROOM	1,718,999	125,835	178,062	268,903	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,300,085	333,049	471,280	601,885	52.00
53.00	05300	ANESTHESIOLOGY	87,194	11,753	16,630	11,961	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,861,601	326,739	462,352	413,270	54.00
54.01	03630	ULTRASOUND	1,034,612	24,927	35,273	158,229	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	820,355	22,883	32,381	102,808	54.02
54.03	03440	MAMMOGRAPHY	798,308	109,017	154,264	112,728	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	715,286	276,107	390,706	81,018	55.00
56.00	05600	RADIOISOTOPE	1,066,127	47,255	66,868	50,460	56.00
57.00	05700	CT SCAN	1,162,538	59,185	83,750	162,419	57.00
58.00	05800	MRI	874,501	45,544	64,447	120,335	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,879,905	148,362	209,940	214,031	59.00
60.00	06000	LABORATORY	11,367,440	299,302	423,526	11,148	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	862,241	12,064	17,071	70	63.00
64.00	06400	INTRAVENOUS THERAPY	348,148	0	0	55,106	64.00
65.00	06500	RESPIRATORY THERAPY	2,215,959	31,925	45,176	256,439	65.00
66.00	06600	PHYSICAL THERAPY	2,741,658	118,792	168,096	432,902	66.00
66.01	06601	REHAB OUTPATIENT	1,368,753	2,644	3,741	209,811	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	996,135	0	0	150,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157,331	12,352	17,479	24,497	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,446,376	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,968,783	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,565,191	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,146,600	0	0	3,634	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	137,383	0	0	21,743	90.01
90.02	09001	PROCEDURE CLINIC	2,054,973	141,564	200,320	323,723	90.02
90.04	09002	EPILEPSY MONITORING UNIT	184,413	0	0	29,406	90.04
90.05	09003	OFFSITE IMAGING CENTER	480,460	0	0	69,561	90.05
91.00	09100	EMERGENCY	7,971,106	460,772	652,014	1,086,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	306,604,232	12,830,755	17,968,807	15,145,445	306,376,308
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	246,564	52,764	74,664	21,595	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	163,727	0	0	26,588	192.00
192.01	19201	POB	1,126,197	0	0	7,267	192.01
194.00	07950	COMMUNITY PROGRAMS	477	0	0	76	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 2:29 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	
194.01	07951	RETAIL PHARMACY	2,122,896	0	0	44,970	2,167,866	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	310,264,093	12,883,519	18,043,471	15,245,941	310,264,093	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 2:29 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	81,492,240					5.00
7.00	00700	OPERATION OF PLANT	6,910,902	26,215,637				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	275,356	0	1,044,527			8.00
9.00	00900	HOUSEKEEPING	1,770,776	473,465	0	7,190,681		9.00
10.00	01000	DIETARY	701,255	420,921	0	117,578	3,198,622	10.00
11.00	01100	CAFETERIA	1,366,174	305,509	0	85,339	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,323,196	672,106	0	187,743	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	141,674	211,813	0	59,167	0	14.00
15.00	01500	PHARMACY	2,169,406	307,432	0	85,876	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	150,842	470,261	0	131,360	0	16.00
17.00	01700	SOCIAL SERVICE	594,430	20,576	0	5,748	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	250,820	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	461	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,568,251	9,439,889	595,158	2,636,885	2,859,487	30.00
31.00	03100	INTENSIVE CARE UNIT	3,095,950	768,081	52,187	214,552	339,135	31.00
31.01	02060	NEONATAL NICU	3,197,007	1,399,961	8,949	391,058	0	31.01
43.00	04300	NURSERY	277,901	91,133	0	25,457	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,296,324	2,345,537	123,558	655,190	0	50.00
50.01	05001	ENDOSCOPY	756,517	755,336	0	210,992	0	50.01
51.00	05100	RECOVERY ROOM	820,441	403,264	0	112,646	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,042,798	1,067,325	66,704	298,141	0	52.00
53.00	05300	ANESTHESIOLOGY	45,657	37,664	0	10,521	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,454,858	1,047,105	2,570	292,493	0	54.00
54.01	03630	ULTRASOUND	448,576	79,884	29,767	22,314	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	350,267	73,334	0	20,485	0	54.02
54.03	03440	MAMMOGRAPHY	420,394	349,367	0	97,590	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	523,781	884,845	7,941	247,168	0	55.00
56.00	05600	RADIOISOTOPE	440,582	151,438	0	42,302	0	56.00
57.00	05700	CT SCAN	525,491	189,671	36,537	52,982	0	57.00
58.00	05800	MRI	395,517	145,955	0	40,770	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,235,867	475,458	0	132,812	0	59.00
60.00	06000	LABORATORY	4,332,186	959,176	0	267,931	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	319,129	38,660	0	10,799	0	63.00
64.00	06400	INTRAVENOUS THERAPY	144,361	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	912,695	102,311	0	28,579	0	65.00
66.00	06600	PHYSICAL THERAPY	1,239,164	380,694	0	106,341	0	66.00
66.01	06601	REHAB OUTPATIENT	567,396	8,473	0	2,367	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	410,378	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,772	39,586	0	11,058	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,739,698	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,000,685	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,856,203	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	411,772	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	56,966	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	973,940	453,672	0	126,726	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	76,545	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	196,902	0	0	0	0	90.05
91.00	09100	EMERGENCY	3,640,958	1,476,640	121,156	412,477	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,506,221	26,046,542	1,044,527	7,143,447	3,198,622	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,616	169,095	0	47,234	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,131	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	198	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	776,074	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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)	81,492,240	26,215,637	1,044,527	7,190,681	3,198,622	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

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	5,573,257					11.00
13.00	01300	NURSING ADMINISTRATION	140,441	9,813,041				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	56,478	0	864,880			14.00
15.00	01500	PHARMACY	230,052	0	0	8,852,728		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,173,820	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,574	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,073,528	4,959,266	0	0	129,445	30.00
31.00	03100	INTENSIVE CARE UNIT	329,237	787,436	0	0	23,947	31.00
31.01	02060	NEONATAL NICU	337,682	807,633	0	0	32,498	31.01
43.00	04300	NURSERY	34,478	82,461	0	0	6,190	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	356,669	853,045	0	0	108,759	50.00
50.01	05001	ENDOSCOPY	67,128	160,549	0	0	26,438	50.01
51.00	05100	RECOVERY ROOM	94,506	226,029	0	0	18,192	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	209,451	500,944	0	0	16,925	52.00
53.00	05300	ANESTHESIOLOGY	9,252	0	0	0	37,268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,647	0	0	0	37,776	54.00
54.01	03630	ULTRASOUND	52,228	0	0	0	23,413	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	31,574	0	0	0	7,057	54.02
54.03	03440	MAMMOGRAPHY	43,676	0	0	0	11,644	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	29,960	0	0	0	22,386	55.00
56.00	05600	RADIOISOTOPE	15,491	0	0	0	14,510	56.00
57.00	05700	CT SCAN	61,211	0	0	0	68,958	57.00
58.00	05800	MRI	42,923	0	0	0	29,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,470	0	0	0	32,900	59.00
60.00	06000	LABORATORY	10,758	0	0	0	140,838	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	6,139	63.00
64.00	06400	INTRAVENOUS THERAPY	19,149	0	0	0	1,498	64.00
65.00	06500	RESPIRATORY THERAPY	92,892	0	0	0	24,418	65.00
66.00	06600	PHYSICAL THERAPY	138,881	0	0	0	16,362	66.00
66.01	06601	REHAB OUTPATIENT	82,296	0	0	0	7,905	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67,343	0	0	0	31,554	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,586	0	0	0	3,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	370,052	0	33,890	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	494,828	0	28,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,852,728	116,327	73.00
74.00	07400	RENAL DIALYSIS	1,076	0	0	0	4,323	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	10,435	24,957	0	0	298	90.01
90.02	09001	PROCEDURE CLINIC	117,850	281,861	0	0	10,077	90.02
90.04	09002	EPILEPSY MONITORING UNIT	11,511	27,530	0	0	417	90.04
90.05	09003	OFFSITE IMAGING CENTER	26,356	63,036	0	0	8,680	90.05
91.00	09100	EMERGENCY	434,124	1,038,294	0	0	92,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,527,913	9,813,041	864,880	8,852,728	1,173,820	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,726	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,706	0	0	0	0	192.00
192.01	19201	POB	1,022	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	54	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	16,836	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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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	
202.00	TOTAL (sum lines 118 through 201)	5,573,257	9,813,041	864,880	8,852,728	1,173,820	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description		SOCIAL SERVICES	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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	2,281,220				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	983,029			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,748		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,665,115	983,029	1,748	84,399,832	-984,777 30.00
31.00	03100	INTENSIVE CARE UNIT	199,265	0	0	14,457,936	0 31.00
31.01	02060	NEONATAL NICU	257,935	0	0	15,363,159	0 31.01
43.00	04300	NURSERY	158,905	0	0	1,452,807	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	24,533,696	0 50.00
50.01	05001	ENDOSCOPY	0	0	0	4,090,196	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	3,966,877	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,908,587	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	267,900	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,090,411	0 54.00
54.01	03630	ULTRASOUND	0	0	0	1,909,223	0 54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	1,461,144	0 54.02
54.03	03440	MAMMOGRAPHY	0	0	0	2,096,988	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,179,198	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,895,033	0 56.00
57.00	05700	CT SCAN	0	0	0	2,402,742	0 57.00
58.00	05800	MRI	0	0	0	1,759,022	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,392,745	0 59.00
60.00	06000	LABORATORY	0	0	0	17,812,305	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,266,173	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	568,262	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,710,394	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,342,890	0 66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	2,253,386	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,655,613	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	354,316	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,590,016	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,492,399	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,390,449	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,567,405	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	251,782	0 90.01
90.02	09001	PROCEDURE CLINIC	0	0	0	4,684,706	0 90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	329,822	0 90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	844,995	0 90.05
91.00	09100	EMERGENCY	0	0	0	17,386,207	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,281,220	983,029	1,748	305,128,616	-984,777 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	765,258	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	274,152	0 192.00
192.01	19201	POB	0	0	0	1,134,486	0 192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	805	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			17.00	21.00	22.00	24.00	25.00	
194.01	07951	RETAIL PHARMACY	0	0	0	2,960,776	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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)	2,281,220	983,029	1,748	310,264,093	-984,777	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0290

