

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 2/24/2022 12:27 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/24/2022	Time: 12:27 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SHIRLEY RYAN ABILITYLAB (14-3026) for the cost reporting period beginning 09/01/2020 and ending 08/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Jonathan Tingstad	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	Jonathan Tingstad		2
3	Signatory Title	SENIOR VP/CFO		3
4	Date	(Dated when report is electronica		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	121,139	74,636	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	121,139	74,636	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 12:27 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 355 E. ERIE			PO Box:				1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60611-		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			SHIRLEY RYAN ABILITYLAB	143026	16974	5	09/01/1967	N
4.00	Subprovider - IPF							P	0
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2020	08/31/2021	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

MCRIF32 - 17.2.173.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 12:27 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		Y	Y		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02		
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
2/24/2022 12:27 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 12:27 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	3.00			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,461,477		0		0118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 12:27 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)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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					158.00	
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	
161.10	CORF		N	N	N	161.10	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 12:27 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part II Date/Time Prepared: 2/24/2022 12:27 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/08/2022	Y
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)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
2/24/2022 12:27 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
2/24/2022 12:27 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	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: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	226	82,490	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)		226	82,490	0.00	0	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)		226	82,490	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		226				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: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,539	2,357	78,878			1.00
2.00	HMO and other (see instructions)	8,089	13,216				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	23,539	2,357	78,878			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)	23,539	2,357	78,878	34.08	1,959.06	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				34.08	1,959.06	27.00
28.00	Observation Bed Days		0	0			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	0	0			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: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,209	86	3,635	1.00
2.00 HMO and other (see instructions)			383	488		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,209	86	3,635	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

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

Worksheet A

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	23,937,603	23,937,603	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	13,226,811	13,226,811	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,694,123	1,929,905	3,624,028	36,607,211	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	603,701	1,606,858	2,210,559	-616,355	5.01
5.02	00570	ADMITTING	2,643,836	810,647	3,454,483	-737,375	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,772,681	1,269,575	3,042,256	-429,584	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	36,945,510	44,452,063	81,397,573	-21,232,867	5.04
7.00	00700	OPERATION OF PLANT	2,253,017	29,942,263	32,195,280	-17,412,048	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	712,978	8.00
9.00	00900	HOUSEKEEPING	2,700,344	3,430,326	6,130,670	-1,423,756	9.00
10.00	01000	DIETARY	2,099,264	3,009,594	5,108,858	-2,329,266	10.00
11.00	01100	CAFETERIA	0	0	0	1,761,529	11.00
13.00	01300	NURSING ADMINISTRATION	2,229,147	1,160,062	3,389,209	-805,084	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	673,892	96,134	770,026	-157,133	14.00
15.00	01500	PHARMACY	2,128,513	7,875,435	10,003,948	-7,371,609	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	710,460	204,545	915,005	-172,456	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	514,270	3,457,297	3,971,567	-781,974	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	671,461	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0	314,100	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0	356,552	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,346,338	14,661,750	44,008,088	-12,643,191	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,125,302	1,620,351	2,745,653	-1,006,741	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,439,994	54.01
54.02	05402	PULMONARY	0	0	0	311,777	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	464,276	1,035,491	1,499,767	-126,697	60.00
60.01	06001	VOCATIONAL REHABILITATION	335,282	130,022	465,304	-98,425	60.01
65.00	06500	RESPIRATORY THERAPY	1,689,006	568,453	2,257,459	-476,879	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,607,743	66.00
66.01	06601	ALLIED HEALTH	22,525,237	6,928,722	29,453,959	-29,453,959	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,663,113	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,805,495	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,582,317	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	6,830,662	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	2,747,665	3,583,057	6,330,722	-1,352,972	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	36,184,836	22,137,144	58,321,980	-7,799,137	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,386,700	149,909,694	301,296,394	6,401,838	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	13,507,256	14,257,752	27,765,008	-3,536,053	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,192,066	516,695	1,708,761	-278,211	192.01
192.02	19202	ACADEMY	533,261	242,479	775,740	-128,947	192.02
192.03	19203	PARTNERSHIP EXPENSE	8,695,341	3,089,942	11,785,283	-1,976,299	192.03
192.04	19204	PATHWAYS	1,111,968	760,891	1,872,859	-482,328	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	176,426,592	168,777,453	345,204,045	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet A
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-7,129,976	16,807,627	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,226,811	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,032,970	48,264,209	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	-2,863	1,591,341	5.01
5.02	00570	ADMITTING	-1,491	2,715,617	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,612,672	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-16,306,806	43,857,900	5.04
7.00	00700	OPERATION OF PLANT	-1,641,775	13,141,457	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	712,978	8.00
9.00	00900	HOUSEKEEPING	-4,120	4,702,794	9.00
10.00	01000	DIETARY	74,845	2,854,437	10.00
11.00	01100	CAFETERIA	-933,672	827,857	11.00
13.00	01300	NURSING ADMINISTRATION	-3,498	2,580,627	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	612,893	14.00
15.00	01500	PHARMACY	-1,311	2,631,028	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,085	740,464	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-161,134	3,028,459	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	671,461	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	314,100	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	356,552	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,461	31,355,436	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,460	1,734,452	54.00
54.01	05401	PSYCHOLOGY	-374	1,439,620	54.01
54.02	05402	PULMONARY	0	311,777	54.02
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	940	1,374,010	60.00
60.01	06001	VOCATIONAL REHABILITATION	-829	366,050	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,780,580	65.00
66.00	06600	PHYSICAL THERAPY	-6,678	11,601,065	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-3,833	6,659,280	67.00
68.00	06800	SPEECH PATHOLOGY	-2,189	3,803,306	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,582,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,830,662	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	-2,100	4,975,650	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-18,549,081	31,973,762	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,658,981	271,039,251	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	-375,493	23,853,462	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	-47,417	1,383,133	192.01
192.02	19202	ACADEMY	-284,784	362,009	192.02
192.03	19203	PARTNERSHIP EXPENSE	-5,534,928	4,274,056	192.03
192.04	19204	PATHWAYS	0	1,390,531	192.04
192.05	19205	UNUSED SPACE	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-42,901,603	302,302,442	200.00

RECLASSIFICATIONS

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
2/24/2022 12:27 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,626,010		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
	TOTALS		0	36,626,010		
	B - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,868,608		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,165,830		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		0	30,034,438		
	C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,068,995		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	60,981		2.00
	TOTALS		0	7,129,976		
	E - ALLIED HEALTH					
1.00	OCCUPATIONAL THERAPY	67.00	6,604,196	58,917		1.00
2.00	PSYCHOLOGY	54.01	644,089	5,746		2.00
3.00	PHYSICAL THERAPY	66.00	11,505,106	102,637		3.00
4.00	SPEECH PATHOLOGY	68.00	3,771,846	33,649		4.00
	TOTALS		22,525,237	200,949		
	F - NMH SERVICES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	526,200		1.00
	TOTALS		0	526,200		
	G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,582,317		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,723		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

RECLASSIFICATIONS

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
		TOTALS		0	4,591,040	
		H - TRANSCRIPTION AND PHY PRACTICE				
1.00		CLINIC	90.00	1,219,830	347,050	1.00
		TOTALS		1,219,830	347,050	
		I - LINEN				
1.00		LAUNDRY & LINEN SERVICE	8.00	0	712,978	1.00
		TOTALS		0	712,978	
		J - CAFETERIA				
1.00		CAFETERIA	11.00	814,318	947,211	1.00
		TOTALS		814,318	947,211	
		K - DRUGS				
1.00		DRUGS CHARGED TO PATIENTS	73.00	0	6,830,662	1.00
		TOTALS		0	6,830,662	
		L - PULMONARY				
1.00		PULMONARY	54.02	195,558	116,219	1.00
2.00			0.00	0	0	2.00
		TOTALS		195,558	116,219	
		M - PARAMEDICAL EDUCATION				
1.00		PARAMED ED PRGM - ORTOTICS	23.00	308,700	5,400	1.00
2.00		PARAMED ED PRGM - PROSTHETIC	23.01	352,952	3,600	2.00
		TOTALS		661,652	9,000	
		N - PSYCHOLOGY				
1.00		PSYCHOLOGY	54.01	790,159	0	1.00
		TOTALS		790,159	0	
		O - RESIDENT COSTS				
1.00		I&R SERVICES-OTHER PRGM	22.00	407,085	264,376	1.00
		COSTS APPRV				
		TOTALS		407,085	264,376	
500.00		Grand Total: Increases		26,613,839	88,336,109	500.00

