

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/23/2022 3:51 pm
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PART I - COST REPORT STATUS				
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.			Date:5/23/2022 Time: 3:51 pm
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.	

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST GLENOAKS HOSPITAL (14-0292) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	213,728	85,301	0	0	1.00
2.00	Subprovider - IPF	0	23,797	-309		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	237,525	84,992	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:51 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street:701 WINTHROP AVENUE			PO Box:		1.00			
2.00	City: GLENDALE HEIGHTS			State: IL		Zip Code:60139-		County: DUPAGE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVENTIST GLENOAKS HOSPITAL	140292	16974	1	11/23/1982	N
4.00	Subprovider - IPF			GLEN OAKS MED CTR PSYCH UNIT	14S292	16974	4	01/01/1984	N
5.00	Subprovider - IRF								P
6.00	Subprovider - (Other)								O
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021	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	Y	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/23/2022 3:51 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:51 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

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/23/2022 3:51 pm

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

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:51 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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		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		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		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021 Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:51 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	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	
				1.00	
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	
				1.00	
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			
				1.00	
				2.00	
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,932,121		0	
				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	
119.00	DO NOT USE THIS LINE				
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	
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	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N	
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.				
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.				
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.				
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.				
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.				

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
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				Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:51 pm	
		1.00		2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HF8013 140.00	
		1.00		2.00	
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: ADVENTHEALTH	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001 141.00	
142.00	Street: 900 HOPE WAY	PO Box:		142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714 143.00	
		1.00		2.00	
144.00 Are provider based physicians' costs included in Worksheet A? Y 144.00					
		1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			146.00	
		1.00		2.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A		Part B	
		1.00		2.00	
		Title V		Title XIX	
		3.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N 155.00
156.00	Subprovider - IPF	N	N	N	N 156.00
157.00	Subprovider - IRF	N	N	N	N 157.00
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N 159.00
160.00	HOME HEALTH AGENCY	N	N	N	N 160.00
161.00	CMHC		N	N	N 161.00
		1.00		2.00	
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	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00 166.00	
		1.00		2.00	
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:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:51 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			171.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II		Date/Time Prepared: 5/23/2022 3:51 pm	
		Y/N		Date	
		1.00		2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/06/2022	Y	04/06/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE			Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021
					Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:51 pm
Description			Y/N	Y/N	
0			1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
			Y/N	Date	
			1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		MIKE THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer		ADVENT HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		407-357-2338 MIKE.M.THOMPSON@ADVENTHEALTH.COM		43.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:51 pm	
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER REIMBURSEMENT SERVICES			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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:51 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	112	40,880	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)		112	40,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		122	44,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		138				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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:51 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)	5,211	1,031	20,250			1.00
2.00	HMO and other (see instructions)	3,992	6,681				2.00
3.00	HMO IPF Subprovider	1,254	404				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,211	1,031	20,250			7.00
8.00	INTENSIVE CARE UNIT	798	214	2,716			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		87	490			13.00
14.00	Total (see instructions)	6,009	1,332	23,456	0.00	405.79	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,276	26	4,544	0.00	31.43	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)			73			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)				0.00	437.22	27.00
28.00	Observation Bed Days		49	1,475			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	20	100			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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:51 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	1,041	317	4,832	1.00
2.00 HMO and other (see instructions)			700	1,408		2.00
3.00 HMO IPF Subprovider				40		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,041	317	4,832	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	163	2	380	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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:51 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	36,358,598	0	36,358,598	909,412.10	39.98
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		169,018	0	169,018	850.00	198.84
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		669,197	0	669,197	3,363.00	198.99
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,062,117	0	7,062,117	204,804.19	34.48
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,004,726	0	2,004,726	20,351.00	98.51
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		310,549	0	310,549	2,671.00	116.27
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		5,080,645	0	5,080,645	98,881.72	51.38
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)		5,336,606	0	5,336,606		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,476,161	0	1,476,161		
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		20,152	0	20,152		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		79,788	0	79,788		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,891,334	0	1,891,334		
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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:51 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	55,356	0	55,356	1,332.13	41.55	26.00
27.00	Administrative & General	5.00	1,866,252	0	1,866,252	37,802.41	49.37	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	928,902	0	928,902	31,929.85	29.09	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)		1,303,238	0	1,303,238	53,552.80	24.34	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,603,625	0	1,603,625	54,384.55	29.49	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	990,861	0	990,861	18,624.41	53.20	38.00
39.00	Central Services and Supply	14.00	164,510	0	164,510	5,689.01	28.92	39.00
40.00	Pharmacy	15.00	1,539,552	0	1,539,552	31,734.75	48.51	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	154,298	0	154,298	1,026.00	150.39	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/23/2022 3:51 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)	38,596,264	0	38,596,264	1,013,986.45	38.06	1.00
2.00	Excluded area salaries (see instructions)	7,062,117	0	7,062,117	204,804.19	34.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,534,147	0	31,534,147	809,182.26	38.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,395,920	0	7,395,920	121,903.72	60.67	4.00
5.00	Subtotal wage-related costs (see inst.)	7,248,092	0	7,248,092	0.00	22.98	5.00
6.00	Total (sum of lines 3 thru 5)	46,178,159	0	46,178,159	931,085.98	49.60	6.00
7.00	Total overhead cost (see instructions)	8,606,594	0	8,606,594	236,075.91	36.46	7.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2022 3:51 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		1,324,455		1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0		2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0		3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0		4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
5.00	401K/TSA Plan Administration fees		0		5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0		6.00
7.00	Employee Managed Care Program Administration Fees		0		7.00
HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)		0		8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		2,561,437		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		48,554		10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-63,850		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)		160,242		13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0		14.00
15.00	'Workers' Compensation Insurance		229,605		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		2,602,993		17.00
18.00	Medicare Taxes - Employers Portion Only		0		18.00
19.00	Unemployment Insurance		-39,842		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		89,115		22.00
23.00	Tuition Reimbursement		0		23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		6,912,709		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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/23/2022 3:51 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	0	6,912,708	1.00
2.00	Hospital	0	5,355,682	2.00
3.00	Subprovider - IPF	0	1,181,485	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	375,541	18.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/23/2022 3:51 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)			0.271776	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			31,192,844	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			105,484,589	6.00
7.00	Medicaid cost (line 1 times line 6)			28,668,180	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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)	7,319,182	1,006,988	8,326,170	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,989,178	1,006,988	2,996,166	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)	1,989,178	1,006,988	2,996,166	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)			1,370,916	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			438,160	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			674,092	27.01
28.00	Non-Medicare bad debt expense (see instructions)			696,824	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			425,312	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,421,478	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,421,478	31.00

Health Financial Systems			ADVENTIST GLENOAKS HOSPITAL			In Lieu of Form CMS-2552-10			
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 5/23/2022 3:51 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	2,807,104		2,807,104	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,178,166		1,178,166	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	55,356	4,289,834	4,345,190	-13,597		4,331,593	4.00
5.01	01160	COMMUNICATIONS	0	13,796	13,796	-13,796		0	5.01
5.04	00570	ADMITTING	0	4,948	4,948	-1,261		3,687	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,866,252	26,842,497	28,708,749	-538,189		28,170,560	5.06
7.00	00700	OPERATION OF PLANT	928,902	2,575,203	3,504,105	-142,372		3,361,733	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	181,985		181,985	8.00
9.00	00900	HOUSEKEEPING	0	1,881,235	1,881,235	-186,241		1,694,994	9.00
10.00	01000	DIETARY	0	2,429,655	2,429,655	-1,621,363		808,292	10.00
11.00	01100	CAFETERIA	0	0	0	1,618,644		1,618,644	11.00
13.00	01300	NURSING ADMINISTRATION	990,861	229,650	1,220,511	-217,179		1,003,332	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	164,510	-5,616	158,894	24,661		183,555	14.00
15.00	01500	PHARMACY	1,539,552	4,147,108	5,686,660	-3,958,936		1,727,724	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37,820	37,820	-64		37,756	16.00
17.00	01700	SOCIAL SERVICE	154,298	29,373	183,671	-39		183,632	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	11,405,754	2,176,923	13,582,677	-1,766,807		11,815,870	30.00
31.00	03100	INTENSIVE CARE UNIT	2,267,423	485,092	2,752,515	-256,760		2,495,755	31.00
40.00	04000	SUBPROVIDER - IPF	2,398,312	184,835	2,583,147	-41,390		2,541,757	40.00
43.00	04300	NURSERY	0	2,525	2,525	375,468		377,993	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,365,717	4,287,774	5,653,491	-3,273,369		2,380,122	50.00
51.00	05100	RECOVERY ROOM	247,468	29,620	277,088	-11,086		266,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	213,882	456,534	670,416	797,861		1,468,277	52.00
53.00	05300	ANESTHESIOLOGY	80,204	15,918	96,122	-11,181		84,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	813,059	1,126,203	1,939,262	-364,066		1,575,196	54.00
56.00	05600	RADIOISOTOPE	109,397	90,189	199,586	-1,687		197,899	56.00
57.00	05700	CT SCAN	464,985	90,499	555,484	44,841		600,325	57.00
58.00	05800	MRI	142,806	48,048	190,854	-695		190,159	58.00
59.00	05900	CARDIAC CATHETERIZATION	804,339	1,144,796	1,949,135	-736,504		1,212,631	59.00
60.00	06000	LABORATORY	196	3,431,436	3,431,632	-12,546		3,419,086	60.00
65.00	06500	RESPIRATORY THERAPY	779,865	302,207	1,082,072	-100,389		981,683	65.00
66.00	06600	PHYSICAL THERAPY	567,909	1,619,115	2,187,024	-190,199		1,996,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28,231	28,231	-120		28,111	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,732	3,732	0		3,732	68.00
69.00	06900	ELECTROCARDIOLOGY	331,432	231,374	562,806	-35,742		527,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,859	21,395	42,254	-20,324		21,930	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,435,374		2,435,374	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,561,089		2,561,089	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,095,232		4,095,232	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	374,348	374,348	-963		373,385	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0		0	76.00
76.01	03060	WOUND CARE	51,250	40,275	91,525	0		91,525	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	587,559	372,244	959,803	-20,773		939,030	90.00
91.00	09100	EMERGENCY	3,342,646	2,170,599	5,513,245	-597,952		4,915,293	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE		1,926,340	1,926,340	-1,801,650		124,690	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,694,793	63,135,755	94,830,548	183,185		95,013,733	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,720	3,961	25,681	0		25,681	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,085,470	2,085,470	0		2,085,470	192.00
192.03	19203	OP PHARMACY	332,371	845,416	1,177,787	0		1,177,787	192.03
194.00	07950	FOUNDATION	0	0	0	0		0	194.00
194.01	07951	MARKETING	0	0	0	0		0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	4,309,714	1,746,058	6,055,772	-183,185		5,872,587	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	36,358,598	67,816,660	104,175,258	0		104,175,258	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/23/2022 3:51 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	-115,009	2,692,095	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	537,299	1,715,465	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-129,058	4,202,535	4.00
5.01	01160	COMMUNICATIONS	-23,875	-23,875	5.01
5.04	00570	ADMITTING	0	3,687	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-541,787	27,628,773	5.06
7.00	00700	OPERATION OF PLANT	-29,107	3,332,626	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	181,985	8.00
9.00	00900	HOUSEKEEPING	0	1,694,994	9.00
10.00	01000	DIETARY	0	808,292	10.00
11.00	01100	CAFETERIA	-250,748	1,367,896	11.00
13.00	01300	NURSING ADMINISTRATION	-2,011	1,001,321	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	160,834	344,389	14.00
15.00	01500	PHARMACY	18,481	1,746,205	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,240	52,996	16.00
17.00	01700	SOCIAL SERVICE	-105,466	78,166	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-125,102	11,690,768	30.00
31.00	03100	INTENSIVE CARE UNIT	-23,217	2,472,538	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,541,757	40.00
43.00	04300	NURSERY	0	377,993	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-67,236	2,312,886	50.00
51.00	05100	RECOVERY ROOM	0	266,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-584,761	883,516	52.00
53.00	05300	ANESTHESIOLOGY	-13,038	71,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-372,556	1,202,640	54.00
56.00	05600	RADIOISOTOPE	0	197,899	56.00
57.00	05700	CT SCAN	0	600,325	57.00
58.00	05800	MRI	0	190,159	58.00
59.00	05900	CARDIAC CATHETERIZATION	-7,691	1,204,940	59.00
60.00	06000	LABORATORY	-4,915	3,414,171	60.00
65.00	06500	RESPIRATORY THERAPY	-2,777	978,906	65.00
66.00	06600	PHYSICAL THERAPY	-180	1,996,645	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28,111	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,732	68.00
69.00	06900	ELECTROCARDIOLOGY	-147,108	379,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,930	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,435,374	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,561,089	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,252	4,087,980	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	373,385	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03060	WOUND CARE	0	91,525	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-328,848	610,182	90.00
91.00	09100	EMERGENCY	-1,612,721	3,302,572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-124,690	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-3,887,299	91,126,434	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,681	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,081,808	3,662	192.00
192.03	19203	OP PHARMACY	0	1,177,787	192.03
194.00	07950	FOUNDATION	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	5,872,587	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,969,107	98,206,151	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
	A - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,435,374		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,048		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
TOTALS			0	2,483,422		
B - CAFETERIA						
1.00	CAFETERIA	11.00	0	1,618,644		1.00
TOTALS			0	1,618,644		
C - NURSERY						
1.00	NURSERY	43.00	333,910	42,545		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	779,665	48,286		2.00
TOTALS			1,113,575	90,831		
D - RENT AND LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	252,565		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	323,645		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34,620		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,517		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
TOTALS			0	622,347		
E - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,176,217		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	805,742		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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
TOTALS					2,981,959	
F - RADIOLOGY RECLASS						
1.00	RADIOISOTOPE	56.00	6,170	109		1.00
2.00	CT SCAN	57.00	66,784	1,180		2.00
3.00	MRI	58.00	10,018	177		3.00
TOTALS					82,972 1,466	
G - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,095,232		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
TOTALS					4,095,232	
I - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	87,671		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	29,400		2.00
TOTALS					117,071	
K - IMPLANTIBLES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,561,089		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
TOTALS					2,561,089	
M - INTEREST RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	290,651		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,379		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14		3.00
TOTALS					310,044	
N - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	181,985		1.00
TOTALS					181,985	
500.00	Grand Total: Increases		1,196,547	15,064,090		500.00