Period:
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To 06/30/2021Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL NICU	31.01
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	54.02
54.03	03440	MAMMOGRAPHY	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	REHAB OUTPATIENT	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	90.01
90.02	09001	PROCEDURE CLINIC	90.02
90.04	09002	EPILEPSY MONITORING UNIT	90.04
90.05	09003	OFFSITE IMAGING CENTER	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	POB	192.01
194.00	07950	COMMUNITY PROGRAMS	194.00
194.01	07951	RETAIL PHARMACY	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	194.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 2:29 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	0	9,153	12,952	22,105	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,180,011	1,482,436	2,662,447	5.00
7.00	00700	OPERATION OF PLANT	0	3,514,016	4,972,502	8,486,518	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	147,740	209,060	356,800	9.00
10.00	01000	DIETARY	0	131,344	185,859	317,203	10.00
11.00	01100	CAFETERIA	0	95,331	134,898	230,229	11.00
13.00	01300	NURSING ADMINISTRATION	0	209,724	296,770	506,494	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66,094	93,527	159,621	14.00
15.00	01500	PHARMACY	0	95,931	135,747	231,678	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	146,740	207,645	354,385	16.00
17.00	01700	SOCIAL SERVICE	0	6,421	9,085	15,506	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,945,628	4,168,207	7,113,835	30.00
31.00	03100	INTENSIVE CARE UNIT	0	239,672	339,148	578,820	31.00
31.01	02060	NEONATAL NICU	0	436,844	618,156	1,055,000	31.01
43.00	04300	NURSERY	0	28,437	40,240	68,677	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	731,902	1,035,678	1,767,580	50.00
50.01	05001	ENDOSCOPY	0	235,696	333,521	569,217	50.01
51.00	05100	RECOVERY ROOM	0	125,835	178,062	303,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	333,049	471,280	804,329	52.00
53.00	05300	ANESTHESIOLOGY	0	11,753	16,630	28,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	326,739	462,352	789,091	54.00
54.01	03630	ULTRASOUND	0	24,927	35,273	60,200	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	22,883	32,381	55,264	54.02
54.03	03440	MAMMOGRAPHY	0	109,017	154,264	263,281	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	276,107	390,706	666,813	55.00
56.00	05600	RADIOISOTOPE	0	47,255	66,868	114,123	56.00
57.00	05700	CT SCAN	0	59,185	83,750	142,935	57.00
58.00	05800	MRI	0	45,544	64,447	109,991	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	148,362	209,940	358,302	59.00
60.00	06000	LABORATORY	0	299,302	423,526	722,828	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,064	17,071	29,135	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,925	45,176	77,101	65.00
66.00	06600	PHYSICAL THERAPY	0	118,792	168,096	286,888	66.00
66.01	06601	REHAB OUTPATIENT	0	2,644	3,741	6,385	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,352	17,479	29,831	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	141,564	200,320	341,884	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	460,772	652,014	1,112,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	0	12,830,755	17,968,807	30,799,562	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,764	74,664	127,428	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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)	0	12,883,519	18,043,471	30,926,990	22,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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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	2,663,806				5.00
7.00	00700	OPERATION OF PLANT	225,904	8,712,422			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,001	0	9,001		8.00
9.00	00900	HOUSEKEEPING	57,883	157,350	0	572,033	9.00
10.00	01000	DIETARY	22,923	139,888	0	9,354	489,374 10.00
11.00	01100	CAFETERIA	44,658	101,532	0	6,789	0 11.00
13.00	01300	NURSING ADMINISTRATION	75,941	223,366	0	14,935	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,631	70,393	0	4,707	0 14.00
15.00	01500	PHARMACY	70,914	102,171	0	6,832	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,931	156,285	0	10,450	0 16.00
17.00	01700	SOCIAL SERVICE	19,431	6,838	0	457	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,199	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	15	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	508,878	3,137,225	5,128	209,769	437,488 30.00
31.00	03100	INTENSIVE CARE UNIT	101,201	255,262	450	17,068	51,886 31.00
31.01	02060	NEONATAL NICU	104,504	465,258	77	31,109	0 31.01
43.00	04300	NURSERY	9,084	30,287	0	2,025	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	173,127	779,508	1,065	52,122	0 50.00
50.01	05001	ENDOSCOPY	24,729	251,026	0	16,785	0 50.01
51.00	05100	RECOVERY ROOM	26,819	134,019	0	8,961	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,775	354,711	575	23,718	0 52.00
53.00	05300	ANESTHESIOLOGY	1,492	12,517	0	837	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,556	347,991	22	23,268	0 54.00
54.01	03630	ULTRASOUND	14,663	26,548	257	1,775	0 54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	11,450	24,371	0	1,630	0 54.02
54.03	03440	MAMMOGRAPHY	13,742	116,108	0	7,764	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	17,121	294,067	68	19,663	0 55.00
56.00	05600	RADIOISOTOPE	14,402	50,328	0	3,365	0 56.00
57.00	05700	CT SCAN	17,177	63,035	315	4,215	0 57.00
58.00	05800	MRI	12,929	48,506	0	3,243	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	40,398	158,012	0	10,565	0 59.00
60.00	06000	LABORATORY	141,611	318,769	0	21,314	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,432	12,848	0	859	0 63.00
64.00	06400	INTRAVENOUS THERAPY	4,719	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	29,834	34,002	0	2,274	0 65.00
66.00	06600	PHYSICAL THERAPY	40,506	126,519	0	8,460	0 66.00
66.01	06601	REHAB OUTPATIENT	18,547	2,816	0	188	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	13,414	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,477	13,156	0	880	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	122,243	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	163,463	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,740	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	13,460	0	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	1,862	0	0	0	0 90.01
90.02	09001	PROCEDURE CLINIC	31,836	150,772	0	10,081	0 90.02
90.04	09002	EPILEPSY MONITORING UNIT	2,502	0	0	0	0 90.04
90.05	09003	OFFSITE IMAGING CENTER	6,436	0	0	0	0 90.05
91.00	09100	EMERGENCY	119,016	490,742	1,044	32,813	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,631,576	8,656,226	9,001	568,275	489,374 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,629	56,196	0	3,758	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,227	0	0	0	0 192.00
192.01	19201	POB	0	0	0	0	0 192.01
194.00	07950	COMMUNITY PROGRAMS	6	0	0	0	0 194.00
194.01	07951	RETAIL PHARMACY	25,368	0	0	0	0 194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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)	2,663,806	8,712,422	9,001	572,033	489,374 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
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To 06/30/2021Worksheet B
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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	383,222					11.00
13.00	01300	NURSING ADMINISTRATION	9,657	831,214				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,883	0	243,350			14.00
15.00	01500	PHARMACY	15,819	0	0	428,439		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	526,051	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,171	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	142,578	420,075	0	0	58,075	30.00
31.00	03100	INTENSIVE CARE UNIT	22,639	66,700	0	0	10,744	31.00
31.01	02060	NEONATAL NICU	23,219	68,411	0	0	14,580	31.01
43.00	04300	NURSERY	2,371	6,985	0	0	2,777	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,525	72,257	0	0	48,794	50.00
50.01	05001	ENDOSCOPY	4,616	13,599	0	0	11,861	50.01
51.00	05100	RECOVERY ROOM	6,498	19,146	0	0	8,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,402	42,432	0	0	7,593	52.00
53.00	05300	ANESTHESIOLOGY	636	0	0	0	16,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,178	0	0	0	16,948	54.00
54.01	03630	ULTRASOUND	3,591	0	0	0	10,504	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	2,171	0	0	0	3,166	54.02
54.03	03440	MAMMOGRAPHY	3,003	0	0	0	5,224	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,060	0	0	0	10,044	55.00
56.00	05600	RADIOISOTOPE	1,065	0	0	0	6,510	56.00
57.00	05700	CT SCAN	4,209	0	0	0	30,938	57.00
58.00	05800	MRI	2,951	0	0	0	13,024	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,364	0	0	0	14,760	59.00
60.00	06000	LABORATORY	740	0	0	0	62,607	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,754	63.00
64.00	06400	INTRAVENOUS THERAPY	1,317	0	0	0	672	64.00
65.00	06500	RESPIRATORY THERAPY	6,387	0	0	0	10,955	65.00
66.00	06600	PHYSICAL THERAPY	9,550	0	0	0	7,341	66.00
66.01	06601	REHAB OUTPATIENT	5,659	0	0	0	3,547	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,631	0	0	0	14,157	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	865	0	0	0	1,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	104,119	0	15,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	139,231	0	12,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	428,439	52,190	73.00
74.00	07400	RENAL DIALYSIS	74	0	0	0	1,939	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	718	2,114	0	0	134	90.01
90.02	09001	PROCEDURE CLINIC	8,103	23,875	0	0	4,521	90.02
90.04	09002	EPILEPSY MONITORING UNIT	791	2,332	0	0	187	90.04
90.05	09003	OFFSITE IMAGING CENTER	1,812	5,339	0	0	3,894	90.05
91.00	09100	EMERGENCY	29,851	87,949	0	0	41,276	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	380,104	831,214	243,350	428,439	526,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	806	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,080	0	0	0	0	192.00
192.01	19201	POB	70	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	4	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	1,158	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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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	
202.00 TOTAL (sum lines 118 through 201)	383,222	831,214	243,350	428,439	526,051	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
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To 06/30/2021Worksheet B
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Cost Center Description		INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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	42,232				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	10,518			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		15		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,826		12,070,646	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,689		1,109,843	0	31.00
31.01	02060	NEONATAL NICU	4,775		1,768,320	0	31.01
43.00	04300	NURSERY	2,942		125,288	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0		2,920,312	0	50.00
50.01	05001	ENDOSCOPY	0		892,097	0	50.01
51.00	05100	RECOVERY ROOM	0		507,891	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		1,315,406	0	52.00
53.00	05300	ANESTHESIOLOGY	0		60,602	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		1,238,652	0	54.00
54.01	03630	ULTRASOUND	0		117,767	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0		98,201	0	54.02
54.03	03440	MAMMOGRAPHY	0		409,285	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		1,009,953	0	55.00
56.00	05600	RADIOISOTOPE	0		189,866	0	56.00
57.00	05700	CT SCAN	0		263,059	0	57.00
58.00	05800	MRI	0		190,818	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		586,711	0	59.00
60.00	06000	LABORATORY	0		1,267,885	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		56,028	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		6,788	0	64.00
65.00	06500	RESPIRATORY THERAPY	0		160,924	0	65.00
66.00	06600	PHYSICAL THERAPY	0		479,890	0	66.00
66.01	06601	REHAB OUTPATIENT	0		37,446	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		32,419	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		48,884	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		241,567	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		315,302	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		639,369	0	73.00
74.00	07400	RENAL DIALYSIS	0		15,478	0	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0		4,859	0	90.01
90.02	09001	PROCEDURE CLINIC	0		571,540	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0		5,855	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0		17,582	0	90.05
91.00	09100	EMERGENCY	0		1,917,049	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,232	0	0	30,693,582	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		192,848	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		3,345	0	192.00
192.01	19201	POB	0		81	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0		10	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			17.00	21.00	22.00	24.00	25.00	
194.01	07951	RETAIL PHARMACY	0			26,591	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0			0	0	194.02
200.00		Cross Foot Adjustments		10,518	15	10,533	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	42,232	10,518	15	30,926,990	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0290