RECLASSIFICATIONS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS								
1.00	PURCHASING RECEIVING AND STORES	5.01	0	146,204	0		1.00	
2.00	ADMITTING	5.02	0	640,291	0		2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	429,584	0		3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,756,385	0		4.00	
5.00	OPERATION OF PLANT	7.00	0	543,439	0		5.00	
6.00	HOUSEKEEPING	9.00	0	653,272	0		6.00	
7.00	DIETARY	10.00	0	512,612	0		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	542,346	0		8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	163,372	0		9.00	
10.00	PHARMACY	15.00	0	516,910	0		10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	172,456	0		11.00	
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	109,953	0		12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	7,179,216	0		13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	274,194	0		14.00	
15.00	LABORATORY	60.00	0	111,737	0		15.00	
16.00	VOCATIONAL REHABILITATION	60.01	0	81,336	0		16.00	
17.00	RESPIRATORY THERAPY	65.00	0	409,823	0		17.00	
18.00	ALLIED HEALTH	66.01	0	5,457,840	0		18.00	
19.00	PROSTHETICS AND ORTHOTICS	76.00	0	668,116	0		19.00	
20.00	CLINIC	90.00	0	5,435,297	0		20.00	
21.00	RESEARCH	191.00	0	3,185,646	0		21.00	
22.00	FOUNDATION	192.01	0	278,211	0		22.00	
23.00	ACADEMY	192.02	0	128,947	0		23.00	
24.00	PARTNERSHIP EXPENSE	192.03	0	1,955,763	0		24.00	
25.00	PATHWAYS	192.04	0	273,060	0		25.00	
TOTALS			0	36,626,010				
B - DEPRECIATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,799	9		1.00	
2.00	PURCHASING RECEIVING AND STORES	5.01	0	406,591	9		2.00	
3.00	ADMITTING	5.02	0	97,084	9		3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,840,607	9		4.00	
5.00	OPERATION OF PLANT	7.00	0	16,868,609	9		5.00	
6.00	HOUSEKEEPING	9.00	0	57,506	9		6.00	
7.00	DIETARY	10.00	0	55,125	9		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	262,738	9		8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,484	9		9.00	
10.00	PHARMACY	15.00	0	24,037	9		10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	560	9		11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	496,779	9		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,257,003	9		13.00	
14.00	ALLIED HEALTH	66.01	0	1,263,148	9		14.00	
15.00	LABORATORY	60.00	0	14,783	9		15.00	
16.00	VOCATIONAL REHABILITATION	60.01	0	17,089	9		16.00	
17.00	RESPIRATORY THERAPY	65.00	0	21,560	9		17.00	
18.00	PROSTHETICS AND ORTHOTICS	76.00	0	14,091	9		18.00	
19.00	CLINIC	90.00	0	2,735,634	9		19.00	
20.00	RESEARCH	191.00	0	350,407	9		20.00	
21.00	PARTNERSHIP EXPENSE	192.03	0	20,536	9		21.00	
22.00	PATHWAYS	192.04	0	209,268	9		22.00	
TOTALS			0	30,034,438				
C - INTEREST								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	7,068,995	11		1.00	
2.00	PURCHASING RECEIVING AND STORES	5.01	0	60,981	11		2.00	
TOTALS			0	7,129,976				
E - ALLIED HEALTH								
1.00	ALLIED HEALTH	66.01	22,525,237	200,949	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
TOTALS			22,525,237	200,949				
F - NMH SERVICES								
1.00	ADULTS & PEDIATRICS	30.00	0	526,200	0		1.00	
TOTALS			0	526,200				

RECLASSIFICATIONS

Provider CCN: 14-3026

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

Worksheet A-6

Date/Time Prepared:
2/24/2022 12:27 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
G - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	4,371,240	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,744	0	2.00
3.00	LABORATORY	60.00	0	177	0	3.00
4.00	RESPIRATORY THERAPY	65.00	0	45,496	0	4.00
5.00	ALLIED HEALTH	66.01	0	6,785	0	5.00
6.00	PROSTHETICS AND ORTHOTICS	76.00	0	113	0	6.00
7.00	CLINIC	90.00	0	162,906	0	7.00
8.00	PURCHASING RECEIVING AND STORES	5.01	0	2,579	0	8.00
	TOTALS		0	4,591,040		
H - TRANSCRIPTION AND PHY PRACTICE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,219,830	347,050	0	1.00
	TOTALS		1,219,830	347,050		
I - LINEN						
1.00	HOUSEKEEPING	9.00	0	712,978	0	1.00
	TOTALS		0	712,978		
J - CAFETERIA						
1.00	DIETARY	10.00	814,318	947,211	0	1.00
	TOTALS		814,318	947,211		
K - DRUGS						
1.00	PHARMACY	15.00	0	6,830,662	0	1.00
	TOTALS		0	6,830,662		
L - PULMONARY						
1.00	ADULTS & PEDIATRICS	30.00	46,516	23,240	0	1.00
2.00	CLINIC	90.00	149,042	92,979	0	2.00
	TOTALS		195,558	116,219		
M - PARAMEDICAL EDUCATION						
1.00	PROSTHETICS AND ORTHOTICS	76.00	661,652	9,000	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		661,652	9,000		
N - PSYCHOLOGY						
1.00	CLINIC	90.00	790,159	0	0	1.00
	TOTALS		790,159	0		
O - RESIDENT COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	407,085	264,376	0	1.00
	TOTALS		407,085	264,376		
500.00	Grand Total: Decreases		26,613,839	88,336,109		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	32,336,316	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	574,642,426	524,282	0	524,282	258,812	3.00	
4.00	Building Improvements	7,490,376	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	118,710,611	5,751,025	0	5,751,025	7,089,349	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	733,179,729	6,275,307	0	6,275,307	7,348,161	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	733,179,729	6,275,307	0	6,275,307	7,348,161	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	32,336,316	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	574,907,896	0				3.00	
4.00	Building Improvements	7,490,376	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	117,372,287	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	732,106,875	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	732,106,875	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	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: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	603,807,751	0	603,807,751	0.824754	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	128,299,124	0	128,299,124	0.175246	0	2.00
3.00	Total (sum of lines 1-2)	732,106,875	0	732,106,875	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	16,868,608	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,165,830	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	30,034,438	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-60,981	0	0	0	16,807,627	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,981	0	0	0	13,226,811	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	30,034,438	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

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

Worksheet A-8

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,129,976	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-89,296	OPERATION OF PLANT	7.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-1,545,927	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-15,093,351			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-926,775	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		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	B	-6,897	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