RECLASSIFICATIONS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/23/2022 3:51 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	159	0		1.00	
2.00	ADMITTING	5.04	0	1,261	0		2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	24,158	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	630	0		4.00	
5.00	HOUSEKEEPING	9.00	0	896	0		5.00	
6.00	DIETARY	10.00	0	1,829	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	441	0		7.00	
8.00	PHARMACY	15.00	0	37,591	0		8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	64	0		9.00	
10.00	SOCIAL SERVICE	17.00	0	39	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	348,259	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	207,751	0		12.00	
13.00	SUBPROVIDER - IPF	40.00	0	26,907	0		13.00	
14.00	NURSERY	43.00	0	987	0		14.00	
15.00	OPERATING ROOM	50.00	0	775,294	0		15.00	
16.00	RECOVERY ROOM	51.00	0	4,046	0		16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	39,684	0		17.00	
18.00	ANESTHESIOLOGY	53.00	0	10,200	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	126,356	0		19.00	
20.00	RADIOISOTOPE	56.00	0	1,093	0		20.00	
21.00	CT SCAN	57.00	0	20,380	0		21.00	
22.00	MRI	58.00	0	859	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	203,718	0		23.00	
24.00	LABORATORY	60.00	0	10,060	0		24.00	
25.00	RESPIRATORY THERAPY	65.00	0	66,526	0		25.00	
26.00	PHYSICAL THERAPY	66.00	0	568	0		26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	10,212	0		27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,324	0		28.00	
29.00	INPATIENT RENAL DIALYSIS	75.01	0	963	0		29.00	
30.00	CLINIC	90.00	0	18,429	0		30.00	
31.00	EMERGENCY	91.00	0	523,738	0		31.00	
	TOTALS		0	2,483,422				
	B - CAFETERIA							
1.00	DIETARY	10.00	0	1,618,644	0		1.00	
	TOTALS		0	1,618,644				
	C - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,113,575	90,831	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		1,113,575	90,831				
	D - RENT AND LEASES							
1.00	COMMUNICATIONS	5.01	0	13,796	10		1.00	
2.00	OPERATION OF PLANT	7.00	0	360	10		2.00	
3.00	HOUSEKEEPING	9.00	0	3,360	0		3.00	
4.00	DIETARY	10.00	0	240	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	600	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,369	0		6.00	
7.00	PHARMACY	15.00	0	190,470	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	6,487	0		8.00	
9.00	SUBPROVIDER - IPF	40.00	0	360	0		9.00	
10.00	OPERATING ROOM	50.00	0	168,051	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	84	0		11.00	
12.00	MRI	58.00	0	120	0		12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	1,605	0		13.00	
14.00	LABORATORY	60.00	0	420	0		14.00	
15.00	RESPIRATORY THERAPY	65.00	0	33,794	0		15.00	
16.00	PHYSICAL THERAPY	66.00	0	189,631	0		16.00	
17.00	OCCUPATIONAL THERAPY	67.00	0	120	0		17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	360	0		18.00	
19.00	EMERGENCY	91.00	0	120	0		19.00	
	TOTALS		0	622,347				
	E - DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	175,705	9		1.00	
2.00	OPERATION OF PLANT	7.00	0	141,382	9		2.00	
3.00	DIETARY	10.00	0	650	0		3.00	
4.00	NURSING ADMINISTRATION	13.00	0	216,138	0		4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,018	0		5.00	
6.00	PHARMACY	15.00	0	7,577	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	181,324	0		7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	46,473	0		8.00	
9.00	SUBPROVIDER - IPF	40.00	0	13,375	0		9.00	
10.00	OPERATING ROOM	50.00	0	291,392	0		10.00	

RECLASSIFICATIONS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/23/2022 3:51 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
11.00	RECOVERY ROOM	51.00	0	7,000	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	745	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	981	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	150,828	0	14.00
15.00	RADIOISOTOPE	56.00	0	5,509	0	15.00
16.00	CT SCAN	57.00	0	2,087	0	16.00
17.00	MRI	58.00	0	9,897	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	6,039	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	3,597	0	19.00
20.00	EMERGENCY	91.00	0	45,451	0	20.00
21.00	INTEREST EXPENSE	113.00	0	1,491,606	0	21.00
22.00	THERAPEUTIC DAY SCHOOL	194.03	0	183,185	0	22.00
	TOTALS		0	2,981,959		
F - RADIOLOGY RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	82,972	1,466	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		82,972	1,466		
G - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,438	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	255,889	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,569	0	3.00
4.00	PHARMACY	15.00	0	3,723,298	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	26,331	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	2,536	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	748	0	7.00
8.00	OPERATING ROOM	50.00	0	10,118	0	8.00
9.00	RECOVERY ROOM	51.00	0	40	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,178	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,360	0	11.00
12.00	RADIOISOTOPE	56.00	0	1,364	0	12.00
13.00	CT SCAN	57.00	0	656	0	13.00
14.00	MRI	58.00	0	14	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	292	0	15.00
16.00	LABORATORY	60.00	0	2,066	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	69	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	21,573	0	18.00
19.00	CLINIC	90.00	0	2,344	0	19.00
20.00	EMERGENCY	91.00	0	27,349	0	20.00
	TOTALS		0	4,095,232		
I - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	117,071	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	117,071		
K - IMPLANTIBLES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,431	0	1.00
2.00	OPERATING ROOM	50.00	0	2,028,514	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	524,850	0	3.00
4.00	EMERGENCY	91.00	0	1,294	0	4.00
	TOTALS		0	2,561,089		
M - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	310,044	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	310,044		
N - LINEN						
1.00	HOUSEKEEPING	9.00	0	181,985	0	1.00
	TOTALS		0	181,985		
500.00	Grand Total: Decreases		1,196,547	15,064,090		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/23/2022 3:51 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	1,820,000	0	0	0	0	1.00
2.00	Land Improvements	647,781	89,436	0	89,436	0	2.00
3.00	Buildings and Fixtures	47,025,042	2,314,660	0	2,314,660	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	8,796,810	91,588	0	91,588	0	5.00
6.00	Movable Equipment	17,942,596	1,819,537	0	1,819,537	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	76,232,229	4,315,221	0	4,315,221	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	76,232,229	4,315,221	0	4,315,221	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	1,820,000	0				1.00
2.00	Land Improvements	737,217	0				2.00
3.00	Buildings and Fixtures	49,339,702	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	8,888,398	0				5.00
6.00	Movable Equipment	19,762,133	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	80,547,450	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	80,547,450	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/23/2022 3:51 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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/23/2022 3:51 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	58,965,317	0	58,965,317	0.748980	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	19,762,133	0	19,762,133	0.251020	0	2.00
3.00	Total (sum of lines 1-2)	78,727,450	0	78,727,450	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	2,339,786	252,565	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,361,618	323,645	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,701,404	576,210	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	12,073	87,671	0	0	2,692,095	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	802	29,400	0	0	1,715,465	2.00
3.00	Total (sum of lines 1-2)	12,875	117,071	0	0	4,407,560	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:51 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	-278,578	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-18,577	CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00	Investment income - other (chapter 2)	B	-13	OTHER ADMINISTRATIVE AND GENERAL	5.06		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)	A	-23,875	COMMUNICATIONS	5.01		0	7.00
8.00	Television and radio service (chapter 21)	A	-16,341	OPERATION OF PLANT	7.00		0	8.00
9.00	Parking lot (chapter 21)		0		0.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,236,276				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	1,658,871				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests		0		0.00		0	14.00
15.00	Rental of quarters to 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		0		0.00		0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines		0		0.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00	Non-physician Anesthetist		0	*** 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	PHYSICIAN EXPENSE	A	-2,081,808	PHYSICIANS' PRIVATE OFFICES	192.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:51 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			
33.01	MISC REVENUE	B	-196,810	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02	MISC REVENUE	B	-12,766	OPERATION OF PLANT	7.00	0	33.02
33.03	MISC REVENUE	B	-250,748	CAFETERIA	11.00	0	33.03
33.04	MISC REVENUE	B	-1,612	MEDICAL RECORDS & LIBRARY	16.00	0	33.04
33.05	MISC REVENUE	B	-7,000	PHARMACY	15.00	0	33.05
33.06	MISC REVENUE	B	109	DELIVERY ROOM & LABOR ROOM	52.00	0	33.06
33.07	MISC REVENUE	B	-40	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.09	MISC REVENUE	B	-4,261	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	MISC REVENUE	B	-34,530	CLINIC	90.00	0	33.10
33.11	MISC REVENUE	B	-53,662	EMERGENCY	91.00	0	33.11
33.13	LOBBYING	A	-319	PHARMACY	15.00	0	33.13
33.14	LOBBYING	A	-7,691	CARDIAC CATHETERIZATION	59.00	0	33.14
33.18	HOSPICE	A	-75	LABORATORY	60.00	0	33.18
33.19	HOSPICE	A	-2,777	RESPIRATORY THERAPY	65.00	0	33.19
33.20	HOSPICE	A	-131	PHYSICAL THERAPY	66.00	0	33.20
33.21	HOSPICE	A	-7,252	DRUGS CHARGED TO PATIENTS	73.00	0	33.21
33.22	HOSPICE	A	-55,699	ADULTS & PEDIATRICS	30.00	0	33.22
33.23	HOSPICE	A	-23,217	INTENSIVE CARE UNIT	31.00	0	33.23
33.37	ADVERTISING & MARKETING	A	-5,870	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.37
33.38	ADVERTISING & MARKETING	A	-724	NURSING ADMINISTRATION	13.00	0	33.38
33.39	ENTERTAINMENT	A	-3,734	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.39
33.40	ENTERTAINMENT	A	-249	NURSING ADMINISTRATION	13.00	0	33.40
33.41	ENTERTAINMENT	A	-76	OPERATING ROOM	50.00	0	33.41
33.42	ENTERTAINMENT	A	-714	RADIOLOGY-DIAGNOSTIC	54.00	0	33.42
33.43	ENTERTAINMENT	A	-49	PHYSICAL THERAPY	66.00	0	33.43
33.44	ENTERTAINMENT	A	-646	EMERGENCY	91.00	0	33.44
33.45	AMBULANCE	A	-11,483	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.45
33.46	AMBULANCE	A	-1,498	CENTRAL SERVICES & SUPPLY	14.00	0	33.46
33.47	AMBULANCE	A	-4,402	EMERGENCY	91.00	0	33.47
33.48	CHARITABLE & COMMUNITY SERVICE	A	-104,375	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.48
33.49	CHARITABLE & COMMUNITY SERVICE	A	-20,282	SOCIAL SERVICE	17.00	0	33.49
33.50	SELF INSURANCE	A	-129,058	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.50
33.53	FEDERAL AND STATE TAX	A	-24,144	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.53
33.55	NON ALLOWABLE BORROWING	A	-244	INTEREST EXPENSE	113.00	0	33.55
33.56	AMBULANCE	A	-453	DELIVERY ROOM & LABOR ROOM	52.00	0	33.56
33.57	AMBULANCE	A	-4,840	LABORATORY	60.00	0	33.57
33.58	CHARITABLE & COMMUNITY SERVICE	A	-1,038	NURSING ADMINISTRATION	13.00	0	33.58
33.59	CHARITABLE & COMMUNITY SERVICE	A	-150	ADULTS & PEDIATRICS	30.00	0	33.59
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,969,107				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/23/2022 3:51 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	5,993	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST HOME OFFICE	3,053	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	MIDWEST HOME OFFICE	10,783,421	12,854,902	3.00
3.02	14.00	CENTRAL SERVICES & SUPPLY	MIDWEST HOME OFFICE	162,332	0	3.02
3.03	15.00	PHARMACY	MIDWEST HOME OFFICE	25,800	0	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST HOME OFFICE	54,168	0	3.04
3.05	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	89,866	89,866	3.05
3.06	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	68,796	0	3.06
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	552,823	0	4.00
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	2,593,673	4,500,535	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	0	37,316	4.03
4.04	113.00	INTEREST EXPENSE	AHS HOME OFFICE	310,288	434,734	4.04
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	4,689,122	0	4.05
4.06	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	88,780	0	4.06
4.07	5.06	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	148,109	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,576,224	17,917,353	5.00