Period:
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To 06/30/2021Worksheet B
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL NICU	31.01
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	54.02
54.03	03440	MAMMOGRAPHY	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	REHAB OUTPATIENT	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	90.01
90.02	09001	PROCEDURE CLINIC	90.02
90.04	09002	EPILEPSY MONITORING UNIT	90.04
90.05	09003	OFFSITE IMAGING CENTER	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	POB	192.01
194.00	07950	COMMUNITY PROGRAMS	194.00
194.01	07951	RETAIL PHARMACY	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	194.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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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	579,906					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		573,947				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	412	412	88,959,955			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	53,114	47,155	5,481,626	-81,492,240	227,638,389	5.00
7.00 00700 OPERATION OF PLANT	158,171	158,171	0	0	19,304,735	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	769,171	8.00
9.00 00900 HOUSEKEEPING	6,650	6,650	0	0	4,946,440	9.00
10.00 01000 DIETARY	5,912	5,912	22,330	0	1,958,868	10.00
11.00 01100 CAFETERIA	4,291	4,291	55,656	0	3,816,235	11.00
13.00 01300 NURSING ADMINISTRATION	9,440	9,440	3,309,548	0	6,489,555	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,975	2,975	464,699	0	395,748	14.00
15.00 01500 PHARMACY	4,318	4,318	4,131,851	0	6,059,962	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,605	6,605	0	0	421,357	16.00
17.00 01700 SOCIAL SERVICE	289	289	0	0	1,660,466	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	598,128	0	700,635	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	1,287	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	132,587	132,587	27,114,045	0	43,488,031	30.00
31.00 03100 INTENSIVE CARE UNIT	10,788	10,788	5,580,994	0	8,648,146	31.00
31.01 02060 NEONATAL NICU	19,663	19,663	5,591,925	0	8,930,436	31.01
43.00 04300 NURSERY	1,280	1,280	562,916	0	776,282	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	32,944	32,944	5,379,386	0	14,794,614	50.00
50.01 05001 ENDOSCOPY	10,609	10,609	1,063,335	0	2,113,236	50.01
51.00 05100 RECOVERY ROOM	5,664	5,664	1,569,045	0	2,291,799	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	14,991	14,991	3,511,989	0	5,706,299	52.00
53.00 05300 ANESTHESIOLOGY	529	529	69,790	0	127,538	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,707	14,707	2,411,427	0	4,063,962	54.00
54.01 03630 ULTRASOUND	1,122	1,122	923,266	0	1,253,041	54.01
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	1,030	1,030	599,881	0	978,427	54.02
54.03 03440 MAMMOGRAPHY	4,907	4,907	657,767	0	1,174,317	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	12,428	12,428	472,741	0	1,463,117	55.00
56.00 05600 RADIOISOTOPE	2,127	2,127	294,431	0	1,230,710	56.00
57.00 05700 CT SCAN	2,664	2,664	947,712	0	1,467,892	57.00
58.00 05800 MRI	2,050	2,050	702,152	0	1,104,827	58.00
59.00 05900 CARDIAC CATHETERIZATION	6,678	6,678	1,248,866	0	3,452,238	59.00
60.00 06000 LABORATORY	13,472	13,472	65,048	0	12,101,416	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	543	543	408	0	891,446	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	321,540	0	403,254	64.00
65.00 06500 RESPIRATORY THERAPY	1,437	1,437	1,496,318	0	2,549,499	65.00
66.00 06600 PHYSICAL THERAPY	5,347	5,347	2,525,980	0	3,461,448	66.00
66.01 06601 REHAB OUTPATIENT	119	119	1,224,243	0	1,584,949	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	876,433	0	1,146,338	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	556	556	142,939	0	211,659	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,446,376	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,968,783	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	13,565,191	73.00
74.00 07400 RENAL DIALYSIS	0	0	21,204	0	1,150,234	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09005 CONGESTIVE HEART FAILURE CLINIC	0	0	126,873	0	159,126	90.01
90.02 09001 PROCEDURE CLINIC	6,372	6,372	1,888,921	0	2,720,580	90.02
90.04 09002 EPILEPSY MONITORING UNIT	0	0	171,585	0	213,819	90.04
90.05 09003 OFFSITE IMAGING CENTER	0	0	405,889	0	550,021	90.05
91.00 09100 EMERGENCY	20,740	20,740	6,340,680	0	10,170,558	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	577,531	571,572	88,373,567	-81,492,240	224,884,068	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	2,375	126,005	0	395,587	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	155,138	0	190,315	192.00
192.01 19201 POB	0	0	42,400	-1,133,464	0	192.01
194.00 07950 COMMUNITY PROGRAMS	0	0	444	0	553	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

