

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/27/2022 3:32 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
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 ANN & ROBERT H. LURIE CHILDRENS HOS (14-3300) 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	Ron Blaustein	☒	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	Ron Blaustein		2
3	Signatory Title	SR VP AND CHIEF FINANCIAL OFFICER		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	364,534	283,101	0	3,322,330	1.00
2.00	Subprovider - IPF	0	0	0		206,812	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	364,534	283,101	0	3,529,142	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: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/27/2022 3:32 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 225 EAST CHICAGO AVENUE			PO Box:		1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60611-2605		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			ANN & ROBERT H. LURIE CHILDRENS HOS LCH PSYCH	143300	16974	7	07/01/1973	N T O	3.00
4.00	Subprovider - IPF				14S300	16974	4	07/01/1973	N N O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2020	08/31/2021	20.00	
21.00	Type of Control (see instructions)						2		21.00	
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/27/2022 3:32 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
					Urban/Rural S	Date of Geogr			
					1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1						26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0						35.00	
					Beginning:	Ending:			
					1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0						37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
					Y/N	Y/N			
					1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N					N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N					N	40.00	
					V	XVIII	XIX		
					1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N					N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N					N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N					N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N					N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	Y					Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N							58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N							59.00

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/27/2022 3:32 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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		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	Y		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	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/27/2022 3:32 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00			
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			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		0		118.01	
				1.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	01/01/1980				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.	03/23/2009				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.	10/26/2000				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/27/2022 3:32 pm		
		1.00	2.00					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	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								
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y	N					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N						146.00
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N						147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N						148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N						149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	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		
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30		
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40		
1.00								
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N						165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/27/2022 3:32 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N 167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00 169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N 0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part II Date/Time Prepared: 1/27/2022 3:32 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	N					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	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part II Date/Time Prepared: 1/27/2022 3:32 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.	PREM	TUTEJA	41.00
42.00	Enter the employer/company name of the cost report preparer.	ANN & ROBERT H LURIE CHILDRENS HOSP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-854-1475 OR 312-227-7134	PTUTEJA@LURIECHILDRENS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/27/2022 3:32 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.	DIR OF THIRD PARTY REIMBURSEMENT		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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	184	67,160	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)		184	67,160	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,200	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	44	16,060	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATOLOGY	35.00	64	23,360	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		350	127,780	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		362				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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/27/2022 3:32 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)	245	3,849	36,884			1.00
2.00	HMO and other (see instructions)	0	36,488				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)	245	3,849	36,884			7.00
8.00	INTENSIVE CARE UNIT	42	1,438	11,907			8.00
9.00	CORONARY CARE UNIT	31	2,012	13,548			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATOLOGY	0	1,894	19,445			12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	318	9,193	81,784	273.49	4,653.33	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	151	4,022	0.00	49.88	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				273.49	4,703.21	27.00
28.00	Observation Bed Days		0	7,317			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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/27/2022 3:32 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	34	827	9,108	1.00
2.00 HMO and other (see instructions)			0	0		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 NEONATOLOGY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	34	827	9,108	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	17	456	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 1/27/2022 3:32 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		15,163,522	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,147,687	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		47,087,254	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		535,895	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		276,507	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		4,884,250	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,593,969	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		28,025,479	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		421,817	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		164,911	21.00
22.00	Day Care Cost and Allowances		423,865	22.00
23.00	Tuition Reimbursement		1,519,751	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		101,244,907	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3300

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

Worksheet A

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		46,600,862	46,600,862	0	46,600,862	1.00
1.01	00101	CAP REL COSTS-INT EXP		16,601,215	16,601,215	0	16,601,215	1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT		8,956,026	8,956,026	0	8,956,026	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		36,610,037	36,610,037	0	36,610,037	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,020	50,593,674	50,612,694	-36,100,771	14,511,923	4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	5,488,321	6,454,305	11,942,626	49,127,513	61,070,139	4.01
5.01	00590	ADMINISTRATION & GENERAL	53,960,527	70,421,266	124,381,793	-238,150	124,143,643	5.01
5.02	00591	ADMIN & GENERAL CHCRC	8,139,785	1,386,304	9,526,089	1,711,415	11,237,504	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	32,561,853	48,454,120	81,015,973	-2,219,605	78,796,368	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	11,554,766	34,613,710	46,168,476	-113,649	46,054,827	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	3,700,423	3,700,423	0	3,700,423	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,087,862	2,087,862	0	2,087,862	8.00
9.00	00900	HOUSEKEEPING	4,496,850	4,150,934	8,647,784	0	8,647,784	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	491,195	491,195	0	491,195	9.01
10.00	01000	DIETARY	2,011,104	2,834,552	4,845,656	-3,418,081	1,427,575	10.00
11.00	01100	CAFETERIA	0	0	0	3,418,081	3,418,081	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	190,507	19,366	209,873	0	209,873	12.01
13.00	01300	NURSING ADMINISTRATION	21,360,888	6,168,780	27,529,668	-2,038,418	25,491,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	792,613	607,549	1,400,162	-4,309	1,395,853	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,720,959	1,279,308	4,000,267	0	4,000,267	16.00
17.00	01700	SOCIAL SERVICE	1,927,610	1,503,396	3,431,006	6,268,147	9,699,153	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,753,386	863,643	4,617,029	19,858,785	24,475,814	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	16,732,056	4,530,154	21,262,210	-13,950,780	7,311,430	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,045,108	7,762,086	44,807,194	8,670	44,815,864	30.00
31.00	03100	INTENSIVE CARE UNIT	13,484,672	4,063,627	17,548,299	-414,559	17,133,740	31.00
32.00	03200	CORONARY CARE UNIT	13,615,529	3,613,772	17,229,301	259,712	17,489,013	32.00
35.00	02060	NEONATOLOGY	16,645,363	3,481,033	20,126,396	172,017	20,298,413	35.00
40.00	04000	SUBPROVIDER - IPF	3,616,703	303,919	3,920,622	60,791	3,981,413	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,133,912	34,268,848	53,402,760	-15,189,069	38,213,691	50.00
51.00	05100	RECOVERY ROOM	2,233,408	321,136	2,554,544	-23,929	2,530,615	51.00
53.00	05300	ANESTHESIOLOGY	1,579,448	3,595,995	5,175,443	-444,208	4,731,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,897,615	1,001,911	4,899,526	3,312	4,902,838	54.00
57.00	05700	CT SCAN	448,676	204,000	652,676	119,798	772,474	57.00
58.00	05800	MRI	1,736,534	1,055,416	2,791,950	400,679	3,192,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,547,851	5,590,475	10,138,326	-3,806,370	6,331,956	59.00
60.00	06000	LABORATORY	17,638,893	33,217,077	50,855,970	5,034,761	55,890,731	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,470,239	5,733,810	11,204,049	-70,038	11,134,011	65.00
66.00	06600	PHYSICAL THERAPY	2,977,712	504,108	3,481,820	230,362	3,712,182	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,422,500	129,463	1,551,963	96,311	1,648,274	67.00
68.00	06800	SPEECH PATHOLOGY	4,521,709	3,045,263	7,566,972	-37,797	7,529,175	68.00
69.00	06900	ELECTROCARDIOLOGY	1,703,888	517,322	2,221,210	1,023,633	3,244,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,303,565	485,295	2,788,860	418,753	3,207,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,701,481	857,581	2,559,062	15,610,073	18,169,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,441,124	11,441,124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,139,627	46,918,507	59,058,134	-675,856	58,382,278	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,903,568	1,903,568	0	1,903,568	74.00
76.00	03550	PSYCHIATRY	6,047,355	2,107,054	8,154,409	2,272,176	10,426,585	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,911,311	2,969,825	24,881,136	-194,312	24,686,824	90.00
90.01	09001	OFFSITE CLINICS	100,000	50,000	150,000	0	150,000	90.01
91.00	09100	EMERGENCY	11,063,652	3,846,202	14,909,854	317,007	15,226,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3300

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

Worksheet A

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	424,776	1,623,905	2,048,681	-222,157	1,826,524	105.00
106.00	10600	HEART ACQUISITION	723,244	2,122,023	2,845,267	-307,260	2,538,007	106.00
107.00	10700	LIVER ACQUISITION	537,948	757,713	1,295,661	-458,042	837,619	107.00
110.00	11000	INTESTINAL ACQUISITION	209,244	152,568	361,812	-198,906	162,906	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	374,592,208	521,132,183	895,724,391	37,726,854	933,451,245	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	12,724,639	6,476,114	19,200,753	20,895,304	40,096,057	191.00
191.01	19101	OSA	0	0	0	17,856,919	17,856,919	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,583,017	1,842,697	5,425,714	-2,337	5,423,377	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	66,326,448	49,492,777	115,819,225	-77,931,208	37,888,017	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	16,535,427	5,584,439	22,119,866	1,454,468	23,574,334	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	473,761,739	584,528,210	1,058,289,949	0	1,058,289,949	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3300

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

Worksheet A

Date/Time Prepared:
1/27/2022 3:32 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	237,765	46,838,627	1.00
1.01	00101	CAP REL COSTS-INT EXP	0	16,601,215	1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT	0	8,956,026	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	36,610,037	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,511,923	4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	0	61,070,139	4.01
5.01	00590	ADMINISTRATION & GENERAL	-36,017,341	88,126,302	5.01
5.02	00591	ADMIN & GENERAL CHCRC	0	11,237,504	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	-15,342,037	63,454,331	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-561,853	45,492,974	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	3,700,423	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,087,862	8.00
9.00	00900	HOUSEKEEPING	-120,000	8,527,784	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	491,195	9.01
10.00	01000	DIETARY	0	1,427,575	10.00
11.00	01100	CAFETERIA	-1,555,519	1,862,562	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	VOLUNTEERS	0	209,873	12.01
13.00	01300	NURSING ADMINISTRATION	-38,500	25,452,750	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,395,853	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-111,338	3,888,929	16.00
17.00	01700	SOCIAL SERVICE	0	9,699,153	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	24,475,814	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,311,430	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-605,432	44,210,432	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,133,740	31.00
32.00	03200	CORONARY CARE UNIT	-29,493	17,459,520	32.00
35.00	02060	NEONATOLOGY	-182,540	20,115,873	35.00
40.00	04000	SUBPROVIDER - IPF	0	3,981,413	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-641,537	37,572,154	50.00
51.00	05100	RECOVERY ROOM	0	2,530,615	51.00
53.00	05300	ANESTHESIOLOGY	-1,423,801	3,307,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,269	4,894,569	54.00
57.00	05700	CT SCAN	0	772,474	57.00
58.00	05800	MRI	0	3,192,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	-18,571	6,313,385	59.00
60.00	06000	LABORATORY	-3,443,346	52,447,385	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-6,333	11,127,678	65.00
66.00	06600	PHYSICAL THERAPY	-37,362	3,674,820	66.00
67.00	06700	OCCUPATIONAL THERAPY	-56,963	1,591,311	67.00
68.00	06800	SPEECH PATHOLOGY	-77,050	7,452,125	68.00
69.00	06900	ELECTROCARDIOLOGY	-7,988	3,236,855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,000	3,192,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,169,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,441,124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-159,037	58,223,241	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,903,568	74.00
76.00	03550	PSYCHIATRY	-32,883	10,393,702	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,387,274	23,299,550	90.00
90.01	09001	OFFSITE CLINICS	0	150,000	90.01
91.00	09100	EMERGENCY	-1,384,575	13,842,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3300