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that 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	B		0.00	ADVENTHEALTH	0.00	6.00
7.00	B		0.00	AMITA HEALTH	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8-1 Date/Time Prepared: 5/23/2022 3:51 pm
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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	5,993	9	1.00
2.00	3,053	9	2.00
3.00	-2,071,481	0	3.00
3.02	162,332	0	3.02
3.03	25,800	0	3.03
3.04	54,168	0	3.04
3.05	0	11	3.05
3.06	68,796	9	3.06
4.00	552,823	9	4.00
4.02	-1,906,862	0	4.02
4.03	-37,316	0	4.03
4.04	-124,446	0	4.04
4.05	4,689,122	0	4.05
4.06	88,780	9	4.06
4.07	148,109	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
5.00	1,658,871		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	HOME OFFICE	6.00
7.00	HOME OFFICE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/23/2022 3:51 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	OTHER ADMINISTRATIVE AND GENERAL	1,187,450	1,026,130	161,320	211,500	1,310	1.00
2.00	17.00	SOCIAL SERVICE	132,172	22,972	109,200	179,000	546	2.00
3.00	30.00	ADULTS & PEDIATRICS	114,389	47,339	67,050	179,000	574	3.00
4.00	50.00	OPERATING ROOM	67,160	67,160	0	246,400	0	4.00
5.00	53.00	ANESTHESIOLOGY	30,072	2,603	27,469	239,400	148	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	599,417	584,417	15,000	237,100	144	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	371,802	371,802	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	147,108	147,108	0	197,500	0	8.00
9.00	90.00	CLINIC	297,318	294,318	3,000	179,000	224	9.00
10.00	91.00	EMERGENCY	1,567,436	1,535,062	32,374	179,000	156	10.00
200.00			4,514,324	4,098,911	415,413		3,102	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	OTHER ADMINISTRATIVE AND GENERAL	133,204	6,660	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	46,988	2,349	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	49,397	2,470	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	17,034	852	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	16,415	821	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	19,277	964	0	0	0	9.00
10.00	91.00	EMERGENCY	13,425	671	0	0	0	10.00
200.00			295,740	14,787	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	OTHER ADMINISTRATIVE AND GENERAL	0	133,204	28,116	1,054,246		1.00
2.00	17.00	SOCIAL SERVICE	0	46,988	62,212	85,184		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	49,397	17,653	64,992		3.00
4.00	50.00	OPERATING ROOM	0	0	0	67,160		4.00
5.00	53.00	ANESTHESIOLOGY	0	17,034	10,435	13,038		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	16,415	0	584,417		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	371,802		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	147,108		8.00
9.00	90.00	CLINIC	0	19,277	0	294,318		9.00
10.00	91.00	EMERGENCY	0	13,425	18,949	1,554,011		10.00
200.00			0	295,740	137,365	4,236,276		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,692,095	2,692,095			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,715,465	1,715,465			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,202,535	8,532	5,437	4,216,504	4.00
5.01	01160	COMMUNICATIONS	-23,875	0	0	-23,875	5.01
5.04	00570	ADMITTING	3,687	20,904	13,321	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	27,628,773	160,707	102,406	216,760	5.06
7.00	00700	OPERATION OF PLANT	3,332,626	385,365	245,564	107,889	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	181,985	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,694,994	28,264	18,010	0	9.00
10.00	01000	DIETARY	808,292	78,882	50,265	0	10.00
11.00	01100	CAFETERIA	1,367,896	45,840	29,210	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,001,321	11,177	7,123	115,086	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	344,389	91,019	58,000	19,107	14.00
15.00	01500	PHARMACY	1,746,205	31,804	20,267	178,814	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,996	20,627	13,144	0	16.00
17.00	01700	SOCIAL SERVICE	78,166	8,212	5,233	17,921	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,690,768	624,466	397,923	1,195,396	30.00
31.00	03100	INTENSIVE CARE UNIT	2,472,538	63,972	40,764	263,354	31.00
40.00	04000	SUBPROVIDER - IPF	2,541,757	95,413	60,800	278,557	40.00
43.00	04300	NURSERY	377,993	0	0	38,783	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,312,886	189,035	120,457	158,624	50.00
51.00	05100	RECOVERY ROOM	266,002	13,012	8,291	28,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	883,516	28,157	17,942	115,398	52.00
53.00	05300	ANESTHESIOLOGY	71,903	3,541	2,256	9,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,202,640	116,936	74,515	84,797	54.00
56.00	05600	RADIOISOTOPE	197,899	22,163	14,123	13,423	56.00
57.00	05700	CT SCAN	600,325	0	0	61,763	57.00
58.00	05800	MRI	190,159	27,880	17,766	17,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,204,940	87,457	55,730	93,422	59.00
60.00	06000	LABORATORY	3,414,171	66,851	42,599	23	60.00
65.00	06500	RESPIRATORY THERAPY	978,906	10,431	6,647	90,579	65.00
66.00	06600	PHYSICAL THERAPY	1,996,645	13,588	8,658	65,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,111	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,732	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	379,956	43,920	27,987	38,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,930	0	0	2,423	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,435,374	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,561,089	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,087,980	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	373,385	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03060	WOUND CARE	91,525	31,186	19,872	5,953	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	610,182	65,486	41,729	68,243	90.00
91.00	09100	EMERGENCY	3,302,572	166,339	105,995	388,238	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)	91,126,434	2,561,166	1,632,034	3,674,817	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,681	0	0	2,523	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,662	21,331	13,593	0	192.00
192.03	19203	OP PHARMACY	1,177,787	3,221	2,052	38,604	192.03
194.00	07950	FOUNDATION	0	3,818	2,433	0	194.00
194.01	07951	MARKETING	0	5,077	3,235	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	5,872,587	97,482	62,118	500,560	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	98,206,151	2,692,095	1,715,465	4,216,504	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0292