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

Worksheet A-8

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00
38.00	UAE SPECIAL PROJECT - HH	A	-874,415	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	38.00
38.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.01
40.00	PROVIDER TAX	A	-9,551,952	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	40.00
41.00	INTERNATIONAL RELATIONS	A	-514,362	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
41.02	REFERRAL DEVELOPMENT	A	-35,430	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.02
42.00	MARKETING	A	-562,832	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.00
42.02	LOBBYING EXPENSE	A	-208,710	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.02
42.03	ADVANTAGE SERIES	A	-605,328	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.03
42.04	GIFTS AND SPORTS PROGRAM	A	-20,117	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.04
42.05	GIFTS AND SPORTS PROGRAM	A	-2,863	PURCHASING RECEIVING AND STORES	5.01	0	42.05
42.06	GIFTS AND SPORTS PROGRAM	A	-1,491	ADMITTING	5.02	0	42.06
42.07	GIFTS AND SPORTS PROGRAM	A	-143,559	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.07
42.08	GIFTS AND SPORTS PROGRAM	A	-6,552	OPERATION OF PLANT	7.00	0	42.08
42.09	GIFTS AND SPORTS PROGRAM	A	-3,162	HOUSEKEEPING	9.00	0	42.09
42.10	GIFTS AND SPORTS PROGRAM	A	-522	DIETARY	10.00	0	42.10
42.11	GIFTS AND SPORTS PROGRAM	A	-3,498	NURSING ADMINISTRATION	13.00	0	42.11
42.12	GIFTS AND SPORTS PROGRAM	A	-711	PHARMACY	15.00	0	42.12
42.13	GIFTS AND SPORTS PROGRAM	A	-32,506	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	42.13
42.14	GIFTS AND SPORTS PROGRAM	A	-9,461	ADULTS & PEDIATRICS	30.00	0	42.14
42.15	GIFTS AND SPORTS PROGRAM	A	-279	RADIOLOGY-DIAGNOSTIC	54.00	0	42.15
42.16	GIFTS AND SPORTS PROGRAM	A	-323	LABORATORY	60.00	0	42.16
42.17	GIFTS AND SPORTS PROGRAM	A	-857	OCCUPATIONAL THERAPY	67.00	0	42.17
42.18	GIFTS AND SPORTS PROGRAM	A	-2,395	CLINIC	90.00	0	42.18
42.19	GIFTS AND SPORTS PROGRAM	A	-7,380	RESEARCH	191.00	0	42.19
42.20	GIFTS AND SPORTS PROGRAM	A	-11,319	FOUNDATION	192.01	0	42.20
42.21	GIFTS AND SPORTS PROGRAM	A	-6,143	PARTNERSHIP EXPENSE	192.03	0	42.21
42.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.22
42.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.23
42.24	PHARMACY EDUCATION	A	-600	PHARMACY	15.00	0	42.24
42.25	LAB RESEARCH	A	1,263	LABORATORY	60.00	0	42.25
42.26	OFFSET HOUSING COSTS	A	-325,156	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.26
42.27	OFFSET ENDOWMENTS EXPENSE	A	-772,976	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.27
42.28	OFFSET MEDICAL STUDENTS	A	-126,482	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	42.28
42.29	PENSION COST ADD BACK	A	8,053,087	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.29
42.30	OFFSET FITNESS CENTER	A	-656,573	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.30
42.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.31
42.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.32
42.33	OFFSET EXCISE TAX	A	-744,000	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.33
42.34	OFFSET INCOME TAX	A	-139,361	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.34
42.35	OFFSET INCOME TAX	A	-631,360	PARTNERSHIP EXPENSE	192.03	0	42.35
42.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.36
42.37	OTHER OPERATING REVENUE	B	-1,171,152	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.37
42.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.38

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

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

Worksheet A-8

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
42.39	OTHER OPERATING REVENUE	B	-958	HOUSEKEEPING	9.00	0	42.39
42.40	OTHER OPERATING REVENUE	B	75,367	DIETARY	10.00	0	42.40
45.00	OTHER OPERATING REVENUE	B	-2,085	MEDICAL RECORDS & LIBRARY	16.00	0	45.00
45.01	OTHER OPERATING REVENUE	B	-2,146	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	45.01
45.02	OTHER OPERATING REVENUE	B	-4,181	RADIOLOGY-DIAGNOSTIC	54.00	0	45.02
45.03	OTHER OPERATING REVENUE	B	-829	VOCATIONAL REHABILITATION	60.01	0	45.03
45.04	OTHER OPERATING REVENUE	B	-2,100	PROSTHETICS AND ORTHOTICS	76.00	0	45.04
45.05	OTHER OPERATING REVENUE	B	-1,363,675	CLINIC	90.00	0	45.05
45.06	OTHER OPERATING REVENUE	B	-284,784	ACADEMY	192.02	0	45.06
45.07	OTHER OPERATING REVENUE	B	-2,976	OCCUPATIONAL THERAPY	67.00	0	45.07
45.08	OTHER OPERATING REVENUE	B	-290	PSYCHOLOGY	54.01	0	45.08
45.09	OTHER OPERATING REVENUE	B	-5,185	PHYSICAL THERAPY	66.00	0	45.09
45.10	OTHER OPERATING REVENUE	B	-1,700	SPEECH PATHOLOGY	68.00	0	45.10
45.11	REIMBURSED ALCOHOL OFFSET EST	A	-1,000	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.11
45.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.12
45.13	OFFSET PHYSICIANS PRO FEES	A	-2,089,660	CLINIC	90.00	0	45.13
45.14	OFFSET PHYSICIANS PRO FEES	A	-368,113	RESEARCH	191.00	0	45.14
45.15	OFFSET PHYSICIANS PRO FEES	A	-36,098	FOUNDATION	192.01	0	45.15
45.16	OFFSET PHYSICIANS PRO FEES	A	-4,897,425	PARTNERSHIP EXPENSE	192.03	0	45.16
45.17	GIFTS AND SPORTS PROGRAM	A	-84	PSYCHOLOGY	54.01	0	45.17
45.18	GIFTS AND SPORTS PROGRAM	A	-1,493	PHYSICAL THERAPY	66.00	0	45.18
45.20	GIFTS AND SPORTS PROGRAM	A	-489	SPEECH PATHOLOGY	68.00	0	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,901,603				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-3026