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Date/Time Prepared:
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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	
194.01	07951	RETAIL PHARMACY	0	0	262,401	0	2,167,866	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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)	12,883,519	18,043,471	15,245,941		81,492,240	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.216564	31.437521	0.171380		0.357990	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			22,105		2,663,806	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000248		0.011702	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:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:

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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		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	368,209				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,119,428			8.00
9.00	00900	HOUSEKEEPING	6,650	0	361,559		9.00
10.00	01000	DIETARY	5,912	0	5,912	57,788	10.00
11.00	01100	CAFETERIA	4,291	0	4,291	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,440	0	9,440	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,975	0	2,975	0	14.00
15.00	01500	PHARMACY	4,318	0	4,318	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,605	0	6,605	0	16.00
17.00	01700	SOCIAL SERVICE	289	0	289	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,587	1,207,622	132,587	51,661	30.00
31.00	03100	INTENSIVE CARE UNIT	10,788	105,892	10,788	6,127	31.00
31.01	02060	NEONATAL NICU	19,663	18,158	19,663	0	31.01
43.00	04300	NURSERY	1,280	0	1,280	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,944	250,710	32,944	0	50.00
50.01	05001	ENDOSCOPY	10,609	0	10,609	0	50.01
51.00	05100	RECOVERY ROOM	5,664	0	5,664	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,991	135,347	14,991	0	52.00
53.00	05300	ANESTHESIOLOGY	529	0	529	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,707	5,214	14,707	0	54.00
54.01	03630	ULTRASOUND	1,122	60,400	1,122	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	0	1,030	0	54.02
54.03	03440	MAMMOGRAPHY	4,907	0	4,907	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	12,428	16,112	12,428	0	55.00
56.00	05600	RADIOISOTOPE	2,127	0	2,127	0	56.00
57.00	05700	CT SCAN	2,664	74,137	2,664	0	57.00
58.00	05800	MRI	2,050	0	2,050	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,678	0	6,678	0	59.00
60.00	06000	LABORATORY	13,472	0	13,472	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	543	0	543	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,437	0	1,437	0	65.00
66.00	06600	PHYSICAL THERAPY	5,347	0	5,347	0	66.00
66.01	06601	REHAB OUTPATIENT	119	0	119	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	556	0	556	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	6,372	0	6,372	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	90.05
91.00	09100	EMERGENCY	20,740	245,836	20,740	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	365,834	2,119,428	359,184	57,788	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	0	2,375	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	26,215,637	1,044,527	7,190,681	3,198,622	5,573,257	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	71.197708	0.492834	19.887988	55.350973	53.788129	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,712,422	9,001	572,033	489,374	383,222	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.661622	0.004247	1.582129	8.468436	3.698519	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:14-0290

Period:
From 07/01/2020
To 06/30/2021

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Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATI ENT 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	76,280				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	24,415,159			14.00
15.00	01500	PHARMACY	0	0	13,565,190		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,586,200,187	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	70,143	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,550	0	0	174,925,419	30.00
31.00	03100	INTENSIVE CARE UNIT	6,121	0	0	32,360,197	31.00
31.01	02060	NEONATAL NICU	6,278	0	0	43,916,769	31.01
43.00	04300	NURSERY	641	0	0	8,364,215	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,631	0	0	146,971,328	50.00
50.01	05001	ENDOSCOPY	1,248	0	0	35,727,009	50.01
51.00	05100	RECOVERY ROOM	1,757	0	0	24,583,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,894	0	0	22,871,871	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	50,362,117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,049,054	54.00
54.01	03630	ULTRASOUND	0	0	0	31,638,955	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	9,537,110	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	15,735,524	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,251,847	55.00
56.00	05600	RADIOISOTOPE	0	0	0	19,608,457	56.00
57.00	05700	CT SCAN	0	0	0	93,186,400	57.00
58.00	05800	MRI	0	0	0	39,229,447	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,458,854	59.00
60.00	06000	LABORATORY	0	0	0	190,280,484	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,295,290	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,024,511	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,996,803	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,110,898	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	10,683,103	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,640,322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,939,505	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,446,376	0	45,797,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,968,783	0	37,976,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,565,190	157,198,196	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,841,692	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	194	0	0	403,079	90.01
90.02	09001	PROCEDURE CLINIC	2,191	0	0	13,617,589	90.02
90.04	09002	EPILEPSY MONITORING UNIT	214	0	0	563,061	90.04
90.05	09003	OFFSITE IMAGING CENTER	490	0	0	11,729,331	90.05
91.00	09100	EMERGENCY	8,071	0	0	124,324,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,280	24,415,159	13,565,190	1,586,200,187	70,143
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
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)	9,813,041	864,880	8,852,728	1,173,820	2,281,220	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	128.645005	0.035424	0.652606	0.000740	32.522418	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	831,214	243,350	428,439	526,051	42,232	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.896880	0.009967	0.031584	0.000332	0.602084	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:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
			21.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	100		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		100	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	100	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02060	NEONATAL NICU	0	0	31.01
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	54.02
54.03	03440	MAMMOGRAPHY	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	POB	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		INTERNS & RESIDENTS			
		SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
		21.00	22.00		
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	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)	983,029	1,748	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9,830.290000	17.480000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,518	15	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	105.180000	0.150000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 2:29 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	83,415,055		83,415,055	0
31.00	03100	INTENSIVE CARE UNIT	14,457,936		14,457,936	0
31.01	02060	NEONATAL NICU	15,363,159		15,363,159	0
43.00	04300	NURSERY	1,452,807		1,452,807	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,533,696		24,533,696	80,689
50.01	05001	ENDOSCOPY	4,090,196		4,090,196	0
51.00	05100	RECOVERY ROOM	3,966,877		3,966,877	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,908,587		9,908,587	0
53.00	05300	ANESTHESIOLOGY	267,900		267,900	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,090,411		7,090,411	0
54.01	03630	ULTRASOUND	1,909,223		1,909,223	0
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,461,144		1,461,144	0
54.03	03440	MAMMOGRAPHY	2,096,988		2,096,988	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,179,198		3,179,198	0
56.00	05600	RADIOISOTOPE	1,895,033		1,895,033	0
57.00	05700	CT SCAN	2,402,742		2,402,742	0
58.00	05800	MRI	1,759,022		1,759,022	0
59.00	05900	CARDIAC CATHETERIZATION	5,392,745		5,392,745	0
60.00	06000	LABORATORY	17,812,305		17,812,305	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,266,173		1,266,173	0
64.00	06400	INTRAVENOUS THERAPY	568,262		568,262	0
65.00	06500	RESPIRATORY THERAPY	3,710,394	0	3,710,394	0
66.00	06600	PHYSICAL THERAPY	5,342,890	0	5,342,890	0
66.01	06601	REHAB OUTPATIENT	2,253,386	0	2,253,386	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,655,613		1,655,613	0
70.00	07000	ELECTROENCEPHALOGRAPHY	354,316		354,316	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,590,016		14,590,016	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,492,399		19,492,399	0
73.00	07300	DRUGS CHARGED TO PATIENTS	27,390,449		27,390,449	0
74.00	07400	RENAL DIALYSIS	1,567,405		1,567,405	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	251,782		251,782	0
90.02	09001	PROCEDURE CLINIC	4,684,706		4,684,706	0
90.04	09002	EPILEPSY MONITORING UNIT	329,822		329,822	0
90.05	09003	OFFSITE IMAGING CENTER	844,995		844,995	0
91.00	09100	EMERGENCY	17,386,207		17,386,207	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,198,495		18,198,495	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	322,342,334	0	322,342,334	80,689
201.00		Less Observation Beds	18,198,495		18,198,495	0
202.00		Total (see instructions)	304,143,839	0	304,143,839	80,689