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

Worksheet A

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,826,524	105.00
106.00	10600	HEART ACQUISITION	-20,509	2,517,498	106.00
107.00	10700	LIVER ACQUISITION	-521	837,098	107.00
110.00	11000	INTESTINAL ACQUISITION	0	162,906	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-63,047,307	870,403,938	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	-1,302,349	38,793,708	191.00
191.01	19101	OSA	0	17,856,919	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	-815,535	4,607,842	192.00
192.01	19201	OFFSITE FACILITIES	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	37,888,017	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	-2,179,773	21,394,561	194.01
194.02	07952	KOHL HOUSE	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-67,344,964	990,944,985	200.00

RECLASSIFICATIONS

Provider CCN: 14-3300

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

Worksheet A-6

Date/Time Prepared:
1/27/2022 3:32 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - APPORTION PHYSICIAN TO IP PSYCH					
1.00	SUBPROVIDER - IPF	40.00	60,791	0	1.00
	TOTALS		60,791	0	
B - APPORTION TRNSPLNT ADMIN ORGAN ACQ					
1.00	ADULTS & PEDIATRICS	30.00	282,729	17,698	1.00
2.00	CLINIC	90.00	736,150	89,359	2.00
3.00	NON-REIMBURSABLE CLINICS	194.01	618,922	70,244	3.00
4.00	CORONARY CARE UNIT	32.00	839,710	102,456	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	8,383	7.00
8.00	CLINIC	90.00	0	26,106	8.00
9.00	NON-REIMBURSABLE CLINICS	194.01	0	16,310	9.00
10.00	CORONARY CARE UNIT	32.00	0	28,480	10.00
11.00	HEART ACQUISITION	106.00	0	42,599	11.00
12.00	KIDNEY ACQUISITION	105.00	0	15,502	12.00
13.00	ADMIN & GEN PATIENT RELATED	5.03	0	18,495	13.00
14.00	LIVER ACQUISITION	107.00	0	28,083	14.00
15.00	INTESTINAL ACQUISITION	110.00	0	8,414	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		2,477,511	472,129	
C - APPORTION REHAB ADMIN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	3	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	3,205	298	2.00
3.00	SPEECH PATHOLOGY	68.00	71,922	6,719	3.00
4.00	SPEECH PATHOLOGY	68.00	47,870	4,472	4.00
5.00	PHYSICAL THERAPY	66.00	62,420	5,832	5.00
6.00	OCCUPATIONAL THERAPY	67.00	29,909	2,794	6.00
7.00	SPEECH PATHOLOGY	68.00	23,633	2,208	7.00
8.00	SPEECH PATHOLOGY	68.00	32,030	2,992	8.00
9.00	PHYSICAL THERAPY	66.00	25,856	2,416	9.00
10.00	OCCUPATIONAL THERAPY	67.00	8,158	762	10.00
11.00	SPEECH PATHOLOGY	68.00	11,512	1,076	11.00
12.00	SPEECH PATHOLOGY	68.00	21,281	1,988	12.00
13.00	PHYSICAL THERAPY	66.00	24,541	2,293	13.00
14.00	SPEECH PATHOLOGY	68.00	61,769	5,771	14.00
15.00	PHYSICAL THERAPY	66.00	83,754	7,825	15.00
16.00	OCCUPATIONAL THERAPY	67.00	46,796	4,372	16.00
17.00	SPEECH PATHOLOGY	68.00	11,077	1,035	17.00
18.00	PHYSICIANS PRIVATE OFFICES	192.00	6,520	609	18.00
19.00	PHYSICIANS PRIVATE OFFICES	192.00	9,351	874	19.00
20.00	PHYSICIANS PRIVATE OFFICES	192.00	5,577	521	20.00
21.00	PHYSICIANS PRIVATE OFFICES	192.00	13,018	1,216	21.00
22.00	OCCUPATIONAL THERAPY	67.00	3,219	301	22.00
23.00	PHYSICIANS PRIVATE OFFICES	192.00	4,391	410	23.00
24.00	PHYSICIANS PRIVATE OFFICES	192.00	12,386	1,157	24.00
25.00	PHYSICIANS PRIVATE OFFICES	192.00	7,124	666	25.00
26.00	SPEECH PATHOLOGY	68.00	5,041	471	26.00
27.00	PHYSICAL THERAPY	66.00	8,926	834	27.00
28.00	SPEECH PATHOLOGY	68.00	3,320	310	28.00
	TOTALS		644,609	60,222	
D - RECLASS RESIDENT SAL & OTHER EXP					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	16,048,745	3,810,040	1.00
	TOTALS		16,048,745	3,810,040	
E - RECLASS DIETARY TO CAFETERIA					
1.00	CAFETERIA	11.00	1,418,614	1,999,467	1.00
	TOTALS		1,418,614	1,999,467	
G - RECLASS SPEC PURP FNDS					
1.00	ADULTS & PEDIATRICS	30.00	39,050	302,999	1.00
2.00	LABORATORY	60.00	47,310	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	55,617	7,623	3.00
4.00	ADULTS & PEDIATRICS	30.00	82,025	2,508	4.00
5.00	PHYSICAL THERAPY	66.00	0	5,665	5.00
6.00		0.00	0	0	6.00
7.00	PSYCHIATRY	76.00	2,540,047	98,233	7.00
8.00	CLINIC	90.00	88,188	0	8.00
9.00	SOCIAL SERVICE	17.00	3,589,711	2,683,753	9.00
10.00	I&R SERVICES-OTHER PRGM	22.00	503,762	207,099	10.00
11.00	COSTS APPRV				
	ADMIN & GEN PATIENT RELATED	5.03	0	606,218	11.00

RECLASSIFICATIONS

Provider CCN: 14-3300

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

Worksheet A-6

Date/Time Prepared:
1/27/2022 3:32 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	ANESTHESIOLOGY	53.00	98,971	58,505	12.00
13.00	LABORATORY	60.00	202,893	45,391	13.00
14.00	RESPIRATORY THERAPY	65.00	89,084	8,646	14.00
15.00	EMERGENCY	91.00	336,514	244,380	15.00
16.00	ELECTROCARDIOLOGY	69.00	957,176	197,972	16.00
17.00	NON-REIMBURSABLE CLINICS	194.01	0	8,786	17.00
18.00	LABORATORY	60.00	3,250	7,165	18.00
19.00	LABORATORY	60.00	72,554	8,753	19.00
20.00	LABORATORY	60.00	260,218	7,270	20.00
21.00	LABORATORY	60.00	79,990	48,313	21.00
22.00	LABORATORY	60.00	1,048,047	3,635,034	22.00
23.00	LABORATORY	60.00	300,837	191,029	23.00
24.00	NON-REIMBURSABLE CLINICS	194.01	302,621	15,175	24.00
25.00	OPERATING ROOM	50.00	25,788	268,740	25.00
26.00	OPERATING ROOM	50.00	85,649	82,437	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	455,625	36,079	27.00
28.00	OPERATING ROOM	50.00	0	179,015	28.00
29.00	OPERATING ROOM	50.00	0	12,245	29.00
30.00	OPERATING ROOM	50.00	146,492	4,890	30.00
31.00	OPERATING ROOM	50.00	1,008,954	653,777	31.00
32.00	OPERATING ROOM	50.00	157,869	89,005	32.00
33.00	OPERATING ROOM	50.00	0	1,532	33.00
34.00	OPERATING ROOM	50.00	216,048	11,490	34.00
35.00	OPERATING ROOM	50.00	271,927	55,399	35.00
36.00	INTENSIVE CARE UNIT	31.00	110,080	250,783	36.00
37.00	NEONATOLOGY	35.00	464,525	33,995	37.00
38.00	OPERATING ROOM	50.00	459,127	84,238	38.00
39.00	NON-REIMBURSABLE CLINICS	194.01	893,365	11,054	39.00
40.00	NON-REIMBURSABLE CLINICS	194.01	212,915	55,307	40.00
41.00	CLINIC	90.00	0	87,945	41.00
42.00	RESEARCH	191.00	12,538,923	8,779,510	42.00
43.00	OSA	191.01	11,506,214	6,353,507	43.00
44.00	EMPLOYEE BENEFITS FTE BASED	4.01	0	13,026,742	44.00
45.00	ADMIN & GENERAL CHCRC	5.02	0	186,731	45.00
TOTALS			39,251,366	38,654,938	
H - SPACE RECOV					
1.00	ADMINISTRATION & GENERAL	5.01	0	397,400	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
TOTALS			0	397,400	
I - FRINGE BENEFITS FOR FTE ALLOC					
1.00	EMPLOYEE BENEFITS FTE BASED	4.01	0	36,100,771	1.00
TOTALS			0	36,100,771	
J - SID RESEARCH ADMINISTRATION					
1.00		0.00	0	0	1.00
TOTALS			0	0	
K - RECLASS RESEARCH RENT					
1.00	ADMIN & GENERAL CHCRC	5.02	0	449,331	1.00
TOTALS			0	449,331	
L - TEACHING PORTION-PRACTICE PLAN ADMN					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	5,197,144	1.00
2.00	COSTS APPRV	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