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5A.04	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01100	COMMUNICATIONS						5.01
5.04	00570	ADMITTING	37,912					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	28,108,646	28,108,646			5.06
7.00	00700	OPERATION OF PLANT	0	4,071,444	1,632,067	5,703,511		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	181,985	72,950	0	254,935	8.00
9.00	00900	HOUSEKEEPING	0	1,741,268	697,999	76,161	0	9.00
10.00	01000	DIETARY	0	937,439	375,779	212,561	0	10.00
11.00	01100	CAFETERIA	0	1,442,946	578,415	123,525	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,134,707	454,855	30,120	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	512,515	205,445	245,267	0	14.00
15.00	01500	PHARMACY	0	1,977,090	792,530	85,703	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,767	34,781	55,583	0	16.00
17.00	01700	SOCIAL SERVICE	0	109,532	43,907	22,130	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,137	13,912,690	5,576,998	1,682,725	184,373	30.00
31.00	03100	INTENSIVE CARE UNIT	746	2,841,374	1,138,985	172,383	24,729	31.00
40.00	04000	SUBPROVIDER - IPF	897	2,977,424	1,193,521	257,108	41,372	40.00
43.00	04300	NURSERY	62	416,838	167,092	0	4,461	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,151	2,784,153	1,116,047	509,388	0	50.00
51.00	05100	RECOVERY ROOM	452	316,500	126,871	35,063	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	130	1,045,143	418,953	75,874	0	52.00
53.00	05300	ANESTHESIOLOGY	948	87,963	35,261	9,542	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,879	1,480,767	593,576	315,105	0	54.00
56.00	05600	RADIOISOTOPE	330	247,938	99,388	59,722	0	56.00
57.00	05700	CT SCAN	3,568	665,656	266,833	0	0	57.00
58.00	05800	MRI	535	254,090	101,854	75,126	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	752	1,442,301	578,156	235,668	0	59.00
60.00	06000	LABORATORY	4,793	3,528,437	1,414,399	180,142	0	60.00
65.00	06500	RESPIRATORY THERAPY	832	1,087,395	435,890	28,108	0	65.00
66.00	06600	PHYSICAL THERAPY	951	2,085,803	836,109	36,615	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	67	28,178	11,295	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	25	3,757	1,506	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,206	491,564	197,047	118,351	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20	24,373	9,770	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	479	2,435,853	976,429	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,757	2,562,846	1,027,335	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,346	4,091,326	1,640,037	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	149	373,534	149,734	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	1	148,537	59,542	84,036	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	229	785,869	315,021	176,464	0	90.00
91.00	09100	EMERGENCY	6,470	3,969,614	1,591,248	448,229	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,912	90,394,262	24,967,625	5,350,699	254,935	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,204	11,306	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	38,586	15,467	57,480	0	192.00
192.03	19203	OP PHARMACY	0	1,221,664	489,713	8,679	0	192.03
194.00	07950	FOUNDATION	0	6,251	2,506	10,289	0	194.00
194.01	07951	MARKETING	0	8,312	3,332	13,680	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	6,532,747	2,618,697	262,684	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-23,875	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,912	98,206,151	28,108,646	5,703,511	254,935	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,515,428					9.00
10.00	01000	DIETARY	95,015	1,620,794				10.00
11.00	01100	CAFETERIA	55,216	0	2,200,102			11.00
13.00	01300	NURSING ADMINISTRATION	13,463	0	48,876	1,682,021		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	109,635	0	14,930	0	1,087,792	14.00
15.00	01500	PHARMACY	38,309	0	83,283	0	4,844	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,846	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,892	0	2,693	0	344	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	752,177	1,193,055	744,438	836,921	24,588	30.00
31.00	03100	INTENSIVE CARE UNIT	77,055	160,014	134,891	151,649	6,692	31.00
40.00	04000	SUBPROVIDER - IPF	114,927	267,725	171,563	192,877	5,754	40.00
43.00	04300	NURSERY	0	0	20,900	23,497	239	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	227,697	0	86,075	96,769	126,978	50.00
51.00	05100	RECOVERY ROOM	15,673	0	10,537	11,846	118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,916	0	48,849	54,918	3,081	52.00
53.00	05300	ANESTHESIOLOGY	4,265	0	5,663	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,852	0	46,317	0	15,064	54.00
56.00	05600	RADIOISOTOPE	26,696	0	5,267	0	10,909	56.00
57.00	05700	CT SCAN	0	0	30,211	0	4,878	57.00
58.00	05800	MRI	33,582	0	7,128	0	1,883	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,344	0	38,919	43,754	42,548	59.00
60.00	06000	LABORATORY	80,524	0	24	0	6,977	60.00
65.00	06500	RESPIRATORY THERAPY	12,564	0	51,901	0	9,568	65.00
66.00	06600	PHYSICAL THERAPY	16,367	0	36,861	0	61	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	14	68.00
69.00	06900	ELECTROCARDIOLOGY	52,903	0	23,152	26,028	402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,157	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	378,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	398,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	37,564	0	2,729	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	78,879	0	36,132	40,621	924	90.00
91.00	09100	EMERGENCY	200,359	0	180,693	203,141	18,743	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)	2,357,720	1,620,794	1,834,189	1,682,021	1,061,628	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,236	0	166	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,694	0	0	0	0	192.00
192.03	19203	OP PHARMACY	3,880	0	19,129	0	150	192.03
194.00	07950	FOUNDATION	4,599	0	0	0	0	194.00
194.01	07951	MARKETING	6,115	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	117,420	0	344,548	0	25,848	194.03
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)	2,515,428	1,620,794	2,200,102	1,682,021	1,087,792	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2021Worksheet B
Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	2,981,759				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	201,977			16.00
17.00	01700	SOCIAL SERVICE	0	0	188,498		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	22,110	136,324	25,066,399	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,986	18,284	4,730,042	0 31.00
40.00	04000	SUBPROVIDER - IPF	0	4,795	30,591	5,257,657	0 40.00
43.00	04300	NURSERY	0	332	3,299	636,658	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,840	0	4,963,947	0 50.00
51.00	05100	RECOVERY ROOM	0	2,415	0	519,023	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	696	0	1,681,430	0 52.00
53.00	05300	ANESTHESIOLOGY	0	5,067	0	147,761	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,044	0	2,601,725	0 54.00
56.00	05600	RADIOISOTOPE	0	1,762	0	451,682	0 56.00
57.00	05700	CT SCAN	0	19,070	0	986,648	0 57.00
58.00	05800	MRI	0	2,860	0	476,523	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,017	0	2,490,707	0 59.00
60.00	06000	LABORATORY	0	25,615	0	5,236,118	0 60.00
65.00	06500	RESPIRATORY THERAPY	0	4,446	0	1,629,872	0 65.00
66.00	06600	PHYSICAL THERAPY	0	5,082	0	3,016,898	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	359	0	39,832	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	136	0	5,413	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,447	0	915,894	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	109	0	36,409	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,559	0	3,793,576	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,392	0	3,997,857	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,981,759	17,881	0	8,731,003	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	795	0	524,063	0 75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0 76.00
76.01	03060	WOUND CARE	0	4	0	332,412	0 76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,227	0	1,435,137	0 90.00
91.00	09100	EMERGENCY	0	33,931	0	6,645,958	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,981,759	201,977	188,498	86,350,644	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	41,912	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	137,227	0 192.00
192.03	19203	OP PHARMACY	0	0	0	1,743,215	0 192.03
194.00	07950	FOUNDATION	0	0	0	23,645	0 194.00
194.01	07951	MARKETING	0	0	0	31,439	0 194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	0	9,901,944	0 194.03
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	-23,875	0 201.00
202.00		TOTAL (sum lines 118 through 201)	2,981,759	201,977	188,498	98,206,151	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.04	00570	ADMITTING	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
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
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	03950	INPATIENT RENAL DIALYSI	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03060	WOUND CARE	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
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
192.03	19203	OP PHARMACY	192.03
194.00	07950	FOUNDATION	194.00
194.01	07951	MARKETING	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	194.03
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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:51 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	8,532	5,437	13,969	4.00
5.01	01160	COMMUNICATIONS	0	0	0	0	5.01
5.04	00570	ADMITTING	0	20,904	13,321	34,225	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	160,707	102,406	263,113	5.06
7.00	00700	OPERATION OF PLANT	0	385,365	245,564	630,929	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	28,264	18,010	46,274	9.00
10.00	01000	DIETARY	0	78,882	50,265	129,147	10.00
11.00	01100	CAFETERIA	0	45,840	29,210	75,050	11.00
13.00	01300	NURSING ADMINISTRATION	0	11,177	7,123	18,300	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	91,019	58,000	149,019	14.00
15.00	01500	PHARMACY	0	31,804	20,267	52,071	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,627	13,144	33,771	16.00
17.00	01700	SOCIAL SERVICE	0	8,212	5,233	13,445	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	624,466	397,923	1,022,389	30.00
31.00	03100	INTENSIVE CARE UNIT	0	63,972	40,764	104,736	31.00
40.00	04000	SUBPROVIDER - IPF	0	95,413	60,800	156,213	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	189,035	120,457	309,492	50.00
51.00	05100	RECOVERY ROOM	0	13,012	8,291	21,303	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,157	17,942	46,099	52.00
53.00	05300	ANESTHESIOLOGY	0	3,541	2,256	5,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	116,936	74,515	191,451	54.00
56.00	05600	RADIOISOTOPE	0	22,163	14,123	36,286	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	27,880	17,766	45,646	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	87,457	55,730	143,187	59.00
60.00	06000	LABORATORY	0	66,851	42,599	109,450	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,431	6,647	17,078	65.00
66.00	06600	PHYSICAL THERAPY	0	13,588	8,658	22,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,920	27,987	71,907	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	31,186	19,872	51,058	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	65,486	41,729	107,215	90.00
91.00	09100	EMERGENCY	0	166,339	105,995	272,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,561,166	1,632,034	4,193,200	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,331	13,593	34,924	192.00
192.03	19203	OP PHARMACY	0	3,221	2,052	5,273	192.03
194.00	07950	FOUNDATION	0	3,818	2,433	6,251	194.00
194.01	07951	MARKETING	0	5,077	3,235	8,312	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	97,482	62,118	159,600	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,692,095	1,715,465	4,407,560	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
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Part II
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Cost Center Description			COMMUNICATIONS	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.04	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01100	COMMUNICATIONS	0					5.01
5.04	00570	ADMITTING	0	34,225				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	263,832			5.06
7.00	00700	OPERATION OF PLANT	0	0	15,321	646,608		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	685	0	685	8.00
9.00	00900	HOUSEKEEPING	0	0	6,552	8,634	0	9.00
10.00	01000	DIETARY	0	0	3,528	24,098	0	10.00
11.00	01100	CAFETERIA	0	0	5,430	14,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,270	3,415	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,929	27,806	0	14.00
15.00	01500	PHARMACY	0	0	7,440	9,716	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	327	6,301	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	412	2,509	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,755	52,315	190,770	496	30.00
31.00	03100	INTENSIVE CARE UNIT	0	677	10,692	19,543	66	31.00
40.00	04000	SUBPROVIDER - IPF	0	814	11,204	29,148	111	40.00
43.00	04300	NURSERY	0	56	1,569	0	12	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,860	10,477	57,749	0	50.00
51.00	05100	RECOVERY ROOM	0	410	1,191	3,975	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	118	3,933	8,602	0	52.00
53.00	05300	ANESTHESIOLOGY	0	860	331	1,082	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,706	5,572	35,724	0	54.00
56.00	05600	RADIOISOTOPE	0	299	933	6,771	0	56.00
57.00	05700	CT SCAN	0	3,238	2,505	0	0	57.00
58.00	05800	MRI	0	486	956	8,517	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	682	5,427	26,718	0	59.00
60.00	06000	LABORATORY	0	4,350	13,278	20,423	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	755	4,092	3,187	0	65.00
66.00	06600	PHYSICAL THERAPY	0	863	7,849	4,151	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	61	106	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	23	14	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,095	1,850	13,418	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19	92	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	434	9,166	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,595	9,644	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,036	15,396	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	135	1,406	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	1	559	9,527	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	208	2,957	20,006	0	90.00
91.00	09100	EMERGENCY	0	5,689	14,938	50,816	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)	0	34,225	234,346	606,610	685	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	106	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	145	6,517	0	192.00
192.03	19203	OP PHARMACY	0	0	4,597	984	0	192.03
194.00	07950	FOUNDATION	0	0	24	1,166	0	194.00
194.01	07951	MARKETING	0	0	31	1,551	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	24,583	29,780	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	34,225	263,832	646,608	685	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	61,460					9.00
10.00	01000	DIETARY	2,322	159,095				10.00
11.00	01100	CAFETERIA	1,349	0	95,833			11.00
13.00	01300	NURSING ADMINISTRATION	329	0	2,129	28,824		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,679	0	650	0	182,146	14.00
15.00	01500	PHARMACY	936	0	3,628	0	811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	607	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	242	0	117	0	58	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,378	117,108	32,428	14,342	4,117	30.00
31.00	03100	INTENSIVE CARE UNIT	1,883	15,707	5,876	2,599	1,121	31.00
40.00	04000	SUBPROVIDER - IPF	2,808	26,280	7,473	3,305	964	40.00
43.00	04300	NURSERY	0	0	910	403	40	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,563	0	3,749	1,658	21,262	50.00
51.00	05100	RECOVERY ROOM	383	0	459	203	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	829	0	2,128	941	516	52.00
53.00	05300	ANESTHESIOLOGY	104	0	247	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,441	0	2,017	0	2,522	54.00
56.00	05600	RADIOISOTOPE	652	0	229	0	1,827	56.00
57.00	05700	CT SCAN	0	0	1,316	0	817	57.00
58.00	05800	MRI	821	0	310	0	315	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,574	0	1,695	750	7,124	59.00
60.00	06000	LABORATORY	1,967	0	1	0	1,168	60.00
65.00	06500	RESPIRATORY THERAPY	307	0	2,261	0	1,602	65.00
66.00	06600	PHYSICAL THERAPY	400	0	1,606	0	10	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	1,293	0	1,008	446	67	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	94	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	63,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	66,692	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	918	0	119	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,927	0	1,574	696	155	90.00
91.00	09100	EMERGENCY	4,895	0	7,871	3,481	3,138	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)	57,607	159,095	79,895	28,824	177,765	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	97	0	28	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	628	0	0	0	0	192.00
192.03	19203	OP PHARMACY	95	0	833	0	25	192.03
194.00	07950	FOUNDATION	112	0	0	0	0	194.00
194.01	07951	MARKETING	149	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	2,869	0	15,008	0	4,328	194.03
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)	61,460	159,095	95,833	28,824	182,146	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	75,195					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,006				16.00
17.00	01700	SOCIAL SERVICE	0	0	16,842			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,485	12,180	1,476,717	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	808	1,634	166,215	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	973	2,733	242,949	0	40.00
43.00	04300	NURSERY	0	67	295	3,481	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,416	0	416,752	0	50.00
51.00	05100	RECOVERY ROOM	0	490	0	28,529	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	141	0	63,690	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,028	0	9,480	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,037	0	244,751	0	54.00
56.00	05600	RADIOISOTOPE	0	357	0	47,398	0	56.00
57.00	05700	CT SCAN	0	3,868	0	11,949	0	57.00
58.00	05800	MRI	0	580	0	57,690	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	815	0	189,282	0	59.00
60.00	06000	LABORATORY	0	5,195	0	155,832	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	902	0	30,484	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,031	0	38,375	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	73	0	240	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	28	0	67	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,308	0	92,520	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22	0	235	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	519	0	73,536	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,905	0	79,836	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,195	3,627	0	97,254	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	161	0	1,702	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	1	0	62,203	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	249	0	135,213	0	90.00
91.00	09100	EMERGENCY	0	6,920	0	371,369	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)	75,195	41,006	16,842	4,097,749	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	239	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	42,214	0	192.00
192.03	19203	OP PHARMACY	0	0	0	11,935	0	192.03
194.00	07950	FOUNDATION	0	0	0	7,553	0	194.00
194.01	07951	MARKETING	0	0	0	10,043	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	0	237,827	0	194.03
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)	75,195	41,006	16,842	4,407,560	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.04	00570	ADMITTING	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
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
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	03950	INPATIENT RENAL DIALYSI	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03060	WOUND CARE	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
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
192.03	19203	OP PHARMACY	192.03
194.00	07950	FOUNDATION	194.00
194.01	07951	MARKETING	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	194.03
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:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHAR GES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	126,206				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		126,206			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	400	400	36,303,242		4.00
5.01	01160	COMMUNICATIONS	0	0	0	517	5.01
5.04	00570	ADMITTING	980	980	0	317,727,047	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	7,534	7,534	1,866,252	374	5.06
7.00	00700	OPERATION OF PLANT	18,066	18,066	928,902	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,325	1,325	0	0	9.00
10.00	01000	DIETARY	3,698	3,698	0	0	10.00
11.00	01100	CAFETERIA	2,149	2,149	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	524	524	990,861	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,267	4,267	164,510	0	14.00
15.00	01500	PHARMACY	1,491	1,491	1,539,552	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	967	967	0	0	16.00
17.00	01700	SOCIAL SERVICE	385	385	154,298	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,275	29,275	10,292,179	117	30.00
31.00	03100	INTENSIVE CARE UNIT	2,999	2,999	2,267,423	10	31.00
40.00	04000	SUBPROVIDER - IPF	4,473	4,473	2,398,312	16	40.00
43.00	04300	NURSERY	0	0	333,910	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,862	8,862	1,365,717	0	50.00
51.00	05100	RECOVERY ROOM	610	610	247,468	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,320	1,320	993,547	0	52.00
53.00	05300	ANESTHESIOLOGY	166	166	80,204	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,482	5,482	730,087	0	54.00
56.00	05600	RADIOISOTOPE	1,039	1,039	115,567	0	56.00
57.00	05700	CT SCAN	0	0	531,769	0	57.00
58.00	05800	MRI	1,307	1,307	152,824	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,100	4,100	804,339	0	59.00
60.00	06000	LABORATORY	3,134	3,134	196	0	60.00
65.00	06500	RESPIRATORY THERAPY	489	489	779,865	0	65.00
66.00	06600	PHYSICAL THERAPY	637	637	567,909	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,059	2,059	331,432	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	20,859	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	1,249,556	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03060	WOUND CARE	1,462	1,462	51,250	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,070	3,070	587,559	0	90.00
91.00	09100	EMERGENCY	7,798	7,798	3,342,646	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)	120,068	120,068	31,639,437	517	317,727,047
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	21,720	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,000	1,000	0	0	192.00
192.03	19203	OP PHARMACY	151	151	332,371	0	192.03
194.00	07950	FOUNDATION	179	179	0	0	194.00
194.01	07951	MARKETING	238	238	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	4,570	4,570	4,309,714	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,692,095	1,715,465	4,216,504	-23,875	37,912
203.00		Unit cost multiplier (Wkst. B, Part I)	21.330959	13.592579	0.116147	0.000000	0.000119
204.00		Cost to be allocated (per Wkst. B, Part II)			13,969	0	34,225
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000385	0.000000	0.000108