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,420,944		148,420,944			30.00	
31.00	03100	INTENSIVE CARE UNIT	32,360,197		32,360,197			31.00	
31.01	02060	NEONATAL NICU	43,916,769		43,916,769			31.01	
43.00	04300	NURSERY	8,364,215		8,364,215			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,835,028	93,136,300	146,971,328	0.166928	0.000000	50.00	
50.01	05001	ENDOSCOPY	7,805,762	27,921,247	35,727,009	0.114485	0.000000	50.01	
51.00	05100	RECOVERY ROOM	8,334,811	16,248,719	24,583,530	0.161363	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,405,976	1,465,895	22,871,871	0.433222	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	18,946,740	31,415,377	50,362,117	0.005319	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,872,910	36,176,144	51,049,054	0.138894	0.000000	54.00	
54.01	03630	ULTRASOUND	7,934,703	23,704,252	31,638,955	0.060344	0.000000	54.01	
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	4,857,683	4,679,427	9,537,110	0.153206	0.000000	54.02	
54.03	03440	MAMMOGRAPHY	1,114	15,734,410	15,735,524	0.133265	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,147,549	29,104,298	30,251,847	0.105091	0.000000	55.00	
56.00	05600	RADIOISOTOPE	5,233,901	14,374,556	19,608,457	0.096644	0.000000	56.00	
57.00	05700	CT SCAN	31,966,900	61,219,500	93,186,400	0.025784	0.000000	57.00	
58.00	05800	MRI	8,894,891	30,334,556	39,229,447	0.044839	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	25,276,363	19,182,491	44,458,854	0.121297	0.000000	59.00	
60.00	06000	LABORATORY	105,925,146	84,355,338	190,280,484	0.093611	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,276,199	2,019,091	8,295,290	0.152638	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,845,401	179,110	2,024,511	0.280691	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	31,376,441	1,620,362	32,996,803	0.112447	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	19,444,695	2,666,203	22,110,898	0.241641	0.000000	66.00	
66.01	06601	REHAB OUTPATIENT	2,241	10,680,862	10,683,103	0.210930	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	20,090,808	22,549,514	42,640,322	0.038827	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	789,084	4,150,421	4,939,505	0.071731	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,876,157	19,921,039	45,797,196	0.318579	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,578,896	19,397,665	37,976,561	0.513274	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	94,174,036	63,024,160	157,198,196	0.174241	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,646,306	195,386	5,841,692	0.268314	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	5,427	397,652	403,079	0.624647	0.000000	90.01	
90.02	09001	PROCEDURE CLINIC	182,375	13,435,214	13,617,589	0.344019	0.000000	90.02	
90.04	09002	EPILEPSY MONITORING UNIT	71,089	491,972	563,061	0.585766	0.000000	90.04	
90.05	09003	OFFSITE IMAGING CENTER	18,672	11,710,659	11,729,331	0.072041	0.000000	90.05	
91.00	09100	EMERGENCY	37,214,689	87,109,774	124,324,463	0.139845	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,883,288	19,621,187	26,504,475	0.686620	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	817,977,406	768,222,781	1,586,200,187			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	817,977,406	768,222,781	1,586,200,187			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL NICU				31.01
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.167477			50.00
50.01	05001 ENDOSCOPY	0.114485			50.01
51.00	05100 RECOVERY ROOM	0.161363			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.433222			52.00
53.00	05300 ANESTHESIOLOGY	0.005319			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.138894			54.00
54.01	03630 ULTRASOUND	0.060344			54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0.153206			54.02
54.03	03440 MAMMOGRAPHY	0.133265			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105091			55.00
56.00	05600 RADIOISOTOPE	0.096644			56.00
57.00	05700 CT SCAN	0.025784			57.00
58.00	05800 MRI	0.044839			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.121297			59.00
60.00	06000 LABORATORY	0.093611			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.152638			63.00
64.00	06400 INTRAVENOUS THERAPY	0.280691			64.00
65.00	06500 RESPIRATORY THERAPY	0.112447			65.00
66.00	06600 PHYSICAL THERAPY	0.241641			66.00
66.01	06601 REHAB OUTPATIENT	0.210930			66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.038827			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.071731			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318579			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.513274			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174241			73.00
74.00	07400 RENAL DIALYSIS	0.268314			74.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	0.624647			90.01
90.02	09001 PROCEDURE CLINIC	0.344019			90.02
90.04	09002 EPILEPSY MONITORING UNIT	0.585766			90.04
90.05	09003 OFFSITE IMAGING CENTER	0.072041			90.05
91.00	09100 EMERGENCY	0.139845			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.686620			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
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:14-0290