RECLASSIFICATIONS

Provider CCN: 14-3300

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

Worksheet A-6

Date/Time Prepared:
1/27/2022 3:32 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	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
TOTALS			0	5,197,144	
M - CENTRAL SUPPLY CHARGED TO PATIENT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,051,483	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
27.00		0.00	0	0	27.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
TOTALS			0	16,051,483	
N - IMPLANTS CHARGED TO PATIENTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,441,124	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	11,441,124	
O - APPORTION IMAGING ADMINISTRATION					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	7,344	1,053	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	7,611	1,091	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	14,106	2,023	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	11,951	1,714	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	11,912	1,709	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	108,631	15,588	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	107,477	15,422	7.00
8.00	CT SCAN	57.00	91,313	13,103	8.00
9.00	MRI	58.00	283,713	40,710	9.00
10.00	CARDIAC CATHETERIZATION	59.00	108,656	15,591	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	3,050	438	11.00
12.00	CT SCAN	57.00	13,694	1,965	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	21,929	3,147	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	32,844	4,713	14.00
15.00	MRI	58.00	27,438	3,937	15.00
16.00	MRI	58.00	32,488	4,662	16.00
17.00	PHYSICIANS PRIVATE OFFICES	192.00	5,036	723	17.00
18.00	PHYSICIANS PRIVATE OFFICES	192.00	4,634	665	18.00
19.00	PHYSICIANS PRIVATE OFFICES	192.00	1,363	196	19.00
20.00	MRI	58.00	39,916	5,728	20.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00	CLINIC	90.00	35,645	5,115	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	2,833	407	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	7,128	1,023	23.00
24.00	CARDIAC CATHETERIZATION	59.00	101,181	14,519	24.00
	TOTALS		1,081,893	155,242	
P - RECLASS RESEARCH ADMIN SALARIES					
1.00	ADMIN & GENERAL CHCRC	5.02	1,075,353	0	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
	TOTALS		1,075,353	0	
500.00	Grand Total: Increases		62,058,882	114,789,291	500.00

RECLASSIFICATIONS

Provider CCN: 14-3300

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

Worksheet A-6

Date/Time Prepared:
1/27/2022 3:32 pm

	Decreases						1/27/2022 3:32 pm
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - APPORTION PHYSICIAN TO IP PSYCH						
1.00	PSYCHIATRY	76.00	60,791	0	0		1.00
	TOTALS		60,791	0			
	B - APPORTION TRNSPLNT ADMIN ORGAN ACQ						
1.00	ADMIN & GEN PATIENT RELATED	5.03	716,401	160,947	0		1.00
2.00	HEART ACQUISITION	106.00	271,881	56,514	0		2.00
3.00	KIDNEY ACQUISITION	105.00	218,304	11,053	0		3.00
4.00	LIVER ACQUISITION	107.00	423,686	38,337	0		4.00
5.00	INTESTINAL ACQUISITION	110.00	187,090	12,903	0		5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	376,935	1	0		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	277,899	1	0		7.00
8.00	SOCIAL SERVICE	17.00	5,315	1	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00	HEART ACQUISITION	106.00	0	21,410	0		11.00
12.00	KIDNEY ACQUISITION	105.00	0	8,166	0		12.00
13.00	ADMIN & GEN PATIENT RELATED	5.03	0	18,495	0		13.00
14.00	LIVER ACQUISITION	107.00	0	23,881	0		14.00
15.00	INTESTINAL ACQUISITION	110.00	0	7,327	0		15.00
16.00	OPERATION OF PLANT	7.00	0	97,591	0		16.00
17.00	OPERATION OF PLANT	7.00	0	15,502	0		17.00
	TOTALS		2,477,511	472,129			
	C - APPORTION REHAB ADMIN						
1.00	ADMIN & GEN PATIENT RELATED	5.03	644,609	60,222	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
	TOTALS		644,609	60,222			
	D - RECLASS RESIDENT SAL & OTHER EXP						
1.00	I&R SERVICES-OTHER PRGM	22.00	16,048,745	3,810,040	10		1.00
	COSTS APPRV						
	TOTALS		16,048,745	3,810,040			
	E - RECLASS DIETARY TO CAFETERIA						
1.00	DIETARY	10.00	1,418,614	1,999,467	0		1.00
	TOTALS		1,418,614	1,999,467			
	G - RECLASS SPEC PURP FNDS						
1.00	ENDOWMENTS & OTHER SERVICES	194.00	39,251,366	38,462,686	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,521	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00

RECLASSIFICATIONS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/27/2022 3:32 pm

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00	RESEARCH	191.00	0	186,731	0		45.00
	TOTALS		39,251,366	38,654,938			
	H - SPACE RECOV						
1.00	LABORATORY	60.00	0	17,632	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,205	0		2.00
3.00	NEONATOLOGY	35.00	0	11,658	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	0	46,980	0		4.00
5.00	NON-REIMBURSABLE CLINICS	194.01	0	13,572	0		5.00
6.00	LABORATORY	60.00	0	13,386	0		6.00
7.00	OPERATING ROOM	50.00	0	16,704	0		7.00
8.00	LABORATORY	60.00	0	18,444	0		8.00
9.00	LABORATORY	60.00	0	19,024	0		9.00
10.00	LABORATORY	60.00	0	65,656	0		10.00
11.00	NON-REIMBURSABLE CLINICS	194.01	0	38,745	0		11.00
12.00	LABORATORY	60.00	0	17,516	0		12.00
13.00	OPERATING ROOM	50.00	0	7,959	0		13.00
14.00	OPERATING ROOM	50.00	0	21,338	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,332	0		15.00
16.00	OPERATING ROOM	50.00	0	6,207	0		16.00
17.00	OPERATING ROOM	50.00	0	14,113	0		17.00
18.00	OPERATING ROOM	50.00	0	7,390	0		18.00
19.00	OPERATING ROOM	50.00	0	7,671	0		19.00
20.00	OPERATING ROOM	50.00	0	7,248	0		20.00
21.00	OPERATING ROOM	50.00	0	17,620	0		21.00
	TOTALS		0	397,400			
	I - FRINGE BENEFITS FOR FTE ALLOC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,100,771	0		1.00
	TOTALS		0	36,100,771			
	J - SID RESEARCH ADMINISTRATION						
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
	K - RECLASS RESEARCH RENT						
1.00	NON-REIMBURSABLE CLINICS	194.01	0	449,331	0		1.00
	TOTALS		0	449,331			
	L - TEACHING PORTION-PRACTICE PLAN ADMN						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATION & GENERAL	5.01	0	635,550	0		2.00
3.00	ADMIN & GEN PATIENT RELATED	5.03	0	473	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	2,035,762	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	72,145	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	5,775	0		6.00
7.00	NEONATOLOGY	35.00	0	6,480	0		7.00
8.00	OPERATING ROOM	50.00	0	698,526	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	293,388	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-3300

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

Worksheet A-6

Date/Time Prepared:
1/27/2022 3:32 pm

	Decreases							1/27/2022 3:32 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	424,264	0			10.00
11.00	LABORATORY	60.00	0	411,980	0			11.00
12.00	RESPIRATORY THERAPY	65.00	0	8,536	0			12.00
13.00	ELECTROCARDIOLOGY	69.00	0	42,326	0			13.00
14.00	PSYCHIATRY	76.00	0	270,334	0			14.00
15.00	CLINIC	90.00	0	25,661	0			15.00
16.00	EMERGENCY	91.00	0	83,739	0			16.00
17.00	NON-REIMBURSABLE CLINICS	194.01	0	182,205	0			17.00
	TOTALS		0	5,197,144				
M - CENTRAL SUPPLY CHARGED TO PATIENT								
1.00	ADMIN & GEN PATIENT RELATED	5.03	0	6,036	0			1.00
2.00	OPERATION OF PLANT	7.00	0	556	0			2.00
3.00	NURSING ADMINISTRATION	13.00	0	2,656	0			3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,309	0			4.00
5.00	SOCIAL SERVICE	17.00	0	1	0			5.00
6.00	ADULTS & PEDIATRICS	30.00	0	606,006	0			6.00
7.00	INTENSIVE CARE UNIT	31.00	0	767,442	0			7.00
8.00	CORONARY CARE UNIT	32.00	0	710,934	0			8.00
9.00	NEONATOLOGY	35.00	0	308,365	0			9.00
10.00	OPERATING ROOM	50.00	0	7,175,505	0			10.00
11.00	RECOVERY ROOM	51.00	0	23,929	0			11.00
12.00	ANESTHESIOLOGY	53.00	0	308,296	0			12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,157	0			13.00
14.00	CT SCAN	57.00	0	277	0			14.00
15.00	MRI	58.00	0	37,913	0			15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	4,042,348	0			16.00
17.00	LABORATORY	60.00	0	194,075	0			17.00
18.00	RESPIRATORY THERAPY	65.00	0	159,232	0			18.00
19.00	SPEECH PATHOLOGY	68.00	0	354,294	0			19.00
20.00	ELECTROCARDIOLOGY	69.00	0	7,271	0			20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,871	0			21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	444,916	0			22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,499	0			23.00
24.00	PSYCHIATRY	76.00	0	203	0			24.00
25.00	CLINIC	90.00	0	545,681	0			25.00
27.00	EMERGENCY	91.00	0	180,148	0			27.00
29.00	KIDNEY ACQUISITION	105.00	0	136	0			29.00
30.00	HEART ACQUISITION	106.00	0	54	0			30.00
31.00	LIVER ACQUISITION	107.00	0	221	0			31.00
32.00	PHYSICIANS PRIVATE OFFICES	192.00	0	78,774	0			32.00
33.00	NON-REIMBURSABLE CLINICS	194.01	0	66,378	0			33.00
	TOTALS		0	16,051,483				
N - IMPLANTS CHARGED TO PATIENTS								
1.00	OPERATING ROOM	50.00	0	10,745,677	0			1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	3,969	0			2.00
3.00	CLINIC	90.00	0	691,478	0			3.00
	TOTALS		0	11,441,124				
O - APPORTION IMAGING ADMINISTRATION								
1.00	ADMIN & GEN PATIENT RELATED	5.03	1,081,893	155,242	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
13.00		0.00	0	0	0			13.00
14.00		0.00	0	0	0			14.00
15.00		0.00	0	0	0			15.00
16.00		0.00	0	0	0			16.00
17.00		0.00	0	0	0			17.00
18.00		0.00	0	0	0			18.00
19.00		0.00	0	0	0			19.00
20.00		0.00	0	0	0			20.00
21.00		0.00	0	0	0			21.00
22.00		0.00	0	0	0			22.00
23.00		0.00	0	0	0			23.00
24.00		0.00	0	0	0			24.00
	TOTALS		1,081,893	155,242				