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHAR GES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.04	
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:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-28,108,646	70,121,380			5.06
7.00	00700	OPERATION OF PLANT	0	4,071,444	99,226		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	181,985	0	28,000	8.00
9.00	00900	HOUSEKEEPING	0	1,741,268	1,325	0	97,901
10.00	01000	DIETARY	0	937,439	3,698	0	3,698
11.00	01100	CAFETERIA	0	1,442,946	2,149	0	2,149
13.00	01300	NURSING ADMINISTRATION	0	1,134,707	524	0	524
14.00	01400	CENTRAL SERVICES & SUPPLY	0	512,515	4,267	0	4,267
15.00	01500	PHARMACY	0	1,977,090	1,491	0	1,491
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,767	967	0	967
17.00	01700	SOCIAL SERVICE	0	109,532	385	0	385
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	13,912,690	29,275	20,250	29,275
31.00	03100	INTENSIVE CARE UNIT	0	2,841,374	2,999	2,716	2,999
40.00	04000	SUBPROVIDER - IPF	0	2,977,424	4,473	4,544	4,473
43.00	04300	NURSERY	0	416,838	0	490	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,784,153	8,862	0	8,862
51.00	05100	RECOVERY ROOM	0	316,500	610	0	610
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,045,143	1,320	0	1,320
53.00	05300	ANESTHESIOLOGY	0	87,963	166	0	166
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,480,767	5,482	0	5,482
56.00	05600	RADIOISOTOPE	0	247,938	1,039	0	1,039
57.00	05700	CT SCAN	0	665,656	0	0	0
58.00	05800	MRI	0	254,090	1,307	0	1,307
59.00	05900	CARDIAC CATHETERIZATION	0	1,442,301	4,100	0	4,100
60.00	06000	LABORATORY	0	3,528,437	3,134	0	3,134
65.00	06500	RESPIRATORY THERAPY	0	1,087,395	489	0	489
66.00	06600	PHYSICAL THERAPY	0	2,085,803	637	0	637
67.00	06700	OCCUPATIONAL THERAPY	0	28,178	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	3,757	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	491,564	2,059	0	2,059
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,373	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,435,853	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,562,846	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,091,326	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	INPATIENT RENAL DIALYSI	0	373,534	0	0	0
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0
76.01	03060	WOUND CARE	0	148,537	1,462	0	1,462
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	785,869	3,070	0	3,070
91.00	09100	EMERGENCY	0	3,969,614	7,798	0	7,798
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,108,646	62,285,616	93,088	28,000	91,763
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,204	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	38,586	1,000	0	1,000
192.03	19203	OP PHARMACY	0	1,221,664	151	0	151
194.00	07950	FOUNDATION	0	6,251	179	0	179
194.01	07951	MARKETING	0	8,312	238	0	238
194.03	07953	THERAPEUTIC DAY SCHOOL	0	6,532,747	4,570	0	4,570
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)		28,108,646	5,703,511	254,935	2,515,428
203.00		Unit cost multiplier (Wkst. B, Part I)		0.400857	57.480005	9.104821	25.693588
204.00		Cost to be allocated (per Wkst. B, Part II)		263,832	646,608	685	61,460
205.00		Unit cost multiplier (Wkst. B, Part II)		0.003763	6.516518	0.024464	0.627777
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	5A.06	5.06	7.00	8.00	9.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	91,354				10.00
11.00	01100	CAFETERIA	0	838,348			11.00
13.00	01300	NURSING ADMINISTRATION	0	18,624	570,107		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,689	0	6,994,822	14.00
15.00	01500	PHARMACY	0	31,735	0	31,151	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,095,232	16.00
17.00	01700	SOCIAL SERVICE	0	1,026	0	2,215	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,245	283,668	283,668	158,109	30.00
31.00	03100	INTENSIVE CARE UNIT	9,019	51,400	51,400	43,031	31.00
40.00	04000	SUBPROVIDER - IPF	15,090	65,374	65,374	37,002	40.00
43.00	04300	NURSERY	0	7,964	7,964	1,538	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	32,799	32,799	816,504	50.00
51.00	05100	RECOVERY ROOM	0	4,015	4,015	758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,614	18,614	19,811	52.00
53.00	05300	ANESTHESIOLOGY	0	2,158	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,649	0	96,866	54.00
56.00	05600	RADIOISOTOPE	0	2,007	0	70,149	56.00
57.00	05700	CT SCAN	0	11,512	0	31,367	57.00
58.00	05800	MRI	0	2,716	0	12,106	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,830	14,830	273,596	59.00
60.00	06000	LABORATORY	0	9	0	44,862	60.00
65.00	06500	RESPIRATORY THERAPY	0	19,777	0	61,523	65.00
66.00	06600	PHYSICAL THERAPY	0	14,046	0	390	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	89	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,822	8,822	2,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	822	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,435,377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,561,089	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	1,040	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	13,768	13,768	5,943	90.00
91.00	09100	EMERGENCY	0	68,853	68,853	120,523	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)	91,354	698,917	570,107	6,826,585	4,095,232
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	852	0	1,065	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03	19203	OP PHARMACY	0	7,289	0	965	192.03
194.00	07950	FOUNDATION	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	131,290	0	166,207	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,620,794	2,200,102	1,682,021	1,087,792	2,981,759
203.00		Unit cost multiplier (Wkst. B, Part I)	17.741905	2.624330	2.950360	0.155514	0.728105
204.00		Cost to be allocated (per Wkst. B, Part II)	159,095	95,833	28,824	182,146	75,195
205.00		Unit cost multiplier (Wkst. B, Part II)	1.741522	0.114312	0.050559	0.026040	0.018362
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
COST ALLOCATION - STATISTICAL BASIS			Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/23/2022 3:51 pm
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)		
		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
5.01	01160	COMMUNICATIONS			5.01
5.04	00570	ADMITTING			5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
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	317,727,047		16.00
17.00	01700	SOCIAL SERVICE	0	28,000	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	34,764,035	20,250	30.00
31.00	03100	INTENSIVE CARE UNIT	6,266,776	2,716	31.00
40.00	04000	SUBPROVIDER - IPF	7,539,468	4,544	40.00
43.00	04300	NURSERY	521,647	490	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	26,477,748	0	50.00
51.00	05100	RECOVERY ROOM	3,797,298	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,093,571	0	52.00
53.00	05300	ANESTHESIOLOGY	7,966,909	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,793,229	0	54.00
56.00	05600	RADIOISOTOPE	2,770,364	0	56.00
57.00	05700	CT SCAN	29,983,974	0	57.00
58.00	05800	MRI	4,497,596	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,315,589	0	59.00
60.00	06000	LABORATORY	40,275,083	0	60.00
65.00	06500	RESPIRATORY THERAPY	6,989,827	0	65.00
66.00	06600	PHYSICAL THERAPY	7,991,135	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	564,412	0	67.00
68.00	06800	SPEECH PATHOLOGY	214,176	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,136,956	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,921	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,023,140	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,767,876	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,114,875	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	1,249,556	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03060	WOUND CARE	5,880	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,928,528	0	90.00
91.00	09100	EMERGENCY	53,505,478	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)	317,727,047	28,000	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
192.03	19203	OP PHARMACY	0	0	192.03
194.00	07950	FOUNDATION	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	194.03
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)	201,977	188,498	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000636	6.732071	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,006	16,842	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000129	0.601500	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	16.00	17.00	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:51 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	25,066,399		25,066,399	17,653
31.00	03100	INTENSIVE CARE UNIT	4,730,042		4,730,042	0
40.00	04000	SUBPROVIDER - IPF	5,257,657		5,257,657	0
43.00	04300	NURSERY	636,658		636,658	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,963,947		4,963,947	0
51.00	05100	RECOVERY ROOM	519,023		519,023	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,681,430		1,681,430	0
53.00	05300	ANESTHESIOLOGY	147,761		147,761	10,435
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,601,725		2,601,725	0
56.00	05600	RADIOISOTOPE	451,682		451,682	0
57.00	05700	CT SCAN	986,648		986,648	0
58.00	05800	MRI	476,523		476,523	0
59.00	05900	CARDIAC CATHETERIZATION	2,490,707		2,490,707	0
60.00	06000	LABORATORY	5,236,118		5,236,118	0
65.00	06500	RESPIRATORY THERAPY	1,629,872	0	1,629,872	0
66.00	06600	PHYSICAL THERAPY	3,016,898	0	3,016,898	0
67.00	06700	OCCUPATIONAL THERAPY	39,832	0	39,832	0
68.00	06800	SPEECH PATHOLOGY	5,413	0	5,413	0
69.00	06900	ELECTROCARDIOLOGY	915,894		915,894	0
70.00	07000	ELECTROENCEPHALOGRAPHY	36,409		36,409	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,793,576		3,793,576	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,997,857		3,997,857	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,731,003		8,731,003	0
74.00	07400	RENAL DIALYSIS	0		0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
75.01	03950	INPATIENT RENAL DIALYSI	524,063		524,063	0
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0
76.01	03060	WOUND CARE	332,412		332,412	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,435,137		1,435,137	0
91.00	09100	EMERGENCY	6,645,958		6,645,958	18,949
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,703,065		1,703,065	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	88,053,709	0	88,053,709	47,037
201.00		Less Observation Beds	1,703,065		1,703,065	0
202.00		Total (see instructions)	86,350,644	0	86,350,644	47,037