Period:
From 07/01/2020
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				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	83,415,055		83,415,055	0		83,415,055	30.00
31.00	03100	INTENSIVE CARE UNIT	14,457,936		14,457,936	0		14,457,936	31.00
31.01	02060	NEONATAL NICU	15,363,159		15,363,159	0		15,363,159	31.01
43.00	04300	NURSERY	1,452,807		1,452,807	0		1,452,807	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,533,696		24,533,696	80,689		24,614,385	50.00
50.01	05001	ENDOSCOPY	4,090,196		4,090,196	0		4,090,196	50.01
51.00	05100	RECOVERY ROOM	3,966,877		3,966,877	0		3,966,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,908,587		9,908,587	0		9,908,587	52.00
53.00	05300	ANESTHESIOLOGY	267,900		267,900	0		267,900	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,090,411		7,090,411	0		7,090,411	54.00
54.01	03630	ULTRASOUND	1,909,223		1,909,223	0		1,909,223	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,461,144		1,461,144	0		1,461,144	54.02
54.03	03440	MAMMOGRAPHY	2,096,988		2,096,988	0		2,096,988	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,179,198		3,179,198	0		3,179,198	55.00
56.00	05600	RADIOISOTOPE	1,895,033		1,895,033	0		1,895,033	56.00
57.00	05700	CT SCAN	2,402,742		2,402,742	0		2,402,742	57.00
58.00	05800	MRI	1,759,022		1,759,022	0		1,759,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,392,745		5,392,745	0		5,392,745	59.00
60.00	06000	LABORATORY	17,812,305		17,812,305	0		17,812,305	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0		0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,266,173		1,266,173	0		1,266,173	63.00
64.00	06400	INTRAVENOUS THERAPY	568,262		568,262	0		568,262	64.00
65.00	06500	RESPIRATORY THERAPY	3,710,394	0	3,710,394	0		3,710,394	65.00
66.00	06600	PHYSICAL THERAPY	5,342,890	0	5,342,890	0		5,342,890	66.00
66.01	06601	REHAB OUTPATIENT	2,253,386	0	2,253,386	0		2,253,386	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,655,613		1,655,613	0		1,655,613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354,316		354,316	0		354,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,590,016		14,590,016	0		14,590,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,492,399		19,492,399	0		19,492,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,390,449		27,390,449	0		27,390,449	73.00
74.00	07400	RENAL DIALYSIS	1,567,405		1,567,405	0		1,567,405	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0		0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0		0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	251,782		251,782	0		251,782	90.01
90.02	09001	PROCEDURE CLINIC	4,684,706		4,684,706	0		4,684,706	90.02
90.04	09002	EPILEPSY MONITORING UNIT	329,822		329,822	0		329,822	90.04
90.05	09003	OFFSITE IMAGING CENTER	844,995		844,995	0		844,995	90.05
91.00	09100	EMERGENCY	17,386,207		17,386,207	0		17,386,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,198,495		18,198,495	0		18,198,495	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	322,342,334	0	322,342,334	80,689		322,423,023	200.00
201.00		Less Observation Beds	18,198,495		18,198,495			18,198,495	201.00
202.00		Total (see instructions)	304,143,839	0	304,143,839	80,689		304,224,528	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2020
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					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	148,420,944		148,420,944			30.00	
31.00	03100	INTENSIVE CARE UNIT	32,360,197		32,360,197			31.00	
31.01	02060	NEONATAL NICU	43,916,769		43,916,769			31.01	
43.00	04300	NURSERY	8,364,215		8,364,215			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,835,028	93,136,300	146,971,328	0.166928	0.000000	50.00	
50.01	05001	ENDOSCOPY	7,805,762	27,921,247	35,727,009	0.114485	0.000000	50.01	
51.00	05100	RECOVERY ROOM	8,334,811	16,248,719	24,583,530	0.161363	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,405,976	1,465,895	22,871,871	0.433222	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	18,946,740	31,415,377	50,362,117	0.005319	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,872,910	36,176,144	51,049,054	0.138894	0.000000	54.00	
54.01	03630	ULTRASOUND	7,934,703	23,704,252	31,638,955	0.060344	0.000000	54.01	
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	4,857,683	4,679,427	9,537,110	0.153206	0.000000	54.02	
54.03	03440	MAMMOGRAPHY	1,114	15,734,410	15,735,524	0.133265	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,147,549	29,104,298	30,251,847	0.105091	0.000000	55.00	
56.00	05600	RADIOISOTOPE	5,233,901	14,374,556	19,608,457	0.096644	0.000000	56.00	
57.00	05700	CT SCAN	31,966,900	61,219,500	93,186,400	0.025784	0.000000	57.00	
58.00	05800	MRI	8,894,891	30,334,556	39,229,447	0.044839	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	25,276,363	19,182,491	44,458,854	0.121297	0.000000	59.00	
60.00	06000	LABORATORY	105,925,146	84,355,338	190,280,484	0.093611	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,276,199	2,019,091	8,295,290	0.152638	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,845,401	179,110	2,024,511	0.280691	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	31,376,441	1,620,362	32,996,803	0.112447	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	19,444,695	2,666,203	22,110,898	0.241641	0.000000	66.00	
66.01	06601	REHAB OUTPATIENT	2,241	10,680,862	10,683,103	0.210930	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	20,090,808	22,549,514	42,640,322	0.038827	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	789,084	4,150,421	4,939,505	0.071731	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,876,157	19,921,039	45,797,196	0.318579	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,578,896	19,397,665	37,976,561	0.513274	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	94,174,036	63,024,160	157,198,196	0.174241	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,646,306	195,386	5,841,692	0.268314	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	5,427	397,652	403,079	0.624647	0.000000	90.01	
90.02	09001	PROCEDURE CLINIC	182,375	13,435,214	13,617,589	0.344019	0.000000	90.02	
90.04	09002	EPILEPSY MONITORING UNIT	71,089	491,972	563,061	0.585766	0.000000	90.04	
90.05	09003	OFFSITE IMAGING CENTER	18,672	11,710,659	11,729,331	0.072041	0.000000	90.05	
91.00	09100	EMERGENCY	37,214,689	87,109,774	124,324,463	0.139845	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,883,288	19,621,187	26,504,475	0.686620	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	817,977,406	768,222,781	1,586,200,187			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	817,977,406	768,222,781	1,586,200,187			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL NICU				31.01
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 ENDOSCOPY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 ULTRASOUND	0.000000			54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000			54.02
54.03	03440 MAMMOGRAPHY	0.000000			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
66.01	06601 REHAB OUTPATIENT	0.000000			66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	0.000000			90.01
90.02	09001 PROCEDURE CLINIC	0.000000			90.02
90.04	09002 EPILEPSY MONITORING UNIT	0.000000			90.04
90.05	09003 OFFSITE IMAGING CENTER	0.000000			90.05
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
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:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 2:29 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	12,070,646	0	12,070,646	65,486	184.32	30.00
31.00	INTENSIVE CARE UNIT	1,109,843		1,109,843	6,127	181.14	31.00
31.01	NEONATAL NICU	1,768,320		1,768,320	7,931	222.96	31.01
43.00	NURSERY	125,288		125,288	4,886	25.64	43.00
200.00	Total (lines 30 through 199)	15,074,097		15,074,097	84,430		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	17,707	3,263,754	30.00			
31.00	INTENSIVE CARE UNIT	1,344	243,452	31.00			
31.01	NEONATAL NICU	0	0	31.01			
43.00	NURSERY	0	0	43.00			
200.00	Total (lines 30 through 199)	19,051	3,507,206	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 2:29 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	2,920,312	146,971,328	0.019870	16,074,143	319,393	50.00
50.01 05001 ENDOSCOPY	892,097	35,727,009	0.024970	3,089,358	77,141	50.01
51.00 05100 RECOVERY ROOM	507,891	24,583,530	0.020660	2,273,746	46,976	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,315,406	22,871,871	0.057512	40,794	2,346	52.00
53.00 05300 ANESTHESIOLOGY	60,602	50,362,117	0.001203	4,679,695	5,630	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,238,652	51,049,054	0.024264	5,413,950	131,364	54.00
54.01 03630 ULTRASOUND	117,767	31,638,955	0.003722	2,615,388	9,734	54.01
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	98,201	9,537,110	0.010297	1,899,291	19,557	54.02
54.03 03440 MAMMOGRAPHY	409,285	15,735,524	0.026010	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	1,009,953	30,251,847	0.033385	263,741	8,805	55.00
56.00 05600 RADIOISOTOPE	189,866	19,608,457	0.009683	2,305,496	22,324	56.00
57.00 05700 CT SCAN	263,059	93,186,400	0.002823	11,389,761	32,153	57.00
58.00 05800 MRI	190,818	39,229,447	0.004864	3,214,308	15,634	58.00
59.00 05900 CARDIAC CATHETERIZATION	586,711	44,458,854	0.013197	9,575,576	126,369	59.00
60.00 06000 LABORATORY	1,267,885	190,280,484	0.006663	33,281,211	221,753	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	56,028	8,295,290	0.006754	1,541,223	10,409	63.00
64.00 06400 INTRAVENOUS THERAPY	6,788	2,024,511	0.003353	629,429	2,110	64.00
65.00 06500 RESPIRATORY THERAPY	160,924	32,996,803	0.004877	10,884,132	53,082	65.00
66.00 06600 PHYSICAL THERAPY	479,890	22,110,898	0.021704	8,907,590	193,330	66.00
66.01 06601 REHAB OUTPATIENT	37,446	10,683,103	0.003505	981	3	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	32,419	42,640,322	0.000760	8,009,248	6,087	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	48,884	4,939,505	0.009897	213,777	2,116	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	241,567	45,797,196	0.005275	5,842,376	30,819	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	315,302	37,976,561	0.008303	7,847,255	65,156	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	639,369	157,198,196	0.004067	28,433,156	115,638	73.00
74.00 07400 RENAL DIALYSIS	15,478	5,841,692	0.002650	2,576,214	6,827	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09005 CONGESTIVE HEART FAILURE CLINIC	4,859	403,079	0.012055	3,355	40	90.01
90.02 09001 PROCEDURE CLINIC	571,540	13,617,589	0.041971	110,532	4,639	90.02
90.04 09002 EPILEPSY MONITORING UNIT	5,855	563,061	0.010399	0	0	90.04
90.05 09003 OFFSITE IMAGING CENTER	17,582	11,729,331	0.001499	10,379	16	90.05
91.00 09100 EMERGENCY	1,917,049	124,324,463	0.015420	12,171,187	187,680	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	2,633,431	26,504,475	0.099358	2,274,895	226,029	92.00
200.00 Total (lines 50 through 199)	18,252,916	1,353,138,062		185,572,187	1,943,160	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0290		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 2:29 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
31.01	02060	NEONATAL NICU	0	0	0	0	0	0	31.01		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	65,486	0.00	17,707		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,127	0.00	1,344		31.00		
31.01	02060	NEONATAL NICU		0	7,931	0.00	0		31.01		
43.00	04300	NURSERY		0	4,886	0.00	0		43.00		
200.00		Total (lines 30 through 199)		0	84,430		19,051		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	02060	NEONATAL NICU	0								31.01
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	0	0	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 2:29 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	146,971,328	0.000000	50.00
50.01	05001 ENDOSCOPY	0	0	0	35,727,009	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	24,583,530	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	22,871,871	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	50,362,117	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	51,049,054	0.000000	54.00
54.01	03630 ULTRASOUND	0	0	0	31,638,955	0.000000	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	9,537,110	0.000000	54.02
54.03	03440 MAMMOGRAPHY	0	0	0	15,735,524	0.000000	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	30,251,847	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	19,608,457	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	93,186,400	0.000000	57.00
58.00	05800 MRI	0	0	0	39,229,447	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	44,458,854	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	190,280,484	0.000000	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,295,290	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	2,024,511	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	32,996,803	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	22,110,898	0.000000	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	10,683,103	0.000000	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	42,640,322	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,939,505	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	45,797,196	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,976,561	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	157,198,196	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	5,841,692	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	0	0	0	403,079	0.000000	90.01
90.02	09001 PROCEDURE CLINIC	0	0	0	13,617,589	0.000000	90.02
90.04	09002 EPILEPSY MONITORING UNIT	0	0	0	563,061	0.000000	90.04
90.05	09003 OFFSITE IMAGING CENTER	0	0	0	11,729,331	0.000000	90.05
91.00	09100 EMERGENCY	0	0	0	124,324,463	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	26,504,475	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	1,353,138,062		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	16,074,143	0	16,015,490	0
50.01	05001	ENDOSCOPY	0.000000	3,089,358	0	5,929,966	0
51.00	05100	RECOVERY ROOM	0.000000	2,273,746	0	2,002,750	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	40,794	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	4,679,695	0	5,592,146	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,413,950	0	5,787,880	0
54.01	03630	ULTRASOUND	0.000000	2,615,388	0	2,907,583	0
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	1,899,291	0	1,642,533	0
54.03	03440	MAMMOGRAPHY	0.000000	0	0	716,232	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	263,741	0	10,387,868	0
56.00	05600	RADIOISOTOPE	0.000000	2,305,496	0	5,222,533	0
57.00	05700	CT SCAN	0.000000	11,389,761	0	13,663,699	0
58.00	05800	MRI	0.000000	3,214,308	0	6,819,636	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,575,576	0	8,366,465	0
60.00	06000	LABORATORY	0.000000	33,281,211	0	8,916,713	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,541,223	0	521,834	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	629,429	0	62,725	0
65.00	06500	RESPIRATORY THERAPY	0.000000	10,884,132	0	493,721	0
66.00	06600	PHYSICAL THERAPY	0.000000	8,907,590	0	201,246	0
66.01	06601	REHAB OUTPATIENT	0.000000	981	0	244,560	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,009,248	0	5,151,512	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	213,777	0	837,826	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,842,376	0	4,223,244	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,847,255	0	7,312,362	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,433,156	0	15,747,716	0
74.00	07400	RENAL DIALYSIS	0.000000	2,576,214	0	195,386	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.000000	3,355	0	168,970	0
90.02	09001	PROCEDURE CLINIC	0.000000	110,532	0	4,626,936	0
90.04	09002	EPILEPSY MONITORING UNIT	0.000000	0	0	24,134	0
90.05	09003	OFFSITE IMAGING CENTER	0.000000	10,379	0	2,505,925	0
91.00	09100	EMERGENCY	0.000000	12,171,187	0	10,516,786	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,274,895	0	3,035,738	0
200.00		Total (lines 50 through 199)		185,572,187	0	149,842,115	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 2:29 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.166928	16,015,490	0	0	2,673,434 50.00
50.01 05001 ENDOSCOPY	0.114485	5,929,966	0	0	678,892 50.01
51.00 05100 RECOVERY ROOM	0.161363	2,002,750	0	0	323,170 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.433222	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.005319	5,592,146	0	0	29,745 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.138894	5,787,880	0	0	803,902 54.00
54.01 03630 ULTRASOUND	0.060344	2,907,583	0	0	175,455 54.01
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	0.153206	1,642,533	0	0	251,646 54.02
54.03 03440 MAMMOGRAPHY	0.133265	716,232	0	0	95,449 54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.105091	10,387,868	0	0	1,091,671 55.00
56.00 05600 RADIOISOTOPE	0.096644	5,222,533	0	0	504,726 56.00
57.00 05700 CT SCAN	0.025784	13,663,699	0	0	352,305 57.00
58.00 05800 MRI	0.044839	6,819,636	0	0	305,786 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.121297	8,366,465	0	0	1,014,827 59.00
60.00 06000 LABORATORY	0.093611	8,916,713	0	0	834,702 60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.152638	521,834	0	0	79,652 63.00
64.00 06400 INTRAVENOUS THERAPY	0.280691	62,725	0	0	17,606 64.00
65.00 06500 RESPIRATORY THERAPY	0.112447	493,721	0	0	55,517 65.00
66.00 06600 PHYSICAL THERAPY	0.241641	201,246	0	0	48,629 66.00
66.01 06601 REHAB OUTPATIENT	0.210930	244,560	0	0	51,585 66.01
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.038827	5,151,512	0	0	200,018 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.071731	837,826	0	0	60,098 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318579	4,223,244	0	0	1,345,437 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.513274	7,312,362	6,560	0	3,753,245 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.174241	15,747,716	241	28,571	2,743,898 73.00
74.00 07400 RENAL DIALYSIS	0.268314	195,386	0	0	52,425 74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 09005 CONGESTIVE HEART FAILURE CLINIC	0.624647	168,970	0	0	105,547 90.01
90.02 09001 PROCEDURE CLINIC	0.344019	4,626,936	0	0	1,591,754 90.02
90.04 09002 EPILEPSY MONITORING UNIT	0.585766	24,134	0	0	14,137 90.04
90.05 09003 OFFSITE IMAGING CENTER	0.072041	2,505,925	0	0	180,529 90.05
91.00 09100 EMERGENCY	0.139845	10,516,786	0	0	1,470,720 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.686620	3,035,738	0	0	2,084,398 92.00
200.00 Subtotal (see instructions)		149,842,115	6,801	28,571	22,990,905 200.00
201.00 Less PBP Clinic Lab. Services-Program			0	0	0 201.00
202.00 Only Charges					
202.00 Net Charges (line 200 - line 201)		149,842,115	6,801	28,571	22,990,905 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 2:29 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
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	54.02
54.03	03440	MAMMOGRAPHY	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,367	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42	4,978	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	3,409	4,978	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	3,409	4,978	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:29 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)			65,486	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			65,486	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)			51,199	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)			17,707	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)			83,415,055	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)			83,415,055	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)			83,415,055	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)			1,273.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			22,554,822	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)			22,554,822	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 2:29 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	14,457,936	6,127	2,359.71	1,344	3,171,450	43.00
43.01 NEONATAL NICU	15,363,159	7,931	1,937.10	0	0	43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,575,482	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,301,754	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 II)					1,907,206	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,943,160	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,450,366	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,851,388	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)					14,287	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,273.78	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					18,198,495	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0290		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 2:29 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	12,070,646	83,415,055	0.144706	18,198,495	2,633,431	90.00		
91.00	Nursing School cost	0	83,415,055	0.000000	18,198,495	0	91.00		
92.00	Allied health cost	0	83,415,055	0.000000	18,198,495	0	92.00		
93.00	All other Medical Education	0	83,415,055	0.000000	18,198,495	0	93.00		