RECLASSIFICATIONS

Provider CCN: 14-3300

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

Worksheet A-6

Date/Time Prepared:
1/27/2022 3:32 pm

	Decreases						1/27/2022 3:02 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	P - RECLASS RESEARCH ADMIN SALARIES							
1.00	LABORATORY	60.00	10,118	0	0		1.00	
2.00	LABORATORY	60.00	40,743	0	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	15,651	0	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	48,571	0	0		4.00	
5.00	PSYCHIATRY	76.00	34,776	0	0		5.00	
6.00	ELECTROCARDIOLOGY	69.00	34,938	0	0		6.00	
7.00	LABORATORY	60.00	41,706	0	0		7.00	
8.00	LABORATORY	60.00	73,013	0	0		8.00	
9.00	ELECTROENCEPHALOGRAPHY	70.00	41,748	0	0		9.00	
10.00	OPERATING ROOM	50.00	109,261	0	0		10.00	
11.00	OPERATING ROOM	50.00	41,045	0	0		11.00	
12.00	OPERATING ROOM	50.00	127,427	0	0		12.00	
13.00	ENDOWMENTS & OTHER SERVICES	194.00	217,156	0	0		13.00	
14.00	RESEARCH	191.00	41,891	0	0		14.00	
15.00	OSA	191.01	2,802	0	0		15.00	
16.00	RESEARCH	191.00	194,507	0	0		16.00	
	TOTALS		1,075,353	0				
500.00	Grand Total: Decreases		62,058,882	114,789,291			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00	4.00	5.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	34,812,506	4,346,160	0	4,346,160	0	1.00
2.00	Land Improvements	35,805	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,013,541,510	21,576,479	0	21,576,479	163,793	3.00
4.00	Building Improvements	30,028,701	627,173	0	627,173	96,297	4.00
5.00	Fixed Equipment	33,453,011	1,467,878	0	1,467,878	163,604	5.00
6.00	Movable Equipment	400,630,843	23,343,299	0	23,343,299	1,895,625	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,512,502,376	51,360,989	0	51,360,989	2,319,319	8.00
9.00	Reconciling Items	-20,361,005	-5,370,110	0	-5,370,110	-17,229	9.00
10.00	Total (line 8 minus line 9)	1,532,863,381	56,731,099	0	56,731,099	2,336,548	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	39,158,666	0				1.00
2.00	Land Improvements	35,805	0				2.00
3.00	Buildings and Fixtures	1,034,954,196	0				3.00
4.00	Building Improvements	30,559,577	0				4.00
5.00	Fixed Equipment	34,757,285	0				5.00
6.00	Movable Equipment	422,078,517	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,561,544,046	0				8.00
9.00	Reconciling Items	-25,713,886	0				9.00
10.00	Total (line 8 minus line 9)	1,587,257,932	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
1/27/2022 3:32 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	45,203,850	0	0	1,397,012	0	1.00
1.01	CAP REL COSTS-INT EXP	0	0	16,601,215	0	0	1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	8,956,026	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	36,610,037	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	90,769,913	0	16,601,215	1,397,012	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1)				
		Capital-Relat	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)					
		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	46,600,862				1.00
1.01	CAP REL COSTS-INT EXP	0	16,601,215				1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	0	8,956,026				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	36,610,037				2.00
3.00	Total (sum of lines 1-2)	0	108,768,140				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
1/27/2022 3:32 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	1	0	1	0.250000	0	1.00
1.01	CAP REL COSTS-INT EXP	1	0	1	0.250000	0	1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	1	0	1	0.250000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	1	0	1	0.250000	0	2.00
3.00	Total (sum of lines 1-2)	4	0	4	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	45,203,850	0	1.00
1.01	CAP REL COSTS-INT EXP	0	0	0	0	0	1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	0	0	0	8,956,026	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	36,610,037	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	90,769,913	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	237,765	1,397,012	0	0	46,838,627	1.00
1.01	CAP REL COSTS-INT EXP	16,601,215	0	0	0	16,601,215	1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	0	0	0	0	8,956,026	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	36,610,037	2.00
3.00	Total (sum of lines 1-2)	16,838,980	1,397,012	0	0	109,005,905	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3300

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

Worksheet A-8

Date/Time Prepared:
1/27/2022 3:32 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	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B		0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-INT EXP (chapter 2)		0CAP REL COSTS-INT EXP	1.01	0	1.01	
1.02	Investment income - CAP REL COSTS-RSCH BLDG & FIXT (chapter 2)		0CAP REL COSTS-RSCH BLDG & FIXT	1.02	0	1.02	
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00	
3.00	Investment income - other (chapter 2)		-4,029,996ADMIN & GEN PATIENT RELATED	5.03	0	3.00	
4.00	Trade, quantity, and time discounts (chapter 8)		0	0.00	0	4.00	
5.00	Refunds and rebates of expenses (chapter 8)		0	0.00	0	5.00	
6.00	Rental of provider space by suppliers (chapter 8)		0	0.00	0	6.00	
7.00	Telephone services (pay stations excluded) (chapter 21)		0	0.00	0	7.00	
8.00	Television and radio service (chapter 21)		0	0.00	0	8.00	
9.00	Parking lot (chapter 21)	B	-3,180,355	ADMINISTRATION & GENERAL	5.01	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,456,929			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	-1,500,373	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	-55,146	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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-INT EXP			0CAP REL COSTS-INT EXP	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-RSCH BLDG & FIXT			0CAP REL COSTS-RSCH BLDG & FIXT	1.02	0	26.02
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3300

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

Worksheet A-8

Date/Time Prepared:
1/27/2022 3:32 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 #		
28.00	Non-physician Anesthetist	A-8-3		0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0	0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		0OCCUPATIONAL THERAPY	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	33.00
33.01	MISCELLANEOUS INCOME	B		0EMPLOYEE BENEFITS FTE BASED	4.01	0	33.01
33.02	MISCELLANEOUS INCOME	B	-444,141	ADMINISTRATION & GENERAL	5.01		33.02
33.03	MISCELLANEOUS INCOME	B	-11,050,933	ADMIN & GEN PATIENT RELATED	5.03	0	33.03
33.04	MISCELLANEOUS INCOME	B	-188,326	OPERATION OF PLANT	7.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-120,000	HOUSEKEEPING	9.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-38,500	NURSING ADMINISTRATION	13.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-111,338	MEDICAL RECORDS & LIBRARY	16.00	0	33.07
33.08	MISCELLANEOUS INCOME	B		0OPERATING ROOM	50.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-8,269	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-18,571	CARDIAC CATHETERIZATION	59.00	0	33.10
33.11	MISCELLANEOUS INCOME	B		0LABORATORY	60.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-37,362	PHYSICAL THERAPY	66.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-56,963	OCCUPATIONAL THERAPY	67.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-77,050	SPEECH PATHOLOGY	68.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-63,501	DRUGS CHARGED TO PATIENTS	73.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	-26,336	PSYCHIATRY	76.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-7,778	CLINIC	90.00	0	33.17
33.18	MISCELLANEOUS INCOME	B	-2,802	PHYSICIANS PRIVATE OFFICES	192.00	0	33.18
33.19	MISCELLANEOUS INCOME	B	-241,049	NON-REIMBURSABLE CLINICS	194.01	0	33.19
33.20	VENDOR REBATES	B	-2,302,331	ADMINISTRATION & GENERAL	5.01	0	33.20
33.21	VENDOR REBATES	B	12,491	DRUGS CHARGED TO PATIENTS	73.00	0	33.21
33.22	VENDOR REBATES	B	-171,115	ADMIN & GEN PATIENT RELATED	5.03	0	33.22
33.23	MISC OPERATING REVENUE	B		0	0.00	0	33.23
33.24	MISC OPERATING REVENUE	B	-233,979	OPERATION OF PLANT	7.00	0	33.24
33.25	VENDOR REBATES	B		0	0.00	0	33.25
33.26	VENDOR REBATES	B		0	0.00	0	33.26
33.27	MISCELLANEOUS INCOME	B		0CENTRAL SERVICES & SUPPLY	14.00	0	33.27
33.28	MISCELLANEOUS INCOME	B		0MRI	58.00	0	33.28
33.29	MISCELLANEOUS INCOME	B	-390,010	ADULTS & PEDIATRICS	30.00	0	33.29
33.30	MISCELLANEOUS INCOME	B		0DRUGS CHARGED TO PATIENTS	73.00	0	33.30
34.00	OFFSET SALARY OF EMPLOYEE#38045	A		0DIETARY	10.00	0	34.00
35.00	ADVERTISING	A	-2,769,693	ADMINISTRATION & GENERAL	5.01	0	35.00
36.00	TRANSPORT CONTRACT REVENUE	B	-304,575	EMERGENCY	91.00	0	36.00
37.01	SPECIMEN REVENUE NON PATIENT	B		0ADULTS & PEDIATRICS	30.00	0	37.01
37.02	SPECIMEN REVENUE NON PATIENT	B	-789,986	LABORATORY	60.00	0	37.02
37.03	SPECIMEN REVENUE	B		0	0.00	0	37.03
37.04	SPECIMEN REVENUE	B		0	0.00	0	37.04
38.01	ADD LOSS ON ADV REFUNDING	A	237,765	CAP REL COSTS-BLDG & FIXT	1.00	11	38.01
41.00	NON-PATIENT CARE COSTS	A	-1,229,797	ADMINISTRATION & GENERAL	5.01	0	41.00
42.01	RENTAL INCOME PROPERTIES	B	-936,481	ADMINISTRATION & GENERAL	5.01	0	42.01
42.02	RENTAL INCOME PROPERTIES	B		0	0.00	0	42.02
42.03	RENTAL INCOME PROPERTIES	B	-139,548	OPERATION OF PLANT	7.00	0	42.03
42.04	RENTAL INCOME PROPERTIES	B	-108,027	DRUGS CHARGED TO PATIENTS	73.00	0	42.04
42.05	RENTAL INCOME PROPERTIES	B	-1,817,919	LABORATORY	60.00	0	42.05
42.06	RENTAL INCOME PROPERTIES	B	-812,733	PHYSICIANS PRIVATE OFFICES	192.00	0	42.06
42.07	RENTAL INCOME-MISC	B	-498,920	CLINIC	90.00	0	42.07
42.08	RENTAL INCOME-MISC	B		0NON-REIMBURSABLE CLINICS	194.01	0	42.08
44.00	STATE ASSESSMENT TAX	A	-25,085,515	ADMINISTRATION & GENERAL	5.01	0	44.00
45.01	DISCOUNT ACCOUNTS PAYABLE	B	-89,993	ADMIN & GEN PATIENT RELATED	5.03	0	45.01
45.02	CONTRACT REVENUE-VALET	B	-69,028	ADMINISTRATION & GENERAL	5.01	0	45.02
45.03	SHUTTLE BUS SERVICE	B		0OPERATION OF PLANT	7.00	0	45.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3300

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

Worksheet A-8

Date/Time Prepared:
1/27/2022 3:32 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 #		
				3.00	4.00		
47.00	RECHARGE CENTER OFFSET	A	-1,302,349	RESEARCH	191.00	0	47.00
49.01	CLINIC SPACE RECOVERY	B	0		0.00	0	49.01
49.02	CLINIC SPACE RECOVERY	B	-15,750	ANESTHESIOLOGY	53.00	0	49.02
49.03	CLINIC SPACE RECOVERY	B	-870,897	CLINIC	90.00	0	49.03
49.04	CLINIC SPACE RECOVERY	B	-2,132	LABORATORY	60.00	0	49.04
49.05	CLINIC SPACE RECOVERY	B	-1,938,724	NON-REIMBURSABLE CLINICS	194.01	0	49.05
49.06	CONTRACT REV. PROGRAM	B	0	ANESTHESIOLOGY	53.00	0	49.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-67,344,964				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: 14-3300