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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					Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
			Inpatient	Outpatient	Total (col. 6 + col. 7)					
			6.00	7.00	8.00					
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	30,588,497		30,588,497			30.00		
31.00	03100	INTENSIVE CARE UNIT	6,266,776		6,266,776			31.00		
40.00	04000	SUBPROVIDER - IPF	7,539,468		7,539,468			40.00		
43.00	04300	NURSERY	521,647		521,647			43.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,596,921	18,880,827	26,477,748	0.187476	0.000000	50.00		
51.00	05100	RECOVERY ROOM	1,242,785	2,554,513	3,797,298	0.136682	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	818,348	275,223	1,093,571	1.537559	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	2,274,236	5,692,673	7,966,909	0.018547	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,121,208	10,672,021	15,793,229	0.164737	0.000000	54.00		
56.00	05600	RADIOISOTOPE	851,181	1,919,183	2,770,364	0.163041	0.000000	56.00		
57.00	05700	CT SCAN	10,773,042	19,210,932	29,983,974	0.032906	0.000000	57.00		
58.00	05800	MRI	1,918,217	2,579,379	4,497,596	0.105951	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	4,481,038	1,834,551	6,315,589	0.394374	0.000000	59.00		
60.00	06000	LABORATORY	23,494,461	16,780,622	40,275,083	0.130009	0.000000	60.00		
65.00	06500	RESPIRATORY THERAPY	6,520,954	468,873	6,989,827	0.233178	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	1,897,423	6,093,712	7,991,135	0.377531	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	513,128	51,284	564,412	0.070573	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	204,948	9,228	214,176	0.025274	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	4,842,444	5,294,512	10,136,956	0.090352	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	150,003	21,918	171,921	0.211778	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,626,806	2,396,334	4,023,140	0.942939	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,498,764	9,269,112	14,767,876	0.270713	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	16,727,076	11,387,799	28,114,875	0.310547	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00		
75.01	03950	INPATIENT RENAL DIALYSI	1,158,514	91,042	1,249,556	0.419399	0.000000	75.01		
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000	76.00		
76.01	03060	WOUND CARE	0	5,880	5,880	56.532653	0.000000	76.01		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	4,183	1,924,345	1,928,528	0.744162	0.000000	90.00		
91.00	09100	EMERGENCY	14,146,333	39,359,145	53,505,478	0.124211	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	781,061	3,394,477	4,175,538	0.407867	0.000000	92.00		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
200.00		Subtotal (see instructions)	157,559,462	160,167,585	317,727,047			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	157,559,462	160,167,585	317,727,047			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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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
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.187476			50.00
51.00	05100 RECOVERY ROOM	0.136682			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.537559			52.00
53.00	05300 ANESTHESIOLOGY	0.019857			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.164737			54.00
56.00	05600 RADIOISOTOPE	0.163041			56.00
57.00	05700 CT SCAN	0.032906			57.00
58.00	05800 MRI	0.105951			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.394374			59.00
60.00	06000 LABORATORY	0.130009			60.00
65.00	06500 RESPIRATORY THERAPY	0.233178			65.00
66.00	06600 PHYSICAL THERAPY	0.377531			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.070573			67.00
68.00	06800 SPEECH PATHOLOGY	0.025274			68.00
69.00	06900 ELECTROCARDIOLOGY	0.090352			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.211778			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.942939			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270713			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.310547			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	03950 INPATIENT RENAL DIALYSI	0.419399			75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000			76.00
76.01	03060 WOUND CARE	56.532653			76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.744162			90.00
91.00	09100 EMERGENCY	0.124565			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.407867			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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:51 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,066,399		25,066,399	17,653
31.00	03100	INTENSIVE CARE UNIT	4,730,042		4,730,042	0
40.00	04000	SUBPROVIDER - IPF	5,257,657		5,257,657	0
43.00	04300	NURSERY	636,658		636,658	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,963,947		4,963,947	0
51.00	05100	RECOVERY ROOM	519,023		519,023	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,681,430		1,681,430	0
53.00	05300	ANESTHESIOLOGY	147,761		147,761	10,435
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,601,725		2,601,725	0
56.00	05600	RADIOISOTOPE	451,682		451,682	0
57.00	05700	CT SCAN	986,648		986,648	0
58.00	05800	MRI	476,523		476,523	0
59.00	05900	CARDIAC CATHETERIZATION	2,490,707		2,490,707	0
60.00	06000	LABORATORY	5,236,118		5,236,118	0
65.00	06500	RESPIRATORY THERAPY	1,629,872	0	1,629,872	0
66.00	06600	PHYSICAL THERAPY	3,016,898	0	3,016,898	0
67.00	06700	OCCUPATIONAL THERAPY	39,832	0	39,832	0
68.00	06800	SPEECH PATHOLOGY	5,413	0	5,413	0
69.00	06900	ELECTROCARDIOLOGY	915,894		915,894	0
70.00	07000	ELECTROENCEPHALOGRAPHY	36,409		36,409	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,793,576		3,793,576	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,997,857		3,997,857	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,731,003		8,731,003	0
74.00	07400	RENAL DIALYSIS	0		0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
75.01	03950	INPATIENT RENAL DIALYSI	524,063		524,063	0
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0
76.01	03060	WOUND CARE	332,412		332,412	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,435,137		1,435,137	0
91.00	09100	EMERGENCY	6,645,958		6,645,958	18,949
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,703,065		1,703,065	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	88,053,709	0	88,053,709	47,037
201.00		Less Observation Beds	1,703,065		1,703,065	0
202.00		Total (see instructions)	86,350,644	0	86,350,644	47,037

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:51 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,588,497		30,588,497		30.00
31.00	03100	INTENSIVE CARE UNIT	6,266,776		6,266,776		31.00
40.00	04000	SUBPROVIDER - IPF	7,539,468		7,539,468		40.00
43.00	04300	NURSERY	521,647		521,647		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,596,921	18,880,827	26,477,748	0.187476	0.187476
51.00	05100	RECOVERY ROOM	1,242,785	2,554,513	3,797,298	0.136682	0.136682
52.00	05200	DELIVERY ROOM & LABOR ROOM	818,348	275,223	1,093,571	1.537559	1.537559
53.00	05300	ANESTHESIOLOGY	2,274,236	5,692,673	7,966,909	0.018547	0.018547
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,121,208	10,672,021	15,793,229	0.164737	0.164737
56.00	05600	RADIOISOTOPE	851,181	1,919,183	2,770,364	0.163041	0.163041
57.00	05700	CT SCAN	10,773,042	19,210,932	29,983,974	0.032906	0.032906
58.00	05800	MRI	1,918,217	2,579,379	4,497,596	0.05951	0.05951
59.00	05900	CARDIAC CATHETERIZATION	4,481,038	1,834,551	6,315,589	0.394374	0.394374
60.00	06000	LABORATORY	23,494,461	16,780,622	40,275,083	0.130009	0.130009
65.00	06500	RESPIRATORY THERAPY	6,520,954	468,873	6,989,827	0.233178	0.233178
66.00	06600	PHYSICAL THERAPY	1,897,423	6,093,712	7,991,135	0.377531	0.377531
67.00	06700	OCCUPATIONAL THERAPY	513,128	51,284	564,412	0.070573	0.070573
68.00	06800	SPEECH PATHOLOGY	204,948	9,228	214,176	0.025274	0.025274
69.00	06900	ELECTROCARDIOLOGY	4,842,444	5,294,512	10,136,956	0.090352	0.090352
70.00	07000	ELECTROENCEPHALOGRAPHY	150,003	21,918	171,921	0.211778	0.211778
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,626,806	2,396,334	4,023,140	0.942939	0.942939
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,498,764	9,269,112	14,767,876	0.270713	0.270713
73.00	07300	DRUGS CHARGED TO PATIENTS	16,727,076	11,387,799	28,114,875	0.310547	0.310547
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
75.01	03950	INPATIENT RENAL DIALYSI	1,158,514	91,042	1,249,556	0.419399	0.419399
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000
76.01	03060	WOUND CARE	0	5,880	5,880	56.532653	56.532653
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,183	1,924,345	1,928,528	0.744162	0.744162
91.00	09100	EMERGENCY	14,146,333	39,359,145	53,505,478	0.124211	0.124211
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	781,061	3,394,477	4,175,538	0.407867	0.407867
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	157,559,462	160,167,585	317,727,047		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	157,559,462	160,167,585	317,727,047		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:51 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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.000000		75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03060	WOUND CARE	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/23/2022 3:51 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	1,476,717	0	1,476,717	21,725	67.97	30.00
31.00	INTENSIVE CARE UNIT	166,215		166,215	2,716	61.20	31.00
40.00	SUBPROVIDER - IPF	242,949	0	242,949	4,544	53.47	40.00
43.00	NURSERY	3,481		3,481	490	7.10	43.00
200.00	Total (lines 30 through 199)	1,889,362		1,889,362	29,475		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	5,211	354,192				
31.00	INTENSIVE CARE UNIT	798	48,838				
40.00	SUBPROVIDER - IPF	2,276	121,698				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	8,285	524,728				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:51 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	416,752	26,477,748	0.015740	1,852,659	29,161	50.00
51.00	05100 RECOVERY ROOM	28,529	3,797,298	0.007513	336,258	2,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	63,690	1,093,571	0.058240	8,224	479	52.00
53.00	05300 ANESTHESIOLOGY	9,480	7,966,909	0.001190	541,648	645	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	244,751	15,793,229	0.015497	1,449,729	22,466	54.00
56.00	05600 RADIOISOTOPE	47,398	2,770,364	0.017109	251,050	4,295	56.00
57.00	05700 CT SCAN	11,949	29,983,974	0.000399	3,159,776	1,261	57.00
58.00	05800 MRI	57,690	4,497,596	0.012827	473,933	6,079	58.00
59.00	05900 CARDIAC CATHETERIZATION	189,282	6,315,589	0.029971	1,123,767	33,680	59.00
60.00	06000 LABORATORY	155,832	40,275,083	0.003869	6,377,949	24,676	60.00
65.00	06500 RESPIRATORY THERAPY	30,484	6,989,827	0.004361	2,179,212	9,504	65.00
66.00	06600 PHYSICAL THERAPY	38,375	7,991,135	0.004802	676,904	3,250	66.00
67.00	06700 OCCUPATIONAL THERAPY	240	564,412	0.000425	184,985	79	67.00
68.00	06800 SPEECH PATHOLOGY	67	214,176	0.000313	94,929	30	68.00
69.00	06900 ELECTROCARDIOLOGY	92,520	10,136,956	0.009127	1,621,580	14,800	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	235	171,921	0.001367	38,934	53	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	73,536	4,023,140	0.018278	359,868	6,578	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	79,836	14,767,876	0.005406	1,649,327	8,916	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	97,254	28,114,875	0.003459	4,512,177	15,608	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	1,702	1,249,556	0.001362	364,058	496	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060 WOUND CARE	62,203	5,880	10.578741	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	135,213	1,928,528	0.070112	2,707	190	90.00
91.00	09100 EMERGENCY	371,369	53,505,478	0.006941	3,771,272	26,176	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	100,261	4,175,538	0.024012	273,438	6,566	92.00
200.00	Total (lines 50 through 199)	2,308,648	272,810,659		31,304,384	217,514	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				SP Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/23/2022 3:51 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	21,725	0.00	5,211	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,716	0.00	798	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,544	0.00	2,276	40.00	
43.00	04300	NURSERY	0	0	490	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	29,475		8,285	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
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/23/2022 3:51 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0 75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0 76.00
76.01	03060	WOUND CARE	0	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:51 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	26,477,748	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,797,298	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,093,571	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,966,909	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,793,229	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	2,770,364	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,983,974	0.000000	57.00
58.00	05800	MRI	0	0	0	4,497,596	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,315,589	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	40,275,083	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,989,827	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,991,135	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	564,412	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	214,176	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,136,956	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	171,921	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,023,140	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,767,876	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,114,875	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	1,249,556	0.000000	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	0	0	5,880	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,928,528	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	53,505,478	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,175,538	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	272,810,659		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-0292 Period: From 01/01/2021 To 12/31/2021 Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:51 pm

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS 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	1,852,659	0	2,687,588	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	336,258	0	442,564	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	8,224	0	4,648	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	541,648	0	813,508	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,449,729	0	1,022,572	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	251,050	0	477,630	0	56.00
57.00	05700 CT SCAN	0.000000	3,159,776	0	3,118,884	0	57.00
58.00	05800 MRI	0.000000	473,933	0	461,530	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,123,767	0	547,311	0	59.00
60.00	06000 LABORATORY	0.000000	6,377,949	0	1,605,649	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,179,212	0	134,889	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	676,904	0	14,580	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	184,985	0	5,243	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	94,929	0	1,378	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,621,580	0	1,024,435	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	38,934	0	6,540	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	359,868	0	369,377	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,649,327	0	1,694,969	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,512,177	0	1,885,785	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	0.000000	364,058	0	91,042	0	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03060 WOUND CARE	0.000000	0	0	2,210	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	2,707	0	155,167	0	90.00
91.00	09100 EMERGENCY	0.000000	3,771,272	0	4,211,555	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	273,438	0	477,355	0	92.00
200.00	Total (lines 50 through 199)		31,304,384	0	21,256,409	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:51 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	0.187476	2,687,588	0	0	503,858 50.00
51.00 05100 RECOVERY ROOM	0.136682	442,564	0	0	60,491 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.537559	4,648	0	0	7,147 52.00
53.00 05300 ANESTHESIOLOGY	0.018547	813,508	0	0	15,088 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.164737	1,022,572	0	0	168,455 54.00
56.00 05600 RADIOISOTOPE	0.163041	477,630	0	0	77,873 56.00
57.00 05700 CT SCAN	0.032906	3,118,884	0	0	102,630 57.00
58.00 05800 MRI	0.105951	461,530	0	0	48,900 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.394374	547,311	0	0	215,845 59.00
60.00 06000 LABORATORY	0.130009	1,605,649	1,497	0	208,749 60.00
65.00 06500 RESPIRATORY THERAPY	0.233178	134,889	0	0	31,453 65.00
66.00 06600 PHYSICAL THERAPY	0.377531	14,580	0	0	5,504 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.070573	5,243	0	0	370 67.00
68.00 06800 SPEECH PATHOLOGY	0.025274	1,378	0	0	35 68.00
69.00 06900 ELECTROCARDIOLOGY	0.090352	1,024,435	0	0	92,560 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.211778	6,540	0	0	1,385 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.942939	369,377	0	0	348,300 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.270713	1,694,969	0	0	458,850 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.310547	1,885,785	0	40,458	585,625 73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01 03950 INPATIENT RENAL DIALYSI	0.419399	91,042	0	0	38,183 75.01
76.00 03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0 76.00
76.01 03060 WOUND CARE	56.532653	2,210	0	0	124,937 76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.744162	155,167	0	0	115,469 90.00
91.00 09100 EMERGENCY	0.124211	4,211,555	0	0	523,121 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.407867	477,355	0	0	194,697 92.00
200.00 Subtotal (see instructions)		21,256,409	1,497	40,458	3,929,525 200.00
201.00 Less PBP Clinic Lab. Services-Program			0	0	0 201.00
201.00 Only Charges					
202.00 Net Charges (line 200 - line 201)		21,256,409	1,497	40,458	3,929,525 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:51 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Costs		
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		6.00	7.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	195	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,564	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	0	0	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03060 WOUND CARE	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	0	90.00
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)	195	12,564	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	195	12,564	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:51 pm
		Component CCN:14-S292		