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

Worksheet A-8-2

Date/Time Prepared:
2/24/2022 12:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	17,780,262	13,699,618	4,080,644	211,500	25,687	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			17,780,262	13,699,618	4,080,644		25,687	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	90.00	AGGREGATE-CLINIC	2,611,923	130,596	100,634	23,096	226,105	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,611,923	130,596	100,634	23,096	226,105	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	90.00	AGGREGATE-CLINIC	51,892	2,686,911	1,393,733	15,093,351		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			51,892	2,686,911	1,393,733	15,093,351		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	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	16,807,627	16,807,627			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,226,811		13,226,811		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	48,264,209	75,047	18,886	48,358,142	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	1,591,341	21,747	408,474	167,077	5.01
5.02	00570	ADMITTING	2,715,617	42,473	97,534	731,695	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,612,672	129,245	0	490,598	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	43,857,900	434,021	5,867,660	9,887,261	5.04
7.00	00700	OPERATION OF PLANT	13,141,457	9,441,968	0	623,534	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	712,978	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,702,794	122,286	57,772	747,334	9.00
10.00	01000	DIETARY	2,854,437	251,722	55,380	355,615	10.00
11.00	01100	CAFETERIA	827,857	0	0	225,367	11.00
13.00	01300	NURSING ADMINISTRATION	2,580,627	15,102	263,955	616,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	612,893	340,346	2,496	186,503	14.00
15.00	01500	PHARMACY	2,631,028	46,205	24,148	589,077	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	740,464	25,669	0	196,623	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,028,459	35,978	563	29,664	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	671,461	0	0	112,663	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	314,100	18,139	324	85,434	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	356,552	11,970	244	97,681	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,355,436	2,686,311	499,080	8,108,872	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,734,452	167,878	1,262,825	311,433	54.00
54.01	05401	PSYCHOLOGY	1,439,620	45,306	36,286	396,935	54.01
54.02	05402	PULMONARY	311,777	0	0	54,122	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,374,010	10,172	14,851	128,491	60.00
60.01	06001	VOCATIONAL REHABILITATION	366,050	0	17,168	92,791	60.01
65.00	06500	RESPIRATORY THERAPY	1,780,580	0	21,660	467,441	65.00
66.00	06600	PHYSICAL THERAPY	11,601,065	798,280	648,161	3,184,096	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	6,659,280	457,716	372,059	1,827,744	67.00
68.00	06800	SPEECH PATHOLOGY	3,803,306	260,887	212,494	1,043,877	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,582,317	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	6,830,662	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	4,975,650	123,730	13,588	577,315	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	31,973,762	393,523	2,748,305	10,092,055	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				206,657	92.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	271,039,251	15,955,721	12,643,913	41,428,226	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	23,853,462	787,794	352,030	3,738,201	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,383,133	20,998	0	329,910	192.01
192.02	19202	ACADEMY	362,009	16,968	0	147,583	192.02
192.03	19203	PARTNERSHIP EXPENSE	4,274,056	0	20,631	2,406,479	192.03
192.04	19204	PATHWAYS	1,390,531	14,108	210,237	307,743	192.04
192.05	19205	UNUSED SPACE	0	12,038	0	0	192.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	302,302,442	16,807,627	13,226,811	48,358,142	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.02	5.03	5A.03	5.04	7.00	
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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	3,588,807					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,235,960				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	60,521,762	60,521,762		5.04
7.00	00700	OPERATION OF PLANT	0	0	23,251,873	5,820,339	29,072,212	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	712,978	178,471	0	8.00
9.00	00900	HOUSEKEEPING	0	0	5,631,125	1,409,566	533,554	9.00
10.00	01000	DIETARY	0	0	3,588,566	898,279	1,098,301	10.00
11.00	01100	CAFETERIA	0	0	1,098,880	275,068	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,493,517	874,487	65,892	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,183,844	296,336	1,484,979	14.00
15.00	01500	PHARMACY	0	0	3,440,918	861,320	201,598	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	973,621	243,714	111,999	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,133,350	784,331	156,977	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	784,124	196,280	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	420,902	105,359	79,142	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	468,634	117,307	52,226	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,514,737	869,457	45,146,883	11,301,032	11,720,776	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,683	86,571	3,645,943	912,642	732,478	54.00
54.01	05401	PSYCHOLOGY	20,278	40,968	1,989,000	497,881	197,676	54.01
54.02	05402	PULMONARY	2,401	4,147	372,447	93,230	0	54.02
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	224,554	130,040	1,882,118	471,126	44,384	60.00
60.01	06001	VOCATIONAL REHABILITATION	471	13,634	490,931	122,888	0	60.01
65.00	06500	RESPIRATORY THERAPY	66,528	38,182	2,378,695	595,428	0	65.00
66.00	06600	PHYSICAL THERAPY	453,975	433,552	17,290,747	4,328,168	3,483,014	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	415,847	274,819	10,105,976	2,529,698	1,997,084	67.00
68.00	06800	SPEECH PATHOLOGY	164,563	111,900	5,653,290	1,415,115	1,138,288	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	92,383	53,633	4,728,333	1,183,582	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	499,784	342,612	7,673,058	1,920,697	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	67,483	133,911	6,013,293	1,505,229	539,852	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,120	702,534	46,118,956	11,544,304	1,716,998	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,588,807	3,235,960	262,193,764	50,481,877	25,355,218	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	28,884,285	7,230,228	3,437,264	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	1,926,140	482,146	91,619	192.01
192.02	19202	ACADEMY	0	0	642,300	160,779	74,032	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	6,705,259	1,678,440	0	192.03
192.04	19204	PATHWAYS	0	0	1,938,656	485,279	61,555	192.04
192.05	19205	UNUSED SPACE	0	0	12,038	3,013	52,524	192.05
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,588,807	3,235,960	302,302,442	60,521,762	29,072,212	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	891,449					8.00
9.00	00900	HOUSEKEEPING	0	7,574,245				9.00
10.00	01000	DIETARY	0	157,027	5,742,173			10.00
11.00	01100	CAFETERIA	0	0	0	1,373,948		11.00
13.00	01300	NURSING ADMINISTRATION	0	9,237	0	26,401	4,469,534	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	226,304	0	16,645	0	14.00
15.00	01500	PHARMACY	0	32,329	0	25,252	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,855	0	11,529	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	23,092	0	5,432	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0	2,732	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0	2,057	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	891,449	4,452,180	5,742,173	465,197	4,469,534	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	87,750	0	15,716	0	54.00
54.01	05401	PSYCHOLOGY	0	23,092	0	17,066	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
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	9,237	0	10,790	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	5,232	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,760	0	65.00
66.00	06600	PHYSICAL THERAPY	0	434,134	0	153,957	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	263,251	0	88,275	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	129,316	0	50,313	0	68.00
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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	96,987	0	35,251	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	780,517	0	256,725	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	891,449	6,738,308	5,742,173	1,210,330	4,469,534	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	683,529	0	148,746	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	13,855	0	9,672	0	192.01
192.02	19202	ACADEMY	0	138,553	0	5,200	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	891,449	7,574,245	5,742,173	1,373,948	4,469,534	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			14.00	15.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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	3,208,108					14.00
15.00	01500	PHARMACY	0	4,561,417				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,354,718			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,103,182		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	980,404	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	853,473	2,461,909	588,243	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,611	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	27,094	0	0	54.01
54.02	05402	PULMONARY	0	0	6,774	0	0	54.02
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	12,192	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	25,740	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	43,351	1,230,955	294,121	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	37,932	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	29,804	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,208,108	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	4,561,417	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	14,902	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	285,845	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,208,108	4,561,417	1,354,718	3,692,864	882,364	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	0	0	0	192.01
192.02	19202	ACADEMY	0	0	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	410,318	98,040	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,208,108	4,561,417	1,354,718	4,103,182	980,404	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM - ORTOTICS	PARAMED ED PRGM - PROSTHETIC	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	608,135					23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC		640,224				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	128,045	88,220,894	-3,050,152	85,170,742	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,412,140	0	5,412,140	54.00
54.01	05401	PSYCHOLOGY	0	0	2,751,809	0	2,751,809	54.01
54.02	05402	PULMONARY	0	0	472,451	0	472,451	54.02
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	2,429,847	0	2,429,847	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	644,791	0	644,791	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,995,883	0	2,995,883	65.00
66.00	06600	PHYSICAL THERAPY	0	0	27,258,447	-1,525,076	25,733,371	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	15,022,216	0	15,022,216	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	8,416,126	0	8,416,126	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,120,023	0	9,120,023	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	14,155,172	0	14,155,172	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	8,205,514	0	8,205,514	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	608,135	512,179	61,823,659	0	61,823,659	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	608,135	640,224	246,928,972	-4,575,228	242,353,744	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	40,384,052	0	40,384,052	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,523,432	0	2,523,432	192.01