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

Worksheet A-8-2

Date/Time Prepared:
1/27/2022 3:32 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	31.00	INTENSIVE CARE UNIT	52,784	0	52,784	169,700	1,381	1.00
2.00	35.00	NEONATOLOGY	271,060	182,540	88,520	169,700	2,327	2.00
3.00	50.00	OPERATING ROOM	1,338,091	0	1,338,091	246,400	5,880	3.00
4.00	53.00	ANESTHESIOLOGY	1,606,362	0	1,606,362	239,400	1,723	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	135,163	0	135,163	271,900	3,052	5.00
6.00	60.00	LABORATORY	2,894,309	0	2,894,309	260,300	16,469	6.00
7.00	65.00	RESPIRATORY THERAPY	136,464	0	136,464	169,700	1,595	7.00
8.00	69.00	ELECTROCARDIOLOGY	57,674	0	57,674	169,700	609	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	15,000	15,000	0	169,700	0	9.00
10.00	76.00	PSYCHIATRY	495,489	6,547	488,942	181,300	6,533	10.00
11.00	90.00	CLINIC	18,969	0	18,969	169,700	285	11.00
12.00	90.01	OFFSITE CLINICS	0	0	0	169,700	806	12.00
13.00	91.00	EMERGENCY	1,206,261	1,080,000	126,261	169,700	10,880	13.00
14.00	90.00	CLINIC	9,679	9,679	0	0	0	14.00
15.00	107.00	LIVER ACQUISITION	521	521	0	246,400	0	15.00
16.00	30.00	ADULTS & PEDIATRICS	322,219	0	322,219	169,700	1,309	16.00
17.00	106.00	HEART ACQUISITION	20,509	20,509	0	246,400	0	17.00
18.00	32.00	CORONARY CARE UNIT	29,493	29,493	0	169,700	0	18.00
200.00			8,610,047	1,344,289	7,265,758		52,849	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	31.00	INTENSIVE CARE UNIT	112,671	5,634	0	0	0	1.00
2.00	35.00	NEONATOLOGY	189,852	9,493	0	0	0	2.00
3.00	50.00	OPERATING ROOM	696,554	34,828	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	198,311	9,916	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	398,961	19,948	0	0	0	5.00
6.00	60.00	LABORATORY	2,061,000	103,050	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	130,131	6,507	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	49,686	2,484	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	76.00	PSYCHIATRY	569,439	28,472	0	0	0	10.00
11.00	90.00	CLINIC	23,252	1,163	0	0	0	11.00
12.00	90.01	OFFSITE CLINICS	65,759	3,288	0	0	0	12.00
13.00	91.00	EMERGENCY	887,661	44,383	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	107.00	LIVER ACQUISITION	0	0	0	0	0	15.00
16.00	30.00	ADULTS & PEDIATRICS	106,797	5,340	0	0	0	16.00
17.00	106.00	HEART ACQUISITION	0	0	0	0	0	17.00
18.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	18.00
200.00			5,490,074	274,506	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	31.00	INTENSIVE CARE UNIT	0	112,671	0	0		1.00
2.00	35.00	NEONATOLOGY	0	189,852	0	182,540		2.00
3.00	50.00	OPERATING ROOM	0	696,554	641,537	641,537		3.00
4.00	53.00	ANESTHESIOLOGY	0	198,311	1,408,051	1,408,051		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	398,961	0	0		5.00
6.00	60.00	LABORATORY	0	2,061,000	833,309	833,309		6.00
7.00	65.00	RESPIRATORY THERAPY	0	130,131	6,333	6,333		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	49,686	7,988	7,988		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	15,000		9.00
10.00	76.00	PSYCHIATRY	0	569,439	0	6,547		10.00
11.00	90.00	CLINIC	0	23,252	0	0		11.00
12.00	90.01	OFFSITE CLINICS	0	65,759	0	0		12.00
13.00	91.00	EMERGENCY	0	887,661	0	1,080,000		13.00
14.00	90.00	CLINIC	0	0	0	9,679		14.00
15.00	107.00	LIVER ACQUISITION	0	0	0	521		15.00
16.00	30.00	ADULTS & PEDIATRICS	0	106,797	215,422	215,422		16.00
17.00	106.00	HEART ACQUISITION	0	0	0	20,509		17.00
18.00	32.00	CORONARY CARE UNIT	0	0	0	29,493		18.00
200.00			0	5,490,074	3,112,640	4,456,929		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	INT EXP	RSCH BLDG & FIXT	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	46,838,627	46,838,627			1.00
1.01	00101	CAP REL COSTS-INT EXP	16,601,215	0	16,601,215		1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT	8,956,026	0	0	8,956,026	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	36,610,037				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,511,923	0	0	36,610,037	4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	61,070,139	57,332	23,383	0	4.01
5.01	00590	ADMINISTRATION & GENERAL	88,126,302	2,033,798	813,726	0	5.01
5.02	00591	ADMIN & GENERAL CHCRC	11,237,504	0	0	706,073	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	63,454,331	97,930	223,385	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	45,492,974	1,166,631	470,771	0	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	3,700,423	0	0	9,212,582	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,087,862	139,427	53,109	0	8.00
9.00	00900	HOUSEKEEPING	8,527,784	424,571	164,046	0	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	491,195	0	0	0	9.01
10.00	01000	DIETARY	1,427,575	273,745	328,161	0	10.00
11.00	01100	CAFETERIA	1,862,562	567,536	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	209,873	96,864	34,811	0	12.01
13.00	01300	NURSING ADMINISTRATION	25,452,750	67,552	27,551	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,395,853	336,580	137,274	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,888,929	193,053	78,737	0	16.00
17.00	01700	SOCIAL SERVICE	9,699,153	1,077,797	413,974	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	24,475,814	63,284	25,810	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,311,430	72,156	29,429	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,210,432	7,520,772	3,067,337	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,133,740	3,131,754	1,277,283	0	31.00
32.00	03200	CORONARY CARE UNIT	17,459,520	2,305,746	940,396	0	32.00
35.00	02060	NEONATOLOGY	20,115,873	2,717,683	1,108,404	0	35.00
40.00	04000	SUBPROVIDER - IPF	3,981,413	625,374	255,058	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,572,154	4,658,830	1,749,840	0	50.00
51.00	05100	RECOVERY ROOM	2,530,615	557,092	227,209	0	51.00
53.00	05300	ANESTHESIOLOGY	3,307,434	441,417	180,032	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,894,569	1,234,969	300,541	0	54.00
57.00	05700	CT SCAN	772,474	249,094	82,905	0	57.00
58.00	05800	MRI	3,192,629	622,735	168,878	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,313,385	952,969	305,030	0	59.00
60.00	06000	LABORATORY	52,447,385	2,385,708	495,253	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	11,127,678	266,220	97,310	0	65.00
66.00	06600	PHYSICAL THERAPY	3,674,820	506,779	78,485	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,591,311	36,612	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,452,125	399,976	92,180	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,236,855	107,813	30,986	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,192,613	493,752	157,725	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,169,135	267,961	13,672	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,441,124	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,223,241	659,627	266,188	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,903,568	17,014	6,939	0	74.00
76.00	03550	PSYCHIATRY	10,393,702	1,276,522	349,253	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	23,299,550	3,401,288	853,873	0	90.00
90.01	09001	OFFSITE CLINICS	150,000	0	0	0	90.01
91.00	09100	EMERGENCY	13,842,286	1,767,410	720,836	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	INT EXP	RSCH BLDG & FIXT	MVBLE EQUIP	
			0	1.00	1.01	1.02	2.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,826,524	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,517,498	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	837,098	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	162,906	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	870,403,938	43,273,373	15,649,780	706,073	35,105,004	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	38,793,708	274,812	113,708	7,676,729	1,283,116	191.00
191.01	19101	OSA	17,856,919	122,862	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,607,842	5,335	0	0	20,813	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	37,888,017	0	0	0	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	21,394,561	3,162,245	837,727	573,224	201,104	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	990,944,985	46,838,627	16,601,215	8,956,026	36,610,037	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	Subtotal	ADMINISTRATIO N & GENERAL	ADMIN & GENERAL CHCRC	
			4.00	4.01	4A.01	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,511,923					4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	168,118	61,367,992				4.01
5.01	00590	ADMINISTRATION & GENERAL	1,653,156	5,428,810	111,840,790	111,840,790		5.01
5.02	00591	ADMIN & GENERAL CHCRC	282,278	1,242,603	13,468,689	1,713,500	15,182,189	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	922,604	4,222,657	69,192,746	8,803,043		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	353,946	2,023,769	58,720,673	7,470,503	0	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	0	3,700,423	470,772	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,280,398	290,115	0	8.00
9.00	00900	HOUSEKEEPING	137,748	1,552,296	10,866,446	1,382,440	0	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	0	491,195	62,490	0	9.01
10.00	01000	DIETARY	18,149	204,041	2,301,490	292,798	0	10.00
11.00	01100	CAFETERIA	43,455	486,925	3,079,763	391,811	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	5,836	38,695	387,924	49,352	0	12.01
13.00	01300	NURSING ADMINISTRATION	654,327	2,076,992	29,365,818	3,735,949	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,279	230,190	2,312,618	294,214	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	83,348	516,375	4,866,825	619,162	0	16.00
17.00	01700	SOCIAL SERVICE	168,844	777,865	12,138,024	1,544,212	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	606,579	0	25,172,483	3,202,468	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	36,362	117,670	7,567,047	962,687	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,145,647	6,122,415	63,067,399	8,023,498	0	30.00
31.00	03100	INTENSIVE CARE UNIT	416,434	2,054,805	24,140,200	3,071,140	0	31.00
32.00	03200	CORONARY CARE UNIT	442,793	2,315,502	23,672,151	3,011,595	0	32.00
35.00	02060	NEONATOLOGY	524,110	2,504,619	27,276,638	3,470,161	0	35.00
40.00	04000	SUBPROVIDER - IPF	112,649	658,742	5,633,236	716,666	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	650,257	3,094,027	50,466,502	6,420,399	0	50.00
51.00	05100	RECOVERY ROOM	68,414	318,938	3,745,097	476,455	0	51.00
53.00	05300	ANESTHESIOLOGY	51,413	243,000	4,398,618	559,597	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,933	676,835	8,016,319	1,019,844	0	54.00
57.00	05700	CT SCAN	16,960	88,220	1,240,552	157,824	0	57.00
58.00	05800	MRI	64,943	320,126	4,897,192	623,026	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	145,737	642,894	9,609,575	1,222,540	0	59.00
60.00	06000	LABORATORY	596,969	3,397,117	60,219,132	7,661,138	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	170,293	869,254	12,812,109	1,629,969	0	65.00
66.00	06600	PHYSICAL THERAPY	97,508	464,078	4,834,463	615,045	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,272	205,362	1,882,725	239,522	0	67.00
68.00	06800	SPEECH PATHOLOGY	147,376	710,247	8,899,134	1,132,157	0	68.00
69.00	06900	ELECTROCARDIOLOGY	80,443	522,583	4,029,108	512,587	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,241	463,417	4,503,651	572,959	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,218	284,337	18,792,791	2,390,838	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,441,124	1,455,551	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	351,802	1,549,259	61,402,331	7,811,666	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	1,929,062	245,417	0	74.00
76.00	03550	PSYCHIATRY	260,122	1,271,393	13,596,112	1,729,711	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	697,530	3,636,287	32,654,482	4,154,336	0	90.00
90.01	09001	OFFSITE CLINICS	3,063	0	153,063	19,473	0	90.01
91.00	09100	EMERGENCY	349,210	1,569,465	18,609,380	2,367,504	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,325	25,357	1,858,206	236,403	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 09/01/2020
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	Subtotal	ADMINISTRATIO N & GENERAL	ADMIN & GENERAL CHCRC	
			4.00	4.01	4A.01	5.01	5.02	
106.00	10600	HEART ACQUISITION	13,826	18,225	2,549,549	324,356	0	106.00
107.00	10700	LIVER ACQUISITION	3,500	20,074	860,672	109,496	0	107.00
110.00	11000	INTESTINAL ACQUISITION	679	3,038	166,623	21,198	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,889,696	52,968,504	845,110,548	93,287,587	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	766,632	1,900,288	50,808,993	6,463,971	10,396,588	191.00
191.01	19101	OSA	352,373	1,332,936	19,665,090	2,501,812	4,785,601	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	111,881	612,651	5,358,522	681,717	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	822,712	1,633,912	40,344,641	5,132,686	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	568,629	2,919,701	29,657,191	3,773,017	0	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,511,923	61,367,992	990,944,985	111,840,790	15,182,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMIN & GEN PATIENT RELATED	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - RSCH BLDG	LAUNDRY & LINEN SERVICE	
			5.03	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	77,995,789					5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	6,308,774	0	72,499,950			7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	397,562	0		4,568,757		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	244,999	0	183,755	0	2,999,267	8.00
9.00	00900	HOUSEKEEPING	1,167,459	0	559,552	0	0	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	52,773	0	0	0	0	9.01
10.00	01000	DIETARY	247,265	0	360,775	0	0	10.00
11.00	01100	CAFETERIA	330,881	0	747,969	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	41,677	0	127,659	0	0	12.01
13.00	01300	NURSING ADMINISTRATION	3,154,976	0	106,789	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	248,461	0	443,586	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	522,877	0	364,401	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,304,073	0	1,429,852	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,704,457	0	108,491	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	812,981	0	95,097	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,775,651	0	10,217,732	0	1,156,563	30.00
31.00	03100	INTENSIVE CARE UNIT	2,593,551	0	4,127,410	0	215,574	31.00
32.00	03200	CORONARY CARE UNIT	2,543,266	0	3,038,796	0	199,301	32.00
35.00	02060	NEONATOLOGY	2,930,521	0	3,965,783	0	272,617	35.00
40.00	04000	SUBPROVIDER - IPF	605,218	0	824,194	0	21,314	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,421,971	0	9,606,079	0	249,372	50.00
51.00	05100	RECOVERY ROOM	402,362	0	734,204	0	109,123	51.00
53.00	05300	ANESTHESIOLOGY	472,574	0	581,754	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	861,249	0	1,660,008	0	111,629	54.00
57.00	05700	CT SCAN	133,281	0	328,286	0	19,145	57.00
58.00	05800	MRI	526,140	0	931,724	0	58,120	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,032,424	0	1,281,990	0	33,892	59.00
60.00	06000	LABORATORY	6,469,764	0	6,747,930	0	86,395	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,376,495	0	627,785	0	0	65.00
66.00	06600	PHYSICAL THERAPY	519,400	0	1,029,632	0	22,331	66.00
67.00	06700	OCCUPATIONAL THERAPY	202,274	0	69,491	0	7,862	67.00
68.00	06800	SPEECH PATHOLOGY	956,096	0	678,626	0	929	68.00
69.00	06900	ELECTROCARDIOLOGY	432,875	0	599,367	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	483,859	0	946,747	0	36,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,019,042	0	389,933	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,229,200	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,596,884	0	869,337	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	207,253	0	22,424	0	0	74.00
76.00	03550	PSYCHIATRY	1,460,726	0	2,235,323	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,508,300	0	4,609,701	0	14,738	90.00
90.01	09001	OFFSITE CLINICS	16,445	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,999,336	0	2,726,273	0	326,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	199,640	0	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMIN & GEN PATIENT RELATED	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - RSCH BLDG	LAUNDRY & LINEN SERVICE	
			5.03	6.00	7.00	7.01	8.00	
106.00	10600	HEART ACQUISITION	273,916	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	92,468	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	17,901	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,899,297	0	63,378,455	0	2,941,779	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	362,107	4,251,310	0	191.00
191.01	19101	OSA	0	0	161,923	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	575,704	0	1,280,288	0	53,108	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	4,334,508	0	0	0	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	3,186,280	0	7,317,177	317,447	4,380	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	77,995,789	0	72,499,950	4,568,757	2,999,267	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	HOUSEKEEPING - RSCH BLDG	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			9.00	9.01	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	13,975,897					9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	606,458				9.01
10.00	01000	DIETARY	88,346	0	3,290,674			10.00
11.00	01100	CAFETERIA	183,162	0	0	4,733,586		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	28,978	0	0	3,964	0	12.01
13.00	01300	NURSING ADMINISTRATION	21,801	0	0	212,774	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108,625	0	0	23,581	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,304	0	0	52,899	0	16.00
17.00	01700	SOCIAL SERVICE	350,140	0	0	79,687	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	20,424	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,287	0	0	12,055	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,427,189	0	2,206,402	627,201	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,010,715	0	199,373	210,501	0	31.00
32.00	03200	CORONARY CARE UNIT	744,137	0	332,794	237,208	0	32.00
35.00	02060	NEONATOLOGY	877,100	0	36,459	256,581	0	35.00
40.00	04000	SUBPROVIDER - IPF	201,828	0	299,260	67,484	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,407,339	0	17,593	316,962	0	50.00
51.00	05100	RECOVERY ROOM	179,791	0	402	32,673	0	51.00
53.00	05300	ANESTHESIOLOGY	142,459	0	0	24,894	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	352,913	0	3,237	69,337	0	54.00
57.00	05700	CT SCAN	80,390	0	0	9,038	0	57.00
58.00	05800	MRI	200,976	0	0	32,795	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	307,553	0	0	65,860	0	59.00
60.00	06000	LABORATORY	681,452	0	0	348,012	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	85,918	0	0	89,049	0	65.00
66.00	06600	PHYSICAL THERAPY	163,554	0	0	47,542	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,816	0	0	21,038	0	67.00
68.00	06800	SPEECH PATHOLOGY	129,085	0	0	72,760	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,795	0	0	53,535	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159,349	0	2,367	47,474	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	86,479	0	0	29,128	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	212,882	0	0	158,711	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	5,491	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	528,137	0	134	130,246	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,097,720	0	149,965	372,513	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	570,399	0	42,688	160,781	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	2,598	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,867	0	106.00