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	416,752	26,477,748	0.015740	3,115	49	50.00
51.00	05100 RECOVERY ROOM	28,529	3,797,298	0.007513	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	63,690	1,093,571	0.058240	0	0	52.00
53.00	05300 ANESTHESIOLOGY	9,480	7,966,909	0.001190	1,128	1	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	244,751	15,793,229	0.015497	38,642	599	54.00
56.00	05600 RADIOISOTOPE	47,398	2,770,364	0.017109	9,018	154	56.00
57.00	05700 CT SCAN	11,949	29,983,974	0.000399	82,316	33	57.00
58.00	05800 MRI	57,690	4,497,596	0.012827	14,609	187	58.00
59.00	05900 CARDIAC CATHETERIZATION	189,282	6,315,589	0.029971	0	0	59.00
60.00	06000 LABORATORY	155,832	40,275,083	0.003869	791,957	3,064	60.00
65.00	06500 RESPIRATORY THERAPY	30,484	6,989,827	0.004361	88,319	385	65.00
66.00	06600 PHYSICAL THERAPY	38,375	7,991,135	0.004802	169,533	814	66.00
67.00	06700 OCCUPATIONAL THERAPY	240	564,412	0.000425	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	67	214,176	0.000313	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	92,520	10,136,956	0.009127	40,937	374	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	235	171,921	0.001367	6,381	9	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	73,536	4,023,140	0.018278	597	11	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	79,836	14,767,876	0.005406	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	97,254	28,114,875	0.003459	544,785	1,884	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	1,702	1,249,556	0.001362	66,888	91	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060 WOUND CARE	62,203	5,880	10.578741	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	135,213	1,928,528	0.070112	0	0	90.00
91.00	09100 EMERGENCY	371,369	53,505,478	0.006941	319,935	2,221	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,175,538	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	2,208,387	272,810,659		2,178,160	9,876	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN:14-0292

Period:

Worksheet D

Component CCN:14-S292

From 01/01/2021

Part IV

To 12/31/2021

Date/Time Prepared:

5/23/2022 3:51 pm

Cost Center Description			Title XVIII		Subprovider - IP#		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:51 pm			
				Component CCN:14-S292					
				Title XVIII	Subprovider - IP#	PPS			
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	26,477,748	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	3,797,298	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,093,571	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,966,909	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,793,229	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,770,364	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	29,983,974	0.000000	57.00
58.00	05800	MRI	0	0	0	0	4,497,596	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	6,315,589	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	40,275,083	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,989,827	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,991,135	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	564,412	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	214,176	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,136,956	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	171,921	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,023,140	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,767,876	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,114,875	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	1,249,556	0.000000	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	0	0	0	5,880	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	1,928,528	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	53,505,478	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	4,175,538	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	272,810,659		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-0292 Period: From 01/01/2021 To 12/31/2021 Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:51 pm

Cost Center Description			Title XVIII				Subprovider - IP#	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	3,115	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,128	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	38,642	0	458	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	9,018	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	82,316	0	0	0	57.00
58.00	05800	MRI	0.000000	14,609	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	791,957	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	88,319	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	169,533	0	0	0	66.00
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	0.000000	40,937	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,381	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	597	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	544,785	0	1,488	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.000000	66,888	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03060	WOUND CARE	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	319,935	0	108	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		2,178,160	0	2,054	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:51 pm
		Component CCN:14-S292		

		Title XVIII		Subprovider - IP#		PPS	
Cost Center Description		Cost to Charge	Charges		Costs		
		Ratio From Worksheet C, Part I, col. 9	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	0.187476	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.136682	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.537559	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.018547	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.164737	458	0	0	75	54.00
56.00	05600 RADIOISOTOPE	0.163041	0	0	0	0	56.00
57.00	05700 CT SCAN	0.032906	0	0	0	0	57.00
58.00	05800 MRI	0.105951	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.394374	0	0	0	0	59.00
60.00	06000 LABORATORY	0.130009	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.233178	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.377531	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.070573	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.025274	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090352	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.211778	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.942939	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270713	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.310547	1,488	0	447	462	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	0.419399	0	0	0	0	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03060 WOUND CARE	56.532653	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.744162	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.124211	108	0	0	13	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.407867	0	0	0	0	92.00
200.00	Subtotal (see instructions)		2,054	0	447	550	200.00
201.00	Less PBP Clinic Lab. Services-Program			0	0		201.00
	Only Charges						
202.00	Net Charges (line 200 - line 201)		2,054	0	447	550	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0292

Period:

Worksheet D

Component CCN:14-S292

From 01/01/2021

Part V

To 12/31/2021

Date/Time Prepared:

5/23/2022 3:51 pm

Title XVIII

Subprovider - IP#

PPS

Cost Center Description		Costs			
		Cost Reimbursed	Cost Reimbursed		
		Services Subject To Ded. & Coins. (see inst.)	Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	139	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03060	WOUND CARE	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	139	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	139	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:51 pm
		Component CCN:14-S292		

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	416,752	26,477,748	0.015740	0	0	50.00
51.00	05100 RECOVERY ROOM	28,529	3,797,298	0.007513	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	63,690	1,093,571	0.058240	0	0	52.00
53.00	05300 ANESTHESIOLOGY	9,480	7,966,909	0.001190	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	244,751	15,793,229	0.015497	0	0	54.00
56.00	05600 RADIOISOTOPE	47,398	2,770,364	0.017109	0	0	56.00
57.00	05700 CT SCAN	11,949	29,983,974	0.000399	0	0	57.00
58.00	05800 MRI	57,690	4,497,596	0.012827	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	189,282	6,315,589	0.029971	0	0	59.00
60.00	06000 LABORATORY	155,832	40,275,083	0.003869	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	30,484	6,989,827	0.004361	0	0	65.00
66.00	06600 PHYSICAL THERAPY	38,375	7,991,135	0.004802	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	240	564,412	0.000425	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	67	214,176	0.000313	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	92,520	10,136,956	0.009127	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	235	171,921	0.001367	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	73,536	4,023,140	0.018278	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	79,836	14,767,876	0.005406	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	97,254	28,114,875	0.003459	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	1,702	1,249,556	0.001362	0	0	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060 WOUND CARE	62,203	5,880	10.578741	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	135,213	1,928,528	0.070112	0	0	90.00
91.00	09100 EMERGENCY	371,369	53,505,478	0.006941	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,175,538	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	2,208,387	272,810,659		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN:14-0292

Period:

Worksheet D

Component CCN:14-S292

From 01/01/2021

Part IV

To 12/31/2021

Date/Time Prepared:

5/23/2022 3:51 pm

Cost Center Description			Title XIX		Subprovider - IP#		TEFRA	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:51 pm			
				Component CCN:14-S292					
				Title XIX	Subprovider - IP#	TEFRA			
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	26,477,748	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	3,797,298	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,093,571	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,966,909	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,793,229	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,770,364	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	29,983,974	0.000000	57.00
58.00	05800	MRI	0	0	0	0	4,497,596	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	6,315,589	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	40,275,083	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,989,827	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,991,135	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	564,412	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	214,176	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,136,956	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	171,921	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,023,140	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,767,876	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,114,875	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	1,249,556	0.000000	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	0	0	0	5,880	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	1,928,528	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	53,505,478	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	4,175,538	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	272,810,659		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0292

Period:

Worksheet D

Component CCN:14-S292

From 01/01/2021

Part IV

To 12/31/2021

Date/Time Prepared:

5/23/2022 3:51 pm

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	0.000000	0	0	0	0	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03060 WOUND CARE	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:51 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)			21,725	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,725	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)			20,250	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)			5,211	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)			25,084,052	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)			25,084,052	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)			25,084,052	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)			1,154.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,016,725	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)			6,016,725	41.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL			In Lieu of Form CMS-2552-10				
COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/23/2022 3:51 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			4,730,042	2,716	1,741.55	798	1,389,757	43.00
44.00	CORONARY CARE UNIT								44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description									
									1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)							5,979,983	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							13,386,465	49.00
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							403,030	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							217,514	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							620,544	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							12,765,921	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)							1,475	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							1,154.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							1,703,065	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
5/23/2022 3:51 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	1,476,717	25,084,052	0.058871	1,703,065	100,261
91.00	Nursing Program cost	0	25,084,052	0.000000	1,703,065	0
92.00	Allied health cost	0	25,084,052	0.000000	1,703,065	0
93.00	All other Medical Education	0	25,084,052	0.000000	1,703,065	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN:14-S292		Date/Time Prepared: 5/23/2022 3:51 pm
		Title XVIII	Subprovider - IP#	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)		4,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,544	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)		4,544	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,276	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)		5,257,657	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)		5,257,657	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)		5,257,657	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)		1,157.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,633,446	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)		2,633,446	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
			Component CCN:14-S292		Date/Time Prepared: 5/23/2022 3:51 pm
			Title XVIII	Subprovider - IP#	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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					442,959
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,076,405
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					121,698
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,876
52.00 Total Program excludable cost (sum of lines 50 and 51)					131,574
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,944,831
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0292

Period:

Worksheet D-1

Component CCN:14-S292

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:51 pm

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	242,949	5,257,657	0.046209	0	0	90.00
91.00	Nursing Program cost	0	5,257,657	0.000000	0	0	91.00
92.00	Allied health cost	0	5,257,657	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,257,657	0.000000	0	0	93.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
		Component CCN:14-S292		Date/Time Prepared: 5/23/2022 3:51 pm	
		Title XIX	Subprovider - IP#	TEFRA	
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)			4,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,544	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)			4,544	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)			26	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)			490	15.00
16.00	Nursery days (title V or XIX only)			87	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)			5,257,657	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)			5,257,657	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)			5,257,657	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)			1,157.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			30,083	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)			30,083	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
			Component CCN:14-S292		Date/Time Prepared: 5/23/2022 3:51 pm
			Title XIX	Subprovider - IP#	TEFRA
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,083
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,083
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					2
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-30,083
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0292

Period:

Worksheet D-1

Component CCN:14-S292

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:51 pm

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	0	5,257,657	0.000000	0	0	90.00
91.00	Nursing Program cost	0	5,257,657	0.000000	0	0	91.00
92.00	Allied health cost	0	5,257,657	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,257,657	0.000000	0	0	93.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/23/2022 3:51 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		7,592,991	30.00
31.00	03100	INTENSIVE CARE UNIT		1,858,830	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187476	1,852,659	50.00
51.00	05100	RECOVERY ROOM	0.136682	336,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.537559	8,224	52.00
53.00	05300	ANESTHESIOLOGY	0.019857	541,648	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164737	1,449,729	54.00
56.00	05600	RADIOISOTOPE	0.163041	251,050	56.00
57.00	05700	CT SCAN	0.032906	3,159,776	57.00
58.00	05800	MRI	0.105951	473,933	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.394374	1,123,767	59.00
60.00	06000	LABORATORY	0.130009	6,377,949	60.00
65.00	06500	RESPIRATORY THERAPY	0.233178	2,179,212	65.00
66.00	06600	PHYSICAL THERAPY	0.377531	676,904	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.070573	184,985	67.00
68.00	06800	SPEECH PATHOLOGY	0.025274	94,929	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090352	1,621,580	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211778	38,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.942939	359,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270713	1,649,327	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.310547	4,512,177	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.419399	364,058	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	76.00
76.01	03060	WOUND CARE	56.532653	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.744162	2,707	90.00
91.00	09100	EMERGENCY	0.124565	3,771,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.407867	273,438	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		31,304,384	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)		31,304,384	202.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN:14-S292	Date/Time Prepared: 5/23/2022 3:51 pm	
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF		3,776,202	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.187476	3,115	584 50.00
51.00	05100	RECOVERY ROOM	0.136682	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.537559	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.019857	1,128	22 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164737	38,642	6,366 54.00
56.00	05600	RADIOISOTOPE	0.163041	9,018	1,470 56.00
57.00	05700	CT SCAN	0.032906	82,316	2,709 57.00
58.00	05800	MRI	0.105951	14,609	1,548 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.394374	0	0 59.00
60.00	06000	LABORATORY	0.130009	791,957	102,962 60.00
65.00	06500	RESPIRATORY THERAPY	0.233178	88,319	20,594 65.00
66.00	06600	PHYSICAL THERAPY	0.377531	169,533	64,004 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.070573	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.025274	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.090352	40,937	3,699 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211778	6,381	1,351 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.942939	597	563 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270713	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.310547	544,785	169,181 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.419399	66,888	28,053 75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0 76.00
76.01	03060	WOUND CARE	56.532653	0	0 76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.744162	0	0 90.00
91.00	09100	EMERGENCY	0.124565	319,935	39,853 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.407867	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,178,160	442,959 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		2,178,160	0 202.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:51 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)	7,378,143		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	484,615		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)	62,941		2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	0		2.04	
3.00	Managed Care Simulated Payments	0		3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	117.76		4.00	
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00		5.00	
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00	
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00	
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00	
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01	
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02	
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00	
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00	
12.00	Current year allowable FTE (see instructions)	0.00		12.00	
13.00	Total allowable FTE count for the prior year.	0.00		13.00	
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00	
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00	
16.00	Adjustment for residents in initial years of the program	0.00		16.00	
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00	
18.00	Adjusted rolling average FTE count	0.00		18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00	
22.00	IME payment adjustment (see instructions)	0		22.00	
22.01	IME payment adjustment - Managed Care (see instructions)	0		22.01	
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00	
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00	
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00	
28.00	IME add-on adjustment amount (see instructions)	0		28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01	
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0		29.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.62		30.00	
31.00	Percentage of Medicaid patient days (see instructions)	34.10		31.00	
32.00	Sum of lines 30 and 31	40.72		32.00	
33.00	Allowable disproportionate share percentage (see instructions)	22.81		33.00	
34.00	Disproportionate share adjustment (see instructions)	562,424		34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:51 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)	745,748	668,121	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	557,778	168,403	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	726,181		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	11,214,304		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)		11,214,304	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		828,165	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		50,756	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)		12,093,225	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		12,093,225	61.00
62.00	Deductibles billed to program beneficiaries		919,016	62.00
63.00	Coinsurance billed to program beneficiaries		94,605	63.00
64.00	Allowable bad debts (see instructions)		468,522	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		304,539	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		239,062	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,384,143	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)		-42,406	70.93
70.94	HRR adjustment amount (see instructions)		-13,891	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:51 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)		11,327,846	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		11,114,118	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)		213,728	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		544,961	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	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	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:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:51 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,378,143	0	7,378,143		7,378,143
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,484,615	0		2,484,615	2,484,615
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	62,941	0	62,941		62,941
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
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
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
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
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2281	0.2281	0.2281	0.2281	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	562,424	0	420,739	141,685	562,424
11.01	Uncompensated care payments	36.00	726,181	0	1,128,418	304,570	1,432,988
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	11,214,304	0	8,283,434	2,930,870	11,214,304
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,214,304	0	8,283,434	2,930,870	11,214,304
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	828,165	0	623,911	204,254	828,165
17.00	Special add-on payments for new technologies	54.00	50,756	0	27,847	22,909	50,756
17.01	Net organ acquisition cost						17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:51 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	8,935,192	3,158,033	12,093,225
		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	760,327	0	572,248	188,079	760,327
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	2,450	0	2,450	0	2,450
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	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0860	0.0860	0.0860	0.0860	
25.00	Disproportionate share adjustment (see instructions)	11.00	65,388	0	49,213	16,175	65,388
26.00	Total prospective capital payments (see instructions)	12.00	828,165	0	623,911	204,254	828,165
		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.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2022 3:51 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	7,378,143	7,378,143		7,378,143	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,484,615		2,484,615	2,484,615	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	62,941	62,941		62,941	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		25,946	25,946	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	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	0.2281	0.2281	0.2281		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	562,424	420,739	141,685	562,424	11.00
11.01	Uncompensated care payments	36.00	726,181	1,128,418	303,738	1,432,156	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	11,214,304	8,258,320	2,955,984	11,214,304	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	11,214,304	8,258,320	2,955,984	11,214,304	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	828,165	623,911	204,254	828,165	16.00
17.00	Special add-on payments for new technologies	54.00	50,756	27,847	22,909	50,756	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			8,910,078	3,183,147	12,093,225	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2022 3:51 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	760,327	572,248	188,079	760,327	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,450	2,450	0	2,450	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0860	0.0860	0.0860		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	65,388	49,213	16,175	65,388	25.00
26.00	Total prospective capital payments (see instructions)	12.00	828,165	623,911	204,254	828,165	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	-42,406	-42,406	0	-42,406	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	-13,891	-9,628	-4,263	-13,891	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		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/23/2022 3:51 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			12,759	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			3,929,525	2.00
3.00	OPPS payments			3,251,519	3.00
4.00	Outlier payment (see instructions)			10,317	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)			12,759	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			41,955	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)			41,955	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)			41,955	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			29,196	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)			12,759	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)			3,261,836	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			583,805	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)			2,690,790	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			2,690,790	30.00
31.00	Primary payer payments			763	31.00
32.00	Subtotal (line 30 minus line 31)			2,690,027	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)			129,855	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			84,406	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			56,570	36.00
37.00	Subtotal (see instructions)			2,774,433	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)			2,774,433	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			2,689,132	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)			85,301	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

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/23/2022 3:51 pm	
		Component CCN:14-S292			
		Title XVIII	Subprovider - IP#	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		139	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		550	2.00	
3.00	OPPS payments		123	3.00	
4.00	Outlier payment (see instructions)		0	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		139	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		447	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)		447	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)		447	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		308	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)		139	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)		123	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		17	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)		245	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00	
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00	
30.00	Subtotal (sum of lines 27 through 29)		245	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		245	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00	
37.00	Subtotal (see instructions)		245	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50	
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)		245	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		554	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)		-309	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	

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0292		Period: From 01/01/2021 To 12/31/2021	
		Title XVIII		Hospital	
		Inpatient Part A		Part B	
		mm/dd/yyyy		mm/dd/yyyy	
		Amount		Amount	
		1.00		2.00	
		3.00		4.00	
1.00	Total interim payments paid to provider		10,774,066		2,689,132
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		485,152		0
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	09/14/2021	145,100		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-145,100		0
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)		11,114,118		2,689,132
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		213,728		85,301
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		11,327,846		2,774,433
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part I Date/Time Prepared: 5/23/2022 3:51 pm	
		Component CCN:14-S292	Title XVIII	Subprovider - IP#	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		2,198,662		554
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	09/14/2021	25,419		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		25,419		0
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)		2,224,081		554
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		23,797		0
6.02	SETTLEMENT TO PROGRAM		0		309
7.00	Total Medicare program liability (see instructions)		2,247,878		245
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/23/2022 3:51 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0292	Period: From 01/01/2021	Worksheet E-3	
		Component CCN:14-S292	To 12/31/2021	Part II Date/Time Prepared: 5/23/2022 3:51 pm	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,350,382	1.00
2.00	Net IPF PPS Outlier Payments			15,964	2.00
3.00	Net IPF PPS ECT Payments			0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	4.01
5.00	New Teaching program adjustment. (see instructions)			0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00	8.00
9.00	Average Daily Census (see instructions)			12.449315	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,366,346	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)				14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0	15.00
16.00	Subtotal (see instructions)			2,366,346	16.00
17.00	Primary payer payments			0	17.00
18.00	Subtotal (line 16 less line 17).			2,366,346	18.00
19.00	Deductibles			99,048	19.00
20.00	Subtotal (line 18 minus line 19)			2,267,298	20.00
21.00	Coinsurance			68,635	21.00
22.00	Subtotal (line 20 minus line 21)			2,198,663	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			75,715	23.00
24.00	Adjusted reimbursable bad debts (see instructions)			49,215	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			43,849	25.00
26.00	Subtotal (sum of lines 22 and 24)			2,247,878	26.00
27.00	Direct graduate medical education payments (see instructions)			0	27.00
28.00	Other pass through costs (see instructions)			0	28.00
29.00	Outlier payments reconciliation			0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	30.50
30.98	Recovery of accelerated depreciation.			0	30.98
30.99	Demonstration payment adjustment amount before sequestration			0	30.99
31.00	Total amount payable to the provider (see instructions)			2,247,878	31.00
31.01	Sequestration adjustment (see instructions)			0	31.01
31.02	Demonstration payment adjustment amount after sequestration			0	31.02
32.00	Interim payments			2,224,081	32.00
33.00	Tentative settlement (for contractor use only)			0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			23,797	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			592,864	35.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			15,964	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE					
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000	99.01

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

Provider CCN:14-0292

Period:

Worksheet G

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/23/2022 3:51 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	5,776,592	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	36,052,237	0	0	0	4.00
5.00	Other receivable	1,471,046	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-21,314,183	0	0	0	6.00
7.00	Inventory	1,897,642	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,580,617	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)	27,463,951	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,820,000	0	0	0	12.00
13.00	Land improvements	737,217	0	0	0	13.00
14.00	Accumulated depreciation	-453,996	0	0	0	14.00
15.00	Buildings	48,096,430	0	0	0	15.00
16.00	Accumulated depreciation	-24,189,612	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	10,131,670	0	0	0	19.00
20.00	Accumulated depreciation	-8,009,930	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	19,762,133	0	0	0	23.00
24.00	Accumulated depreciation	-16,695,554	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	31,198,358	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	978,317	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	4,323,995	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,302,312	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	63,964,621	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,145,361	0	0	0	37.00
38.00	Salaries, wages, and fees payable	590,141	0	0	0	38.00
39.00	Payroll taxes payable	1,768,010	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	21,009,626	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,513,138	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	18,668,875	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,808,647	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	20,477,522	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	46,990,660	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	16,973,961	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)	16,973,961	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	63,964,621	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/23/2022 3:51 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		16,197,407		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		2,179,488				2.00
3.00	Total (sum of line 1 and line 2)		18,376,895		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)		18,376,895		0		11.00
12.00	CHANGE IN UNRESTRICTED NET ASSETS	1,402,934		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)		1,402,934		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		16,973,961		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	CHANGE IN UNRESTRICTED NET ASSETS		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

Health Financial Systems		ADVENTIST GLENOAKS HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2022 3:51 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		31,110,144		31,110,144
2.00	SUBPROVIDER - IPF		7,539,468		7,539,468
3.00	SUBPROVIDER - IRF				
4.00	SUBPROVIDER				
5.00	Swing bed - SNF		0		0
6.00	Swing bed - NF		0		0
7.00	SKILLED NURSING FACILITY				
8.00	NURSING FACILITY				
9.00	OTHER LONG TERM CARE				
10.00	Total general inpatient care services (sum of lines 1-9)		38,649,612		38,649,612
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		6,266,776		6,266,776
12.00	CORONARY CARE UNIT				
13.00	BURN INTENSIVE CARE UNIT				
14.00	SURGICAL INTENSIVE CARE UNIT				
15.00	OTHER SPECIAL CARE (SPECIFY)				
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		6,266,776		6,266,776
17.00	Total inpatient routine care services (sum of lines 10 and 16)		44,916,388		44,916,388
18.00	Ancillary services		98,573,764	115,408,412	213,982,176
19.00	Outpatient services		14,150,516	44,677,967	58,828,483
20.00	RURAL HEALTH CLINIC		0	0	0
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
22.00	HOME HEALTH AGENCY				
23.00	AMBULANCE SERVICES				
24.00	CMHC				
25.00	AMBULATORY SURGICAL CENTER (D.P.)				
26.00	HOSPICE				
27.00	PHARMACY		0	10,712	10,712
27.01	OTHER MISC REVENUE		130,986	165,574	296,560
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		6,357,771,654	160,262,665	318,034,319
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			104,175,258	
30.00	BAD DEBT		0		
31.00			0		
32.00			0		
33.00			0		
34.00			0		
35.00			0		
36.00	Total additions (sum of lines 30-35)			0	
37.00	NON RECURRING EXPENSES		0		
38.00			0		
39.00			0		
40.00			0		
41.00			0		
42.00	Total deductions (sum of lines 37-41)			0	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			104,175,258	

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0292

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/23/2022 3:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	318,034,319	1.00
2.00	Less contractual allowances and discounts on patients' accounts	221,868,979	2.00
3.00	Net patient revenues (line 1 minus line 2)	96,165,340	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	104,175,258	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,009,918	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE; OTHER OPER; NON OPER	9,645,135	24.00
24.50	COVID-19 PHE Funding	544,271	24.50
25.00	Total other income (sum of lines 6-24)	10,189,406	25.00
26.00	Total (line 5 plus line 25)	2,179,488	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,179,488	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0292	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/23/2022 3:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		760,327	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,450	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)		63.19	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.10	8.00
9.00	Sum of lines 7 and 8		40.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.60	10.00
11.00	Disproportionate share adjustment (see instructions)		65,388	11.00
12.00	Total prospective capital payments (see instructions)		828,165	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