192.02	19202	ACADEMY	0	0	1,020,864	0	1,020,864	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	8,892,057	-508,358	8,383,699	192.03
192.04	19204	PATHWAYS	0	0	2,485,490	0	2,485,490	192.04
192.05	19205	UNUSED SPACE	0	0	67,575	0	67,575	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	608,135	640,224	302,302,442	-5,083,586	297,218,856	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	75,047	18,886	93,933	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	24,150	21,747	408,474	454,371	5.01
5.02	00570	ADMITTING	33,262	42,473	97,534	173,269	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	129,245	0	129,245	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	379,255	434,021	5,867,660	6,680,936	5.04
7.00	00700	OPERATION OF PLANT	815,618	9,441,968	0	10,257,586	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,222	122,286	57,772	183,280	9.00
10.00	01000	DIETARY	2,601	251,722	55,380	309,703	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22	15,102	263,955	279,079	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,195	340,346	2,496	356,037	14.00
15.00	01500	PHARMACY	2,560	46,205	24,148	72,913	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,381	25,669	0	39,050	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,816	35,978	563	39,357	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	18,139	324	18,463	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	11,970	244	12,214	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,676	2,686,311	499,080	3,208,067	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,241	167,878	1,262,825	1,433,944	54.00
54.01	05401	PSYCHOLOGY	0	45,306	36,286	81,592	54.01
54.02	05402	PULMONARY	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,172	14,851	25,023	60.00
60.01	06001	VOCATIONAL REHABILITATION	8,377	0	17,168	25,545	60.01
65.00	06500	RESPIRATORY THERAPY	3,132	0	21,660	24,792	65.00
66.00	06600	PHYSICAL THERAPY	0	798,280	648,161	1,446,441	66.00
66.01	06601	ALLIED HEALTH	38,389	0	0	38,389	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	457,716	372,059	829,775	67.00
68.00	06800	SPEECH PATHOLOGY	0	260,887	212,494	473,381	68.00
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
76.00	03020	PROSTHETICS AND ORTHOTICS	3,990	123,730	13,588	141,308	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	2,441,873	393,523	2,748,305	5,583,701	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,811,760	15,955,721	12,643,913	32,411,394	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	25,146	787,794	352,030	1,164,970	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	20,998	0	20,998	192.01
192.02	19202	ACADEMY	158	16,968	0	17,126	192.02
192.03	19203	PARTNERSHIP EXPENSE	13,646	0	20,631	34,277	192.03
192.04	19204	PATHWAYS	2,248	14,108	210,237	226,593	192.04
192.05	19205	UNUSED SPACE	0	12,038	0	12,038	192.05
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,852,958	16,807,627	13,226,811	33,887,396	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.01	5.02	5.03	5.04	7.00	
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	00540	PURCHASING RECEIVING AND STORES	454,696					5.01
5.02	00570	ADMITTING	309	175,000				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	716	0	130,915			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	98,666	0	0	6,798,822		5.04
7.00	00700	OPERATION OF PLANT	9,331	0	0	653,843	10,921,972	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	20,049	0	8.00
9.00	00900	HOUSEKEEPING	195	0	0	158,347	200,448	9.00
10.00	01000	DIETARY	14,836	0	0	100,910	412,614	10.00
11.00	01100	CAFETERIA	9,485	0	0	30,901	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,512	0	0	98,238	24,755	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,644	0	0	33,290	557,883	14.00
15.00	01500	PHARMACY	31,259	0	0	96,759	75,737	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,257	0	0	27,378	42,076	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,037	0	0	88,110	58,974	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22,050	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	604	0	0	11,836	29,732	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	454	0	0	13,178	19,621	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,474	73,795	35,342	1,269,530	4,403,312	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,968	3,107	3,496	102,524	275,180	54.00
54.01	05401	PSYCHOLOGY	1,996	989	1,655	55,931	74,264	54.01
54.02	05402	PULMONARY	0	117	167	10,473	0	54.02
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	10,957	5,252	52,925	16,674	60.00
60.01	06001	VOCATIONAL REHABILITATION	170	23	551	13,805	0	60.01
65.00	06500	RESPIRATORY THERAPY	894	3,246	1,542	66,889	0	65.00
66.00	06600	PHYSICAL THERAPY	35,654	22,152	17,509	486,216	1,308,513	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	20,466	20,292	11,099	284,180	750,273	67.00
68.00	06800	SPEECH PATHOLOGY	11,689	8,030	4,519	158,971	427,637	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,508	2,166	132,961	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	24,388	13,837	215,766	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	25,266	3,293	5,408	169,094	202,814	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	42,934	103	28,372	1,296,812	645,049	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	354,816	175,000	130,915	5,670,966	9,525,556	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	31,744	0	0	812,226	1,291,326	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	39,909	0	0	54,163	34,420	192.01
192.02	19202	ACADEMY	24,045	0	0	18,061	27,813	192.02
192.03	19203	PARTNERSHIP EXPENSE	850	0	0	188,552	0	192.03
192.04	19204	PATHWAYS	3,332	0	0	54,515	23,125	192.04
192.05	19205	UNUSED SPACE	0	0	0	339	19,732	192.05
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)	454,696	175,000	130,915	6,798,822	10,921,972	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,049					8.00
9.00	00900	HOUSEKEEPING	0	543,723				9.00
10.00	01000	DIETARY	0	11,272	850,026			10.00
11.00	01100	CAFETERIA	0	0	0	40,824		11.00
13.00	01300	NURSING ADMINISTRATION	0	663	0	784	408,230	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,245	0	495	0	14.00
15.00	01500	PHARMACY	0	2,321	0	750	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	995	0	343	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,658	0	161	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0	81	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0	61	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,049	319,602	850,026	13,822	408,230	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,299	0	467	0	54.00
54.01	05401	PSYCHOLOGY	0	1,658	0	507	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
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	663	0	321	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	155	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	647	0	65.00
66.00	06600	PHYSICAL THERAPY	0	31,165	0	4,575	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	18,898	0	2,623	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,283	0	1,495	0	68.00
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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	6,962	0	1,047	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	56,030	0	7,628	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,049	483,714	850,026	35,962	408,230	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	49,068	0	4,420	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	995	0	287	0	192.01
192.02	19202	ACADEMY	0	9,946	0	155	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	20,049	543,723	850,026	40,824	408,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
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							2/24/2022 12:27 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			14.00	15.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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	972,957					14.00
15.00	01500	PHARMACY	0	280,884				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	112,481			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	196,355		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22,269	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	70,865			30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,462			54.00
54.01	05401	PSYCHOLOGY	0	0	2,250			54.01
54.02	05402	PULMONARY	0	0	562			54.02
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MRI	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	1,012			60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	2,137			60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,599			66.00
66.01	06601	ALLIED HEALTH	0	0	0			66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,149			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,475			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	972,957	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	280,884	0			73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	1,237			76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	23,733			90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	972,957	280,884	112,481	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
192.01	19201	FOUNDATION	0	0	0			192.01
192.02	19202	ACADEMY	0	0	0			192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0			192.03
192.04	19204	PATHWAYS	0	0	0			192.04
192.05	19205	UNUSED SPACE	0	0	0			192.05
200.00		Cross Foot Adjustments				196,355	22,269	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	972,957	280,884	112,481	196,355	22,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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Cost Center Description			PARAMED ED PRGM - ORTOTICS	PARAMED ED PRGM - PROSTHETIC	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	60,882					23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC		45,718				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			10,711,877	0	10,711,877	30.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,831,052	0	1,831,052	54.00
54.01	05401	PSYCHOLOGY			221,614	0	221,614	54.01
54.02	05402	PULMONARY			11,424	0	11,424	54.02
57.00	05700	CT SCAN			0	0	0	57.00
58.00	05800	MRI			0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	06000	LABORATORY			113,077	0	113,077	60.00
60.01	06001	VOCATIONAL REHABILITATION			42,566	0	42,566	60.01
65.00	06500	RESPIRATORY THERAPY			98,919	0	98,919	65.00
66.00	06600	PHYSICAL THERAPY			3,362,014	0	3,362,014	66.00
66.01	06601	ALLIED HEALTH			38,389	0	38,389	66.01
67.00	06700	OCCUPATIONAL THERAPY			1,944,308	0	1,944,308	67.00
68.00	06800	SPEECH PATHOLOGY			1,099,509	0	1,099,509	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,112,592	0	1,112,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			534,875	0	534,875	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS			557,551	0	557,551	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			7,703,909	0	7,703,909	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	29,383,676	0	29,383,676	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			3,361,021	0	3,361,021	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			0	0	0	192.00
192.01	19201	FOUNDATION			151,413	0	151,413	192.01
192.02	19202	ACADEMY			97,433	0	97,433	192.02
192.03	19203	PARTNERSHIP EXPENSE			228,357	0	228,357	192.03
192.04	19204	PATHWAYS			308,163	0	308,163	192.04
192.05	19205	UNUSED SPACE			32,109	0	32,109	192.05
200.00		Cross Foot Adjustments	60,882	45,718	325,224	0	325,224	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	60,882	45,718	33,887,396	0	33,887,396	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	PURCHASING RECEIVING AND STORES (OTHER EXPE NSE)	ADMITTING (INPATIENT CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,234,254					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,165,831				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,511	18,799	174,732,469			4.00