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Cost Center Description			HOUSEKEEPING	HOUSEKEEPING - RSCH BLDG	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			9.00	9.01	10.00	11.00	12.00	
107.00	10700	LIVER ACQUISITION	0	0	0	2,056	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	311	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,586,534	0	3,290,674	3,873,115	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	88,672	564,320	0	194,672	0	191.00
191.01	19101	OSA	39,652	0	0	136,550	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,722	0	0	62,762	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	0	167,383	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	1,259,317	42,138	0	299,104	0	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,975,897	606,458	3,290,674	4,733,586	0	202.00

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Cost Center Description			VOLUNTEERS	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.01	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	VOLUNTEERS	639,554					12.01
13.00	01300	NURSING ADMINISTRATION	0	36,598,107				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,431,085			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0		6,488,468	16.00
17.00	01700	SOCIAL SERVICE	449,633	48,843	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,086	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,530	9,381,086	0	0	1,664,292	30.00
31.00	03100	INTENSIVE CARE UNIT	9,721	3,740,895	0	0	471,712	31.00
32.00	03200	CORONARY CARE UNIT	6,541	4,028,636	0	0	537,245	32.00
35.00	02060	NEONATOLOGY	63,847	4,573,245	0	0	770,830	35.00
40.00	04000	SUBPROVIDER - IPF	0	469,447	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,941	2,687,107	0	0	257,592	50.00
51.00	05100	RECOVERY ROOM	0	509,938	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	121,221	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	759	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	49,602	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	305,963	0	0	0	59.00
60.00	06000	LABORATORY	0	606,864	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,771	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,680	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,413	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,360	170,570	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,740	0	2,003,233	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,427,852	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	0	134,381	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,561	3,882,867	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	1,893,224	0	0	230,989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	27,838	0	0	0	105.00

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			12.01	13.00	14.00	15.00	16.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	639,554	32,654,756	3,431,085	0	3,932,660	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	257,373	0	0	0	191.00
191.01	19101	OSA	0	156,398	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	383,402	0	0	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	195,118	0	0	56,450	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	0	2,951,060	0	0	2,499,358	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	639,554	36,598,107	3,431,085	0	6,488,468	202.00

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	VOLUNTEERS						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	17,344,464					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING PROGRAM	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			31,208,323		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				9,480,240	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,226,663	0	0	6,665,710	2,024,861	30.00
31.00	03100	INTENSIVE CARE UNIT	537,678	0	0	2,368,432	719,465	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATOLOGY	676,434	0	0	1,376,752	418,220	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,846,092	1,168,338	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,099,345	637,724	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,392,991	423,153	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	498,739	151,503	59.00
60.00	06000	LABORATORY	0	0	0	2,649,118	804,730	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	318,961	96,892	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	730,711	221,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	820,020	249,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	398,991	121,203	74.00
76.00	03550	PSYCHIATRY	0	0	0	1,353,555	411,173	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	606,606	184,270	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,214,112	0	0	3,041,150	923,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
						17.00	19.00	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,654,887	0	0	28,167,173	8,556,421	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OSA	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	8,689,577	0	0	3,041,150	923,819	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,344,464	0	0	31,208,323	9,480,240	202.00