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 2:29 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		44,261,666	30.00
31.00	03100	INTENSIVE CARE UNIT		10,005,936	31.00
31.01	02060	NEONATAL NICU		0	31.01
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167477	16,074,143	50.00
50.01	05001	ENDOSCOPY	0.114485	3,089,358	50.01
51.00	05100	RECOVERY ROOM	0.161363	2,273,746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.433222	40,794	52.00
53.00	05300	ANESTHESIOLOGY	0.005319	4,679,695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138894	5,413,950	54.00
54.01	03630	ULTRASOUND	0.060344	2,615,388	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.153206	1,899,291	54.02
54.03	03440	MAMMOGRAPHY	0.133265	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105091	263,741	55.00
56.00	05600	RADIOISOTOPE	0.096644	2,305,496	56.00
57.00	05700	CT SCAN	0.025784	11,389,761	57.00
58.00	05800	MRI	0.044839	3,214,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121297	9,575,576	59.00
60.00	06000	LABORATORY	0.093611	33,281,211	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152638	1,541,223	63.00
64.00	06400	INTRAVENOUS THERAPY	0.280691	629,429	64.00
65.00	06500	RESPIRATORY THERAPY	0.112447	10,884,132	65.00
66.00	06600	PHYSICAL THERAPY	0.241641	8,907,590	66.00
66.01	06601	REHAB OUTPATIENT	0.210930	981	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.038827	8,009,248	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.071731	213,777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.318579	5,842,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.513274	7,847,255	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174241	28,433,156	73.00
74.00	07400	RENAL DIALYSIS	0.268314	2,576,214	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.624647	3,355	90.01
90.02	09001	PROCEDURE CLINIC	0.344019	110,532	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.585766	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.072041	10,379	90.05
91.00	09100	EMERGENCY	0.139845	12,171,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.686620	2,274,895	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		185,572,187	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		185,572,187	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 2:29 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)	9,738,147		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,710,410		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)	133,060		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	1,188,571		2.04
3.00	Managed Care Simulated Payments	16,567,033		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	277.59		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.22		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.06		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).	6.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	6.16		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	6.11		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	6.11		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	2.04		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	2.04		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.007349		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	-0.05		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.61		30.00
31.00	Percentage of Medicaid patient days (see instructions)	24.93		31.00
32.00	Sum of lines 30 and 31	27.54		32.00
33.00	Allowable disproportionate share percentage (see instructions)	11.94		33.00
34.00	Disproportionate share adjustment (see instructions)	1,147,690		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 2:29 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)	4,115,208	2,255,647	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,034,423	1,687,100	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,721,523		36.00
40.00	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (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 excluding MS-DRGs 652, 682, 683, 684 and 685. (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)	43,639,401		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)	43,639,401		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,179,171		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).	62,193		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	552,632		54.00
54.01	Islet isolation add-on payment	0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)	0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	47,433,397		59.00
60.00	Primary payer payments	9,371		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	47,424,026		61.00
62.00	Deductibles billed to program beneficiaries	3,659,420		62.00
63.00	Coinsurance billed to program beneficiaries	163,617		63.00
64.00	Allowable bad debts (see instructions)	1,346,013		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	874,908		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	371,701		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	44,475,897		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)	0		70.50
70.87	Demonstration payment adjustment amount before sequestration	0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)	0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0		70.91
70.92	Bundled Model 1 discount amount (see instructions)	0		70.92
70.93	HVBP payment adjustment amount (see instructions)	-95,047		70.93
70.94	HRR adjustment amount (see instructions)	-65,317		70.94
70.95	Recovery of accelerated depreciation	0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 2:29 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,315,533	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		43,172,815	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,142,718	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		629,125	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 2:29 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	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,738,147	0	9,738,147		9,738,147	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,710,410	0		28,710,410	28,710,410	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	133,060	0	133,060		133,060	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,188,571	0		1,188,571	1,188,571	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,567,033	0	3,791,712	12,775,321	16,567,033	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1194	0.1194	0.1194	0.1194		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,147,690	0	290,684	857,006	1,147,690	11.00
11.01	Uncompensated care payments	36.00	2,721,523	0	908,590	3,080,785	3,989,375	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	0	12.00
13.00	Subtotal (see instructions)	47.00	43,639,401	0	11,070,481	32,568,920	43,639,401	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	43,639,401	0	11,070,481	32,568,920	43,639,401	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,179,171	0	798,335	2,380,836	3,179,171	16.00
17.00	Special add-on payments for new technologies	54.00	552,632	0	0	552,632	552,632	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 2:29 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	11,868,816	35,502,388	47,371,204
		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	2,952,821	0	770,462	2,182,359	2,952,821
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	217,196	0	25,485	191,711	217,196
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0031	0.0031	0.0031	0.0031	
23.00	Indirect medical education adjustment (see instructions)	6.00	9,154	0	2,388	6,766	9,154
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	3,179,171	0	798,335	2,380,836	3,179,171
		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	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 2:29 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	9,738,147	9,738,147		9,738,147	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,710,410		28,710,410	28,710,410	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	133,060	133,060		133,060	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,188,571		1,188,571	1,188,571	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,567,033	3,791,712	12,775,321	16,567,033	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1194	0.1194	0.1194		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,147,690	290,684	857,006	1,147,690	11.00
11.01	Uncompensated care payments	36.00	2,721,523	908,590	3,080,785	3,989,375	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	43,639,401	11,070,481	32,568,920	43,639,401	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	43,639,401	11,070,481	32,568,920	43,639,401	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,179,171	798,335	2,380,836	3,179,171	16.00
17.00	Special add-on payments for new technologies	54.00	552,632	0	552,632	552,632	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			11,868,816	35,502,388	47,371,204	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 2:29 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	2,952,821	770,462	2,182,359	2,952,821	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	217,196	25,485	191,711	217,196	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	0.0031	0.0031	0.0031		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	9,154	2,388	6,766	9,154	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,179,171	798,335	2,380,836	3,179,171	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	-95,047	-11,974	-83,073	-95,047	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	-65,317	-21,424	-43,893	-65,317	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	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 2:29 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		8,387	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,990,905	2.00	
3.00	OPPS payments		20,613,419	3.00	
4.00	Outlier payment (see instructions)		15,235	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)		8,387	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		35,372	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)		35,372	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)		35,372	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		26,985	19.00	
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00	
21.00	Lesser of cost or charges (see instructions)		8,387	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)		20,628,654	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,319	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,520,978	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)		17,114,744	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		26,346	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)		17,141,090	30.00	
31.00	Primary payer payments		93	31.00	
32.00	Subtotal (line 30 minus line 31)		17,140,997	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)		1,061,232	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		689,801	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		369,511	36.00	
37.00	Subtotal (see instructions)		17,830,798	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		17,830,798	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		17,446,962	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)		383,836	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 2:29 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		42,855,566		17,108,927	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		317,249		338,035	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)		43,172,815		17,446,962	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,142,718		383,836	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		44,315,533		17,830,798	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:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 2:29 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, 8-12	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, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 2:29 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.	0.17	1.00		
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)	0.00	2.00		
3.00	Amount of reduction to Direct GME cap under section 422 of MMA	0.00	3.00		
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)	0.00	3.01		
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	6.00	4.00		
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)	0.00	4.01		
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)	0.00	4.02		
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)	6.17	5.00		
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	6.04	6.00		
7.00	Enter the lesser of line 5 or line 6	6.04	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.	5.80	0.00	5.80	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.	5.80	0.00	5.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	5.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.93	0.00		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	1.93	0.00		17.00
18.00	Per resident amount	110,620.66	0.00		18.00
19.00	Approved amount for resident costs	213,498	0	213,498	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)	42 Sec.	0.00	20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)		0.00	21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)		0.00	22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)		0.00	23.00	
24.00	Multiply line 22 time line 23		0	24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)		213,498	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)	19,051	4,695	4,295	26.00
27.00	Total Inpatient Days (see instructions)	66,735	66,735	66,735	27.00
28.00	Ratio of inpatient days to total inpatient days	0.285472	0.070353	0.064359	28.00
29.00	Program direct GME amount	60,948	15,020	13,741	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		611	559	30.00
31.00	Net Program direct GME amount			88,539	31.00