5.01	00540	PURCHASING RECEIVING AND STORES	1,597	406,591	603,701	466,339		5.01
5.02	00570	ADMITTING	3,119	97,084	2,643,836	317	462,054,374	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,491	0	1,772,681	734	0	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	31,872	5,840,607	35,725,680	101,193	0	5.04
7.00	00700	OPERATION OF PLANT	693,363	0	2,253,017	9,570	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,980	57,506	2,700,344	200	0	9.00
10.00	01000	DIETARY	18,485	55,125	1,284,946	15,216	0	10.00
11.00	01100	CAFETERIA	0	0	814,318	9,728	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,109	262,738	2,229,147	3,602	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,993	2,484	673,892	8,865	0	14.00
15.00	01500	PHARMACY	3,393	24,037	2,128,513	32,059	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,885	0	710,460	2,315	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,642	560	107,185	8,243	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	407,085	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	1,332	323	308,700	619	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	879	243	352,952	466	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	197,267	496,779	29,299,822	24,075	195,018,341	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,328	1,257,003	1,125,302	4,070	8,199,137	54.00
54.01	05401	PSYCHOLOGY	3,327	36,119	1,434,248	2,047	2,610,793	54.01
54.02	05402	PULMONARY	0	0	195,558	0	309,118	54.02
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	747	14,783	464,276	0	28,911,307	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	17,089	335,282	174	60,697	60.01
65.00	06500	RESPIRATORY THERAPY	0	21,560	1,689,006	917	8,565,475	65.00
66.00	06600	PHYSICAL THERAPY	58,621	645,173	11,505,106	36,567	58,449,145	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	33,612	370,344	6,604,196	20,990	53,540,194	67.00
68.00	06800	SPEECH PATHOLOGY	19,158	211,514	3,771,846	11,988	21,187,472	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,894,312	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	64,347,100	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	9,086	13,525	2,086,013	25,913	8,688,394	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	28,898	2,735,634	36,465,465	44,033	272,889	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,171,695	12,585,620	149,692,577	363,901	462,054,374	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	57,851	350,407	13,507,256	32,557		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	FOUNDATION	1,542	0	1,192,066	40,931		192.01
192.02	19202	ACADEMY	1,246	0	533,261	24,661		192.02
192.03	19203	PARTNERSHIP EXPENSE	0	20,536	8,695,341	872		192.03
192.04	19204	PATHWAYS	1,036	209,268	1,111,968	3,417		192.04
192.05	19205	UNUSED SPACE	884	0	0	0		192.05
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)	16,807,627	13,226,811	48,358,142	2,188,639	3,588,807	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.617640	1.004632	0.276755	4.693236	0.007767	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	PURCHASING RECEIVING AND STORES (OTHER EXPE NSE)	ADMITTING (INPATIENT CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
204.00		Cost to be allocated (per Wkst. B, Part II)			93,933	454,696	175,000	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000538	0.975033	0.000379	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.03	5A.04	5.04	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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	725,981,695					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-60,521,762	241,780,680			5.04
7.00	00700	OPERATION OF PLANT	0	0	23,251,873	489,301		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	712,978	0	46,398	8.00
9.00	00900	HOUSEKEEPING	0	0	5,631,125	8,980	0	9.00
10.00	01000	DIETARY	0	0	3,588,566	18,485	0	10.00
11.00	01100	CAFETERIA	0	0	1,098,880	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,493,517	1,109	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,183,844	24,993	0	14.00
15.00	01500	PHARMACY	0	0	3,440,918	3,393	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	973,621	1,885	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,133,350	2,642	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	784,124	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	420,902	1,332	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	468,634	879	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	195,018,341	0	45,146,883	197,267	46,398	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,423,616	0	3,645,943	12,328	0	54.00
54.01	05401	PSYCHOLOGY	9,191,908	0	1,989,000	3,327	0	54.01
54.02	05402	PULMONARY	930,400	0	372,447	0	0	54.02
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	29,176,556	0	1,882,118	747	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	3,059,117	0	490,931	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	8,566,645	0	2,378,695	0	0	65.00
66.00	06600	PHYSICAL THERAPY	97,274,294	0	17,290,747	58,621	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	61,660,117	0	10,105,976	33,612	0	67.00
68.00	06800	SPEECH PATHOLOGY	25,106,658	0	5,653,290	19,158	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,033,494	0	4,728,333	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	76,870,594	0	7,673,058	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	30,045,148	0	6,013,293	9,086	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	157,624,807	0	46,118,956	28,898	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	725,981,695	-60,521,762	201,672,002	426,742	46,398	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	28,884,285	57,851	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	1,926,140	1,542	0	192.01
192.02	19202	ACADEMY	0	0	642,300	1,246	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	6,705,259	0	0	192.03
192.04	19204	PATHWAYS	0	0	1,938,656	1,036	0	192.04
192.05	19205	UNUSED SPACE	0	0	12,038	884	0	192.05
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)	3,235,960		60,521,762	29,072,212	891,449	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004457		0.250317	59.415803	19.213091	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	130,915		6,798,822	10,921,972	20,049	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	5A.04	5.04	7.00	8.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000180		0.028120	22.321581	0.432109	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			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	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,640					9.00
10.00	01000	DIETARY	34	236,634				10.00
11.00	01100	CAFETERIA	0	0	130,258			11.00
13.00	01300	NURSING ADMINISTRATION	2	0	2,503	23,067		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49	0	1,578	0	1,000	14.00
15.00	01500	PHARMACY	7	0	2,394	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3	0	1,093	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5	0	515	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0	259	0	0	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0	195	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	964	236,634	44,103	23,067	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	19	0	1,490	0	0	54.00
54.01	05401	PSYCHOLOGY	5	0	1,618	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
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	2	0	1,023	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	496	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,063	0	0	65.00
66.00	06600	PHYSICAL THERAPY	94	0	14,596	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	57	0	8,369	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	28	0	4,770	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,000	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
76.00	03020	PROSTHETICS AND ORTHOTICS	21	0	3,342	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	169	0	24,339	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,459	236,634	114,746	23,067	1,000	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	148	0	14,102	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	3	0	917	0	0	192.01
192.02	19202	ACADEMY	30	0	493	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	7,574,245	5,742,173	1,373,948	4,469,534	3,208,108	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,618.442073	24.266052	10.547897	193.763125	3,208.108000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	543,723	850,026	40,824	408,230	972,957	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	331.538415	3.592155	0.313409	17.697577	972.957000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM - ORTOTICS (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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	1,000					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,000				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,000			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		1,000		22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS	0	0			100	23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	630	600	600	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	20	0	0	0	54.01
54.02	05402	PULMONARY	0	5	0	0	0	54.02
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	9	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	19	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	32	300	300	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	22	0	0	0	68.00
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	1,000	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	11	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	211	0	0	100	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	1,000	900	900	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	0	0	0	192.01
192.02	19202	ACADEMY	0	0	0	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	100	100	0	192.03
192.04	19204	PATHWAYS	0	0	0	0	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	4,561,417	1,354,718	4,103,182	980,404	608,135	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,561.417000	1,354.718000	4,103.182000	980.404000	6,081.350000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM - ORTOTICS (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00	21.00	22.00	23.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	280,884	112,481	196,355	22,269	60,882	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	280.884000	112.481000	196.355000	22.269000	608.820000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			PARAMED ED PRGM - PROSTHETIC (ASSIGNED TIME)	
			23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	PURCHASING RECEIVING AND STORES		5.01
5.02	00570	ADMITTING		5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM - ORTOTICS		23.00
23.01	02301	PARAMED ED PRGM - PROSTHETIC	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	20	30.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	PSYCHOLOGY	0	54.01
54.02	05402	PULMONARY	0	54.02
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	ALLIED HEALTH	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	80	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201	FOUNDATION	0	192.01
192.02	19202	ACADEMY	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	192.03
192.04	19204	PATHWAYS	0	192.04
192.05	19205	UNUSED SPACE	0	192.05
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)	640,224	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6,402.240000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	45,718	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		PARAMED ED PRGM - PROSTHETIC (ASSIGNED TIME)	
		23.01	
205.00	Unit cost multiplier (Wkst. B, Part II)	457.180000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