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-INT EXP				1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT				1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED				4.01
5.01	00590	ADMINISTRATION & GENERAL				5.01
5.02	00591	ADMIN & GENERAL CHCRC				5.02
5.03	00592	ADMIN & GEN PATIENT RELATED				5.03
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG				9.01
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
12.01	01201	VOLUNTEERS				12.01
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	120,550,777	-8,690,571	111,860,206	30.00
31.00	03100	INTENSIVE CARE UNIT	43,416,367	-3,087,897	40,328,470	31.00
32.00	03200	CORONARY CARE UNIT	38,351,670	0	38,351,670	32.00
35.00	02060	NEONATOLOGY	46,965,188	-1,794,972	45,170,216	35.00
40.00	04000	SUBPROVIDER - IPF	8,838,647	0	8,838,647	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,874,287	-5,014,430	76,859,857	50.00
51.00	05100	RECOVERY ROOM	6,190,045	0	6,190,045	51.00
53.00	05300	ANESTHESIOLOGY	9,038,186	-2,737,069	6,301,117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,911,439	-1,816,144	12,095,295	54.00
57.00	05700	CT SCAN	1,968,516	0	1,968,516	57.00
58.00	05800	MRI	7,319,575	0	7,319,575	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,510,039	-650,242	13,859,797	59.00
60.00	06000	LABORATORY	86,274,535	-3,453,848	82,820,687	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	17,038,949	-415,853	16,623,096	65.00
66.00	06600	PHYSICAL THERAPY	7,233,647	0	7,233,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,434,728	0	2,434,728	67.00
68.00	06800	SPEECH PATHOLOGY	11,868,787	0	11,868,787	68.00
69.00	06900	ELECTROCARDIOLOGY	6,628,361	-952,681	5,675,680	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,995,976	-1,069,120	6,926,856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,713,184	0	25,713,184	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,553,727	0	15,553,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,051,811	0	77,051,811	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,929,841	-520,194	2,409,647	74.00
76.00	03550	PSYCHIATRY	21,579,498	-1,764,728	19,814,770	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	51,243,059	-790,876	50,452,183	90.00
90.01	09001	OFFSITE CLINICS	188,981	0	188,981	90.01
91.00	09100	EMERGENCY	34,106,009	-3,964,969	30,141,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,324,685	0	2,324,685	105.00
106.00	10600	HEART ACQUISITION	3,149,688	0	3,149,688	106.00
107.00	10700	LIVER ACQUISITION	1,064,692	0	1,064,692	107.00
110.00	11000	INTESTINAL ACQUISITION	206,033	0	206,033	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	767,520,927	-36,723,594	730,797,333	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	73,388,006	0	73,388,006	191.00
191.01	19101	OSA	27,447,026	0	27,447,026	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,397,225	0	8,397,225	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	50,230,786	0	50,230,786	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	63,961,015	-3,964,969	59,996,046	194.01
194.02	07952	KOHL HOUSE	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	990,944,985	-40,688,563	950,256,422	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	INT EXP	RSCH BLDG & FIXT		MVBLE EQUIP
			0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	0	57,332	23,383	0	49,020	4.01
5.01	00590	ADMINISTRATION & GENERAL	0	2,033,798	813,726	0	13,784,998	5.01
5.02	00591	ADMIN & GENERAL CHCRC	0	0	0	706,073	231	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	0	97,930	223,385	0	271,839	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,166,631	470,771	0	9,212,582	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	139,427	53,109	0	0	8.00
9.00	00900	HOUSEKEEPING	0	424,571	164,046	0	60,001	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	273,745	328,161	0	49,819	10.00
11.00	01100	CAFETERIA	0	567,536	0	0	119,285	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	0	96,864	34,811	0	1,845	12.01
13.00	01300	NURSING ADMINISTRATION	0	67,552	27,551	0	1,086,646	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	336,580	137,274	0	188,442	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	193,053	78,737	0	106,383	16.00
17.00	01700	SOCIAL SERVICE	0	1,077,797	413,974	0	391	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	63,284	25,810	0	996	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	72,156	29,429	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,520,772	3,067,337	0	1,000,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,131,754	1,277,283	0	126,184	31.00
32.00	03200	CORONARY CARE UNIT	0	2,305,746	940,396	0	208,194	32.00
35.00	02060	NEONATOLOGY	0	2,717,683	1,108,404	0	305,949	35.00
40.00	04000	SUBPROVIDER - IPF	0	625,374	255,058	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,658,830	1,749,840	0	2,741,394	50.00
51.00	05100	RECOVERY ROOM	0	557,092	227,209	0	42,829	51.00
53.00	05300	ANESTHESIOLOGY	0	441,417	180,032	0	175,322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,234,969	300,541	0	778,472	54.00
57.00	05700	CT SCAN	0	249,094	82,905	0	30,899	57.00
58.00	05800	MRI	0	622,735	168,878	0	527,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	952,969	305,030	0	1,249,560	59.00
60.00	06000	LABORATORY	0	2,385,708	495,253	0	896,700	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	266,220	97,310	0	281,354	65.00
66.00	06600	PHYSICAL THERAPY	0	506,779	78,485	0	12,793	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	36,612	0	0	3,168	67.00
68.00	06800	SPEECH PATHOLOGY	0	399,976	92,180	0	97,230	68.00
69.00	06900	ELECTROCARDIOLOGY	0	107,813	30,986	0	50,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	493,752	157,725	0	112,903	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	267,961	13,672	0	5,468	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	659,627	266,188	0	352,214	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	17,014	6,939	0	1,541	74.00
76.00	03550	PSYCHIATRY	0	1,276,522	349,253	0	45,120	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,401,288	853,873	0	765,954	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	1,767,410	720,836	0	360,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	INT EXP	RSCH BLDG & FIXT	MVBLE EQUIP	
				1.00	1.01	1.02	2.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	43,273,373	15,649,780	706,073	35,105,004	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	274,812	113,708	7,676,729	1,283,116	191.00
191.01	19101	OSA	0	122,862	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	5,335	0	0	20,813	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	0	3,162,245	837,727	573,224	201,104	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	46,838,627	16,601,215	8,956,026	36,610,037	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	ADMINISTRATIO N & GENERAL	ADMIN & GENERAL CHCRC	
			2A	4.00	4.01	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0				4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	129,735	0	129,735			4.01
5.01	00590	ADMINISTRATION & GENERAL	16,632,522	0	11,477	16,643,999		5.01
5.02	00591	ADMIN & GENERAL CHCRC	706,304	0	2,627	255,003	963,934	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	593,154	0	8,927	1,309,943	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	10,849,984	0	4,278	1,111,759	0	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	0	0	70,060	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	192,536	0	0	43,175	0	8.00
9.00	00900	HOUSEKEEPING	648,618	0	3,282	205,734	0	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	0	0	9,300	0	9.01
10.00	01000	DIETARY	651,725	0	431	43,574	0	10.00
11.00	01100	CAFETERIA	686,821	0	1,029	58,309	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	133,520	0	82	7,345	0	12.01
13.00	01300	NURSING ADMINISTRATION	1,181,749	0	4,391	555,983	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	662,296	0	487	43,785	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	378,173	0	1,092	92,144	0	16.00
17.00	01700	SOCIAL SERVICE	1,492,162	0	1,644	229,809	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	90,090	0	0	476,591	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	101,585	0	249	143,267	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,588,905	0	12,942	1,194,055	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,535,221	0	4,344	457,046	0	31.00
32.00	03200	CORONARY CARE UNIT	3,454,336	0	4,895	448,185	0	32.00
35.00	02060	NEONATOLOGY	4,132,036	0	5,295	516,429	0	35.00
40.00	04000	SUBPROVIDER - IPF	880,432	0	1,393	106,654	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,150,064	0	6,541	955,482	0	50.00
51.00	05100	RECOVERY ROOM	827,130	0	674	70,906	0	51.00
53.00	05300	ANESTHESIOLOGY	796,771	0	514	83,279	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,313,982	0	1,431	151,773	0	54.00
57.00	05700	CT SCAN	362,898	0	187	23,487	0	57.00
58.00	05800	MRI	1,319,494	0	677	92,719	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,507,559	0	1,359	181,938	0	59.00
60.00	06000	LABORATORY	3,777,661	0	7,182	1,140,129	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	644,884	0	1,838	242,572	0	65.00
66.00	06600	PHYSICAL THERAPY	598,057	0	981	91,531	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,780	0	434	35,646	0	67.00
68.00	06800	SPEECH PATHOLOGY	589,386	0	1,501	168,487	0	68.00
69.00	06900	ELECTROCARDIOLOGY	189,227	0	1,105	76,283	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	764,380	0	980	85,268	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	287,101	0	601	355,804	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	216,615	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,278,029	0	3,275	1,162,530	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	25,494	0	0	36,523	0	74.00
76.00	03550	PSYCHIATRY	1,670,895	0	2,688	257,415	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,021,115	0	7,687	618,247	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	2,898	0	90.01
91.00	09100	EMERGENCY	2,848,419	0	3,318	352,331	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	54	35,181	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	ADMINISTRATIO N & GENERAL	ADMIN & GENERAL CHCRC	
			2A	4.00	4.01	5.01	5.02	
106.00	10600	HEART ACQUISITION	0	0	39	48,271	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	42	16,295	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	6	3,155	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,734,230	0	111,979	13,882,915	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	9,348,365	0	4,017	961,967	660,099	191.00
191.01	19101	OSA	122,862	0	2,818	372,319	303,835	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	26,148	0	1,295	101,453	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	3,454	763,845	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	4,774,300	0	6,172	561,500	0	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
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)	109,005,905	0	129,735	16,643,999	963,934	202.00