Health Financial Systems		ST. ALEXIUS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 2:29 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL 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)			5,841,692	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)			54,301,754	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			9,371	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			54,292,383	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			22,999,292	42.00
43.00	Primary payer payments (see instructions)			93	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			22,999,199	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			77,291,582	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.702436	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.297564	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			88,539	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			62,193	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			26,346	50.00

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

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet G

Date/Time Prepared:
11/29/2021 2:29 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	16,443,914	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	174,608,273	0	0	0	4.00
5.00	Other receivable	25,123,206	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-121,696,541	0	0	0	6.00
7.00	Inventory	5,720,491	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,359,591	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	106,558,934	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,220,000	0	0	0	12.00
13.00	Land improvements	303,983	0	0	0	13.00
14.00	Accumulated depreciation	-127,293	0	0	0	14.00
15.00	Buildings	278,136,597	0	0	0	15.00
16.00	Accumulated depreciation	-87,868,945	0	0	0	16.00
17.00	Leasehold improvements	3,435,891	0	0	0	17.00
18.00	Accumulated depreciation	-2,860,796	0	0	0	18.00
19.00	Fixed equipment	3,287,616	0	0	0	19.00
20.00	Accumulated depreciation	-1,368,157	0	0	0	20.00
21.00	Automobiles and trucks	39,784	0	0	0	21.00
22.00	Accumulated depreciation	-35,046	0	0	0	22.00
23.00	Major movable equipment	68,781,084	0	0	0	23.00
24.00	Accumulated depreciation	-48,696,002	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	438,554	0	0	0	27.00
28.00	Accumulated depreciation	-304,416	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,564,155	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	226,947,009	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	16,456,324	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	16,456,324	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	349,962,267	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,522,997	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,961,017	0	0	0	38.00
39.00	Payroll taxes payable	989,836	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	84,628,172	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	99,102,022	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	18,010,696	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,010,696	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	117,112,718	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	232,849,549	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	232,849,549	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	349,962,267	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/29/2021 2:29 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		223,849,221		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		30,133,344				2.00
3.00	Total (sum of line 1 and line 2)		253,982,565		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		253,982,565		0		11.00
12.00	TRANSFERS FROM AFFILIATES	21,133,016		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		21,133,016		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		232,849,549		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS FROM AFFILIATES		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 2:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	148,420,944		148,420,944	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	148,420,944		148,420,944	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,360,197		32,360,197	11.00
11.01	NEONATAL NICU	43,916,769		43,916,769	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	76,276,966		76,276,966	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	224,697,910		224,697,910	17.00
18.00	Ancillary services	540,589,356	635,406,708	1,175,996,064	18.00
19.00	Outpatient services	44,375,540	132,766,458	177,141,998	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	8,364,215	0	8,364,215	27.00
27.01	PHYSICIAN	0	911,458	911,458	27.01
27.02	OTHER	29,584	657,568	687,152	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	18,056,605	769,742,192	1,587,798,797	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		338,950,839		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		338,950,837		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0290

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/29/2021 2:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,587,798,797	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,236,231,174	2.00
3.00	Net patient revenues (line 1 minus line 2)	351,567,623	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	338,950,837	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,616,786	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	40,288	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	690,558	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	36,427	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	150,268	20.00
21.00	Rental of vending machines	49,058	21.00
22.00	Rental of hospital space	2,099,288	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET ASSETS RELEASED FROM RESTRICTIO	19,185	24.00
24.01	REHAB	4,800	24.01
24.02	PATIENT INTEREST INCOME	-31,851	24.02
24.03	JOINT VENTURE	907,339	24.03
24.04	UNCLAIMED PROPERTY EXEMPTIONS	686,287	24.04
24.05	ACO SHARED SAVINGS	107,687	24.05
24.06	OTHER	174,698	24.06
24.07	OUTPATIENT PHARMACY	1,912,242	24.07
24.08	MISC INCOME	222,611	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	ANSWERING SERVICE	0	24.10
24.11	MISC INCOME	0	24.11
24.12	OTHER (SPECIFY)	0	24.12
24.50	COVID-19 PHE Funding	10,452,105	24.50
25.00	Total other income (sum of lines 6-24)	17,520,990	25.00
26.00	Total (line 5 plus line 25)	30,137,776	26.00
27.00	NON RECURRING EXPENSES	4,432	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4,432	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	30,133,344	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0290	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 2:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,952,821	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		217,196	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)		182.84	3.00
4.00	Number of interns & residents (see instructions)		2.04	4.00
5.00	Indirect medical education percentage (see instructions)		0.31	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)		9,154	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,179,171	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