MCRIF32 - 17.2.173.2

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	195,018,341		195,018,341			30.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,199,137	11,224,479	19,423,616	0.278637	0.000000	54.00
54.01	05401	PSYCHOLOGY	2,610,793	6,581,115	9,191,908	0.299373	0.000000	54.01
54.02	05402	PULMONARY	309,118	621,282	930,400	0.507793	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	28,911,307	265,249	29,176,556	0.083281	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	60,697	2,998,420	3,059,117	0.210777	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	8,565,475	1,170	8,566,645	0.349715	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	58,449,145	38,825,149	97,274,294	0.264544	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	53,540,194	8,119,923	61,660,117	0.243629	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	21,187,472	3,919,186	25,106,658	0.335215	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,894,312	139,182	12,033,494	0.757887	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,347,100	12,523,494	76,870,594	0.184143	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	8,688,394	21,356,754	30,045,148	0.273106	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	272,889	157,351,918	157,624,807	0.392220	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	462,054,374	263,927,321	725,981,695			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	462,054,374	263,927,321	725,981,695			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet C Part I Date/Time Prepared: 2/24/2022 12:27 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278637		54.00
54.01	05401	PSYCHOLOGY	0.299373		54.01
54.02	05402	PULMONARY	0.507793		54.02
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	0.083281		60.00
60.01	06001	VOCATIONAL REHABILITATION	0.210777		60.01
65.00	06500	RESPIRATORY THERAPY	0.349715		65.00
66.00	06600	PHYSICAL THERAPY	0.264544		66.00
66.01	06601	ALLIED HEALTH	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.243629		67.00
68.00	06800	SPEECH PATHOLOGY	0.335215		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.757887		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184143		73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.273106		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.401062		90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,220,894		88,220,894	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,412,140		5,412,140	0	0
54.01	05401	PSYCHOLOGY	2,751,809		2,751,809	0	0
54.02	05402	PULMONARY	472,451		472,451	0	0
57.00	05700	CT SCAN	0		0	0	0
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	2,429,847		2,429,847	0	0
60.01	06001	VOCATIONAL REHABILITATION	644,791		644,791	0	0
65.00	06500	RESPIRATORY THERAPY	2,995,883	0	2,995,883	0	0
66.00	06600	PHYSICAL THERAPY	27,258,447	0	27,258,447	0	0
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	15,022,216	0	15,022,216	0	0
68.00	06800	SPEECH PATHOLOGY	8,416,126	0	8,416,126	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,120,023		9,120,023	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,155,172		14,155,172	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	8,205,514		8,205,514	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	61,823,659		61,823,659	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	246,928,972	0	246,928,972	0	0
201.00		Less Observation Beds	0		0		0
202.00		Total (see instructions)	246,928,972	0	246,928,972	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0.000000	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	0.000000	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0.000000	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	PSYCHOLOGY	0.000000			54.01
54.02	05402	PULMONARY	0.000000			54.02
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
60.01	06001	VOCATIONAL REHABILITATION	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	ALLIED HEALTH	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
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
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,711,877	0	10,711,877	78,878	135.80	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30 through 199)	10,711,877		10,711,877	78,878		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	23,539	3,196,596				30.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
200.00	Total (lines 30 through 199)	23,539	3,196,596				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,831,052	19,423,616	0.094269	3,291,322	310,270	54.00
54.01	05401	PSYCHOLOGY	221,614	9,191,908	0.024110	448,827	10,821	54.01
54.02	05402	PULMONARY	11,424	930,400	0.012279	160,877	1,975	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	113,077	29,176,556	0.003876	10,279,505	39,843	60.00
60.01	06001	VOCATIONAL REHABILITATION	42,566	3,059,117	0.013914	1,480	21	60.01
65.00	06500	RESPIRATORY THERAPY	98,919	8,566,645	0.011547	1,387,963	16,027	65.00
66.00	06600	PHYSICAL THERAPY	3,362,014	97,274,294	0.034562	18,692,426	646,048	66.00
66.01	06601	ALLIED HEALTH	38,389	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,944,308	61,660,117	0.031533	17,000,004	536,061	67.00
68.00	06800	SPEECH PATHOLOGY	1,099,509	25,106,658	0.043794	6,641,632	290,864	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,112,592	12,033,494	0.092458	3,162,105	292,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	534,875	76,870,594	0.006958	19,696,482	137,048	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	557,551	30,045,148	0.018557	1,831,686	33,991	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	7,703,909	157,624,807	0.048875	175,073	8,557	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	18,671,799	530,963,354		82,769,382	2,323,888	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 2/24/2022 12:27 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	128,045	0	30.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
200.00		Total (lines 30 through 199)	0	0	0	128,045	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	128,045	78,878	1.62	23,539	30.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
200.00		Total (lines 30 through 199)		128,045	78,878		23,539	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	38,133						30.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
200.00		Total (lines 30 through 199)	38,133						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 12:27 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								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
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
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	1,120,314	90.00
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	1,120,314	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 12:27 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,423,616	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	9,191,908	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	930,400	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	29,176,556	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	3,059,117	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,566,645	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	97,274,294	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	61,660,117	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	25,106,658	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,033,494	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	76,870,594	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	30,045,148	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	1,120,314	1,120,314	157,624,807	0.007107	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00	Total (lines 50 through 199)		0	1,120,314	1,120,314	530,963,354		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 12:27 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,291,322	0	1,744,778	0	54.00
54.01	05401	PSYCHOLOGY	0.000000	448,827	0	446,850	0	54.01
54.02	05402	PULMONARY	0.000000	160,877	0	161,923	0	54.02
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	10,279,505	0	52,821	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.000000	1,480	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	1,387,963	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	18,692,426	0	18,522	0	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	17,000,004	0	6,048	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	6,641,632	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,162,105	0	41,183	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	19,696,482	0	4,081,507	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000	1,831,686	0	444	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.007107	175,073	1,244	4,329,814	30,772	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		82,769,382	1,244	10,883,890	30,772	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part V Date/Time Prepared: 2/24/2022 12:27 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.278637	1,744,778	0	0	486,160	54.00
54.01	05401	PSYCHOLOGY		0.299373	446,850	0	0	133,775	54.01
54.02	05402	PULMONARY		0.507793	161,923	0	0	82,223	54.02
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		0.083281	52,821	0	0	4,399	60.00
60.01	06001	VOCATIONAL REHABILITATION		0.210777	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.349715	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.264544	18,522	0	0	4,900	66.00
66.01	06601	ALLIED HEALTH		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.243629	6,048	0	0	1,473	67.00
68.00	06800	SPEECH PATHOLOGY		0.335215	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.757887	41,183	0	0	31,212	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		0.184143	4,081,507	0	0	751,581	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS		0.273106	444	0	0	121	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC		0.392220	4,329,814	0	0	1,698,240	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)			10,883,890	0	0	3,194,084	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			10,883,890	0	0	3,194,084	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part V Date/Time Prepared: 2/24/2022 12:27 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Costs					
				Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
				6.00	7.00				
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0				
54.01	05401	PSYCHOLOGY		0	0				
54.02	05402	PULMONARY		0	0				
57.00	05700	CT SCAN		0	0				
58.00	05800	MRI		0	0				
59.00	05900	CARDIAC CATHETERIZATION		0	0				
60.00	06000	LABORATORY		0	0				
60.01	06001	VOCATIONAL REHABILITATION		0	0				
65.00	06500	RESPIRATORY THERAPY		0	0				
66.00	06600	PHYSICAL THERAPY		0	0				
66.01	06601	ALLIED HEALTH		0	0				
67.00	06700	OCCUPATIONAL THERAPY		0	0				
68.00	06800	SPEECH PATHOLOGY		0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0				
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0				
76.00	03020	PROSTHETICS AND ORTHOTICS		0	0				
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							
90.00	09000	CLINIC		0	0				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0				
200.00		Subtotal (see instructions)		0	0				
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0					
202.00		Net Charges (line 200 - line 201)		0	0				

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,711,877	0	10,711,877	78,878	135.80	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30 through 199)	10,711,877		10,711,877	78,878		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,357	320,081				30.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
200.00	Total (lines 30 through 199)	2,357	320,081				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,831,052	0	0.000000	0	0 54.00
54.01	05401	PSYCHOLOGY	221,614	0	0.000000	0	0 54.01
54.02	05402	PULMONARY	11,424	0	0.000000	0	0 54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MRI	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	113,077	0	0.000000	0	0 60.00
60.01	06001	VOCATIONAL REHABILITATION	42,566	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	98,919	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	3,362,014	0	0.000000	0	0 66.00
66.01	06601	ALLIED HEALTH	38,389	0	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	1,944,308	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	1,099,509	0	0.000000	0	0 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,112,592	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	534,875	0	0.000000	0	0 73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	557,551	0	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	7,703,909	0	0.000000	0	0 90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	18,671,799	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 2/24/2022 12:27 pm	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	128,045	0	30.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
200.00		Total (lines 30 through 199)	0	0	0	128,045	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	128,045	78,878	1.62	2,357	30.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
200.00		Total (lines 30 through 199)		128,045	78,878		2,357	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	3,818						30.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
200.00		Total (lines 30 through 199)	3,818						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

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

Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
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
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	1,120,314	90.00
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	1,120,314	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 12:27 pm	
Cost Center Description			Title XIX		Hospital		Cost	
			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								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	0	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	1,120,314	1,120,314	0	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,120,314	1,120,314	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 12:27 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0.000000	0	0	0	0	54.01
54.02	05402	PULMONARY	0.000000	0	0	0	0	54.02
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
60.01	06001	VOCATIONAL REHABILITATION	0.000000	0	0	0	0	60.01
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
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
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
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 12:27 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		78,878	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		78,878	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)		78,878	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		23,539	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)		85,170,742	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)		85,170,742	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)		85,170,742	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)		1,079.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,416,941	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)		25,416,941	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3026

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

Worksheet D-1

Date/Time Prepared:
2/24/2022 12:27 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						20,381,917	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						45,798,858	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)						3,234,729	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,325,132	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						5,559,861	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						40,238,997	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3026

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

Worksheet D-1

Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	10,711,877	85,170,742	0.125769	0	90.00
91.00	Nursing Program cost	0	85,170,742	0.000000	0	91.00
92.00	Allied health cost	128,045	85,170,742	0.001503	0	92.00
93.00	All other Medical Education	0	85,170,742	0.000000	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 2/24/2022 12:27 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		57,198,936	30.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278637	3,291,322	54.00
54.01	05401	PSYCHOLOGY	0.299373	448,827	54.01
54.02	05402	PULMONARY	0.507793	160,877	54.02
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.083281	10,279,505	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.210777	1,480	60.01
65.00	06500	RESPIRATORY THERAPY	0.349715	1,387,963	65.00
66.00	06600	PHYSICAL THERAPY	0.264544	18,692,426	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.243629	17,000,004	67.00
68.00	06800	SPEECH PATHOLOGY	0.335215	6,641,632	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.757887	3,162,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184143	19,696,482	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.273106	1,831,686	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.401062	175,073	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		82,769,382	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)		82,769,382	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 2/24/2022 12:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,163,312	2.00
3.00	OPPS payments		2,560,474	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		30,772	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		2,591,246	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)		532,765	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)		2,058,481	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		61,235	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)		2,119,716	30.00
31.00	Primary payer payments		4,871	31.00
32.00	Subtotal (line 30 minus line 31)		2,114,845	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)		90,760	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		58,994	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		90,760	36.00
37.00	Subtotal (see instructions)		2,173,839	37.00
38.00	MSP-LCC reconciliation amount from PS&R		65	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)		2,173,774	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		2,099,138	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)		74,636	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)		7,621	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
2/24/2022 12:27 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		41,849,426		2,022,773	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		895,720		90,542	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	05/19/2021	48,704		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/25/2021	109,837	08/25/2021	14,177	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-61,133		-14,177	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,684,013		2,099,138	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		121,139		74,636	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		42,805,152		2,173,774	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet E-1 Part II Date/Time Prepared: 2/24/2022 12:27 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8 through 12, and 32.			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 32.			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part III Date/Time Prepared: 2/24/2022 12:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		31,632,323	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0448	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		2,255,385	3.00
4.00	Outlier Payments		6,281,328	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		22.77	5.00
5.01	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	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		34.08	7.00
8.00	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	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		22.77	9.00
10.00	Average Daily Census (see instructions)		216.104110	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.107172	11.00
12.00	Teaching Adjustment (see instructions)		3,390,099	12.00
13.00	Total PPS Payment (see instructions)		43,559,135	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		8,499	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		43,567,634	17.00
18.00	Primary payer payments		1,233	18.00
19.00	Subtotal (line 17 less line 18).		43,566,401	19.00
20.00	Deductibles		175,572	20.00
21.00	Subtotal (line 19 minus line 20)		43,390,829	21.00
22.00	Coinsurance		1,633,799	22.00
23.00	Subtotal (line 21 minus line 22)		41,757,030	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		199,058	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		129,388	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,058	26.00
27.00	Subtotal (sum of lines 23 and 25)		41,886,418	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		879,357	28.00
29.00	Other pass through costs (see instructions)		39,377	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.98	Recovery of accelerated depreciation.		0	31.98
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		42,805,152	32.00
32.01	Sequestration adjustment (see instructions)		0	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		42,684,013	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		121,139	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		139,803	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		6,281,328	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3026		Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 2/24/2022 12:27 pm	
		Title XVIII		Hospital		PPS
						1.00
COMPUTATION OF TOTAL DIRECT GME AMOUNT						
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					28.25 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					5.33 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					22.92 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					34.08 6.00
7.00	Enter the lesser of line 5 or line 6					22.92 7.00
		Primary Care	Other	Total		
		1.00	2.00	3.00		
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	30.87	30.87		8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	20.76	20.76		9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01
11.00	Total weighted FTE count	0.00	20.76			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	20.42			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	20.52			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	20.57			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01
17.00	Adjusted rolling average FTE count	0.00	20.57			17.00
18.00	Per resident amount	0.00	115,237.94			18.00
19.00	Approved amount for resident costs	0	2,370,444	2,370,444		19.00
				1.00		
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.16		21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00
24.00	Multiply line 22 time line 23			0		24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,370,444		25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	23,539	2,536	5,553	26.00	
27.00	Total Inpatient Days (see instructions)	78,878	78,878	78,878	27.00	
28.00	Ratio of inpatient days to total inpatient days	0.298423	0.032151	0.070400	28.00	
29.00	Program direct GME amount	707,395	76,212	166,879	950,486	29.00
29.01	Percent reduction for MA DGME		4.07	4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		3,102	6,792	9,894	30.00
31.00	Net Program direct GME amount				940,592	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3026	Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 2/24/2022 12:27 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			45,798,858	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			1,233	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			45,797,625	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			3,194,084	42.00
43.00	Primary payer payments (see instructions)			4,871	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			3,189,213	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			48,986,838	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.934897	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.065103	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			940,592	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			879,357	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			61,235	50.00

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

Provider CCN: 14-3026

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

Worksheet G

Date/Time Prepared:
2/24/2022 12:27 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	16,733,675	0	0	0	1.00
2.00 Temporary investments	125,000	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	33,878,361	0	0	0	4.00
5.00 Other receivable	17,315,131	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	2,351,988	0	0	0	7.00
8.00 Prepaid expenses	4,243,676	0	0	0	8.00
9.00 Other current assets	1,096,770	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)	75,744,601	0	0	0	11.00
FIXED ASSETS					
12.00 Land	32,336,316	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	570,574,819	0	0	0	15.00
16.00 Accumulated depreciation	-75,003,249	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	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	129,195,740	0	0	0	23.00
24.00 Accumulated depreciation	-79,678,420	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)	577,425,206	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	428,035,604	182,668,233	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	22,021,056	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	450,056,660	182,668,233	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,103,226,467	182,668,233	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	26,123,937	0	0	0	37.00
38.00 Salaries, wages, and fees payable	28,833,047	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	8,685,000	0	0	0	40.00
41.00 Deferred income	3,127,789	0	0	0	41.00
42.00 Accelerated payments	8,914,400	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	14,778,701	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	90,462,874	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	322,333,352	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	139,562,554	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	461,895,906	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	552,358,780	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	550,867,687				52.00
53.00 Specific purpose fund		182,668,233			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	550,867,687	182,668,233	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,103,226,467	182,668,233	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-3026

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

Worksheet G-1

Date/Time Prepared:
2/24/2022 12:27 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		436,409,617		166,933,469		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		67,104,741				2.00
3.00	Total (sum of line 1 and line 2)		503,514,358		166,933,469		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER	47,353,329		15,734,764		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)		47,353,329		15,734,764		10.00
11.00	Subtotal (line 3 plus line 10)		550,867,687		182,668,233		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		550,867,687		182,668,233		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	TRANSFER		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-3026

Period:
From 09/01/2020
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/24/2022 12:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	195,018,341		195,018,341	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	195,018,341		195,018,341	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	195,018,341		195,018,341	17.00
18.00	Ancillary services	267,036,034		267,036,034	18.00
19.00	Outpatient services	0	263,928,089	263,928,089	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	47,761,000	10,009,523	57,770,523	27.00
27.01	OTHER REVENUE	0	4,024,417	4,024,417	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	509,815,375	277,962,029	787,777,404	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		345,204,045		29.00
30.00	ROUNDING/RECONC	5			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		5		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		345,204,050		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-3026

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

Worksheet G-3

Date/Time Prepared:
2/24/2022 12:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	787,777,404	1.00
2.00	Less contractual allowances and discounts on patients' accounts	523,509,866	2.00
3.00	Net patient revenues (line 1 minus line 2)	264,267,538	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	345,204,050	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-80,936,512	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	10,660,491	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	1,545,927	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	851,408	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	6,897	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	67,959,951	24.00
24.01	OTHER NON OPERATING REVENUE	57,215,759	24.01
24.50	COVID-19 PHE Funding	9,800,820	24.50
25.00	Total other income (sum of lines 6-24)	148,041,253	25.00
26.00	Total (line 5 plus line 25)	67,104,741	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)	67,104,741	29.00