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Cost Center Description			ADMIN & GEN PATIENT RELATED	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - RSCH BLDG	LAUNDRY & LINEN SERVICE	
			5.03	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	1,912,024					5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	154,659	0	12,120,680			7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	9,746	0	0	79,806		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	6,006	0	30,720	0	272,437	8.00
9.00	00900	HOUSEKEEPING	28,620	0	93,547	0	0	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	1,294	0	0	0	0	9.01
10.00	01000	DIETARY	6,062	0	60,315	0	0	10.00
11.00	01100	CAFETERIA	8,111	0	125,047	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	1,022	0	21,342	0	0	12.01
13.00	01300	NURSING ADMINISTRATION	77,344	0	17,853	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,091	0	74,160	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,818	0	60,921	0	0	16.00
17.00	01700	SOCIAL SERVICE	31,969	0	239,045	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	66,299	0	18,138	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	19,930	0	15,898	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	166,075	0	1,708,219	0	105,057	30.00
31.00	03100	INTENSIVE CARE UNIT	63,580	0	690,028	0	19,581	31.00
32.00	03200	CORONARY CARE UNIT	62,348	0	508,032	0	18,103	32.00
35.00	02060	NEONATOLOGY	71,841	0	663,007	0	24,763	35.00
40.00	04000	SUBPROVIDER - IPF	14,837	0	137,790	0	1,936	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,919	0	1,605,963	0	22,652	50.00
51.00	05100	RECOVERY ROOM	9,864	0	122,746	0	9,912	51.00
53.00	05300	ANESTHESIOLOGY	11,585	0	97,259	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,113	0	277,523	0	10,140	54.00
57.00	05700	CT SCAN	3,267	0	54,884	0	1,739	57.00
58.00	05800	MRI	12,898	0	155,767	0	5,279	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,310	0	214,325	0	3,079	59.00
60.00	06000	LABORATORY	158,605	0	1,128,132	0	7,848	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	33,745	0	104,954	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,733	0	172,136	0	2,028	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,959	0	11,618	0	714	67.00
68.00	06800	SPEECH PATHOLOGY	23,439	0	113,454	0	84	68.00
69.00	06900	ELECTROCARDIOLOGY	10,612	0	100,203	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,862	0	158,279	0	3,317	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,496	0	65,190	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,134	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,721	0	145,338	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	5,081	0	3,749	0	0	74.00
76.00	03550	PSYCHIATRY	35,809	0	373,706	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	86,005	0	770,659	0	1,339	90.00
90.01	09001	OFFSITE CLINICS	403	0	0	0	0	90.01
91.00	09100	EMERGENCY	49,013	0	455,783	0	29,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,894	0	0	0	0	105.00

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			5.03	6.00	7.00	7.01	8.00	
106.00	10600	HEART ACQUISITION	6,715	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,267	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	439	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,713,540	0	10,595,730	0	267,215	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	60,538	74,261	0	191.00
191.01	19101	OSA	0	0	27,071	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	14,113	0	214,041	0	4,824	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	106,260	0	0	0	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	78,111	0	1,223,300	5,545	398	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,912,024	0	12,120,680	79,806	272,437	202.00

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Cost Center Description			HOUSEKEEPING	HOUSEKEEPING - RSCH BLDG	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			9.00	9.01	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	979,801					9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	10,594				9.01
10.00	01000	DIETARY	6,194	0	768,301			10.00
11.00	01100	CAFETERIA	12,841	0	0	892,158		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	2,032	0	0	747	0	12.01
13.00	01300	NURSING ADMINISTRATION	1,528	0	0	40,102	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,615	0	0	4,444	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,368	0	0	9,970	0	16.00
17.00	01700	SOCIAL SERVICE	24,547	0	0	15,019	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,432	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,633	0	0	2,272	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,161	0	515,146	118,213	0	30.00
31.00	03100	INTENSIVE CARE UNIT	70,858	0	46,549	39,674	0	31.00
32.00	03200	CORONARY CARE UNIT	52,169	0	77,700	44,707	0	32.00
35.00	02060	NEONATOLOGY	61,490	0	8,512	48,359	0	35.00
40.00	04000	SUBPROVIDER - IPF	14,149	0	69,871	12,719	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,664	0	4,108	59,739	0	50.00
51.00	05100	RECOVERY ROOM	12,605	0	94	6,158	0	51.00
53.00	05300	ANESTHESIOLOGY	9,987	0	0	4,692	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,742	0	756	13,068	0	54.00
57.00	05700	CT SCAN	5,636	0	0	1,703	0	57.00
58.00	05800	MRI	14,090	0	0	6,181	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,561	0	0	12,413	0	59.00
60.00	06000	LABORATORY	47,774	0	0	65,591	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,023	0	0	16,783	0	65.00
66.00	06600	PHYSICAL THERAPY	11,466	0	0	8,960	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	828	0	0	3,965	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,050	0	0	13,713	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,439	0	0	10,090	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,171	0	553	8,948	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,063	0	0	5,490	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	14,924	0	0	29,913	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	385	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	37,026	0	31	24,548	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	76,957	0	35,014	70,209	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	39,989	0	9,967	30,303	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	490	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	352	0	106.00

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Cost Center Description			HOUSEKEEPING	HOUSEKEEPING - RSCH BLDG	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			9.00	9.01	10.00	11.00	12.00	
107.00	10700	LIVER ACQUISITION	0	0	0	388	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	59	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	882,397	0	768,301	729,982	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	6,217	9,858	0	36,691	0	191.00
191.01	19101	OSA	2,780	0	0	25,736	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	121	0	0	11,829	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	0	31,547	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	88,286	736	0	56,373	0	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	979,801	10,594	768,301	892,158	0	202.00

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Cost Center Description			VOLUNTEERS	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.01	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	VOLUNTEERS	166,090					12.01
13.00	01300	NURSING ADMINISTRATION	0	1,878,950				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	798,878			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	559,486	16.00
17.00	01700	SOCIAL SERVICE	116,766	2,508	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	364	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,472	481,626	0	0	143,508	30.00
31.00	03100	INTENSIVE CARE UNIT	2,525	192,058	0	0	40,675	31.00
32.00	03200	CORONARY CARE UNIT	1,699	206,831	0	0	46,325	32.00
35.00	02060	NEONATOLOGY	16,581	234,791	0	0	66,467	35.00
40.00	04000	SUBPROVIDER - IPF	0	24,101	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,322	137,956	0	0	22,212	50.00
51.00	05100	RECOVERY ROOM	0	26,180	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	6,223	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	2,547	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,708	0	0	0	59.00
60.00	06000	LABORATORY	0	31,156	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	91	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	436	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	689	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	873	8,757	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	452	0	466,422	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	332,456	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	0	6,899	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,964	199,347	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	97,198	0	0	19,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,429	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			VOLUNTEERS	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.01	13.00	14.00	15.00	16.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,090	1,676,498	798,878	0	339,105	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	13,214	0	0	0	191.00
191.01	19101	OSA	0	8,029	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	19,684	0	0	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	10,017	0	0	4,868	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	0	151,508	0	0	215,513	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	166,090	1,878,950	798,878	0	559,486	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
					17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-INT EXP					1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED					4.01
5.01	00590	ADMINISTRATION & GENERAL					5.01
5.02	00591	ADMIN & GENERAL CHCRC					5.02
5.03	00592	ADMIN & GEN PATIENT RELATED					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
12.01	01201	VOLUNTEERS					12.01
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	2,153,469				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING PROGRAM	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		652,550		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			285,198	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	773,095				30.00
31.00	03100	INTENSIVE CARE UNIT	66,758				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
35.00	02060	NEONATOLOGY	83,985				35.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0				50.00
51.00	05100	RECOVERY ROOM	0				51.00
53.00	05300	ANESTHESIOLOGY	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				54.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0				62.30
65.00	06500	RESPIRATORY THERAPY	0				65.00
66.00	06600	PHYSICAL THERAPY	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0				67.00
68.00	06800	SPEECH PATHOLOGY	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				73.00
73.01	07301	OUTPATIENT PHARMACY	0				73.01
74.00	07400	RENAL DIALYSIS	0				74.00
76.00	03550	PSYCHIATRY	0				76.00
76.97	07697	CARDIAC REHABILITATION	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0				76.98
76.99	07699	LITHOTRIPSY	0				76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0				90.00
90.01	09001	OFFSITE CLINICS	0				90.01
91.00	09100	EMERGENCY	150,743				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0				92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0				99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
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To 08/31/2021Worksheet B
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
						17.00	19.00	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
110.00	11000	INTESTINAL ACQUISITION	0					110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,074,581	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0					191.00
191.01	19101	OSA	0					191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0					192.00
192.01	19201	OFFSITE FACILITIES	0					192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0					193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0					193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0					194.00
194.01	07951	NON-REIMBURSABLE CLINICS	1,078,888					194.01
194.02	07952	KOHL HOUSE	0					194.02
200.00		Cross Foot Adjustments		0	0	652,550	285,198	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,153,469	0	0	652,550	285,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-INT EXP				1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT				1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED				4.01
5.01	00590	ADMINISTRATION & GENERAL				5.01
5.02	00591	ADMIN & GENERAL CHCRC				5.02
5.03	00592	ADMIN & GEN PATIENT RELATED				5.03
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG				9.01
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
12.01	01201	VOLUNTEERS				12.01
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,999,474	0	16,999,474	30.00
31.00	03100	INTENSIVE CARE UNIT	6,228,897	0	6,228,897	31.00
32.00	03200	CORONARY CARE UNIT	4,925,330	0	4,925,330	32.00
35.00	02060	NEONATOLOGY	5,933,556	0	5,933,556	35.00
40.00	04000	SUBPROVIDER - IPF	1,263,882	0	1,263,882	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,198,622	0	12,198,622	50.00
51.00	05100	RECOVERY ROOM	1,086,269	0	1,086,269	51.00
53.00	05300	ANESTHESIOLOGY	1,010,310	0	1,010,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,814,567	0	2,814,567	54.00
57.00	05700	CT SCAN	453,801	0	453,801	57.00
58.00	05800	MRI	1,609,652	0	1,609,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,983,252	0	2,983,252	59.00
60.00	06000	LABORATORY	6,364,078	0	6,364,078	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,050,890	0	1,050,890	65.00
66.00	06600	PHYSICAL THERAPY	898,328	0	898,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,944	0	97,944	67.00
68.00	06800	SPEECH PATHOLOGY	919,114	0	919,114	68.00
69.00	06900	ELECTROCARDIOLOGY	390,648	0	390,648	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,054,388	0	1,054,388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,236,619	0	1,236,619	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,205	0	579,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,795,730	0	2,795,730	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	71,232	0	71,232	74.00
76.00	03550	PSYCHIATRY	2,409,017	0	2,409,017	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,888,543	0	6,888,543	90.00
90.01	09001	OFFSITE CLINICS	3,301	0	3,301	90.01
91.00	09100	EMERGENCY	4,086,626	0	4,086,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	42,048	0	42,048	105.00
106.00	10600	HEART ACQUISITION	55,377	0	55,377	106.00
107.00	10700	LIVER ACQUISITION	18,992	0	18,992	107.00
110.00	11000	INTESTINAL ACQUISITION	3,659	0	3,659	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,473,351	0	86,473,351	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	11,175,227	0	11,175,227	191.00
191.01	19101	OSA	865,450	0	865,450	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	393,508	0	393,508	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	919,991	0	919,991	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	8,240,630	0	8,240,630	194.01
194.02	07952	KOHL HOUSE	0	0	0	194.02
200.00		Cross Foot Adjustments	937,748	0	937,748	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	109,005,905	0	109,005,905	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	INT EXP (SQUARE FEET)	RSCH BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	834,128				1.00
1.01	00101	CAP REL COSTS-INT EXP	0	724,885			1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT	0	0	75,370		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP			36,729,668		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	473,742,719	4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	1,021	1,021	0	5,488,321	4.01
5.01	00590	ADMINISTRATION & GENERAL	36,219	35,531	0	53,960,527	5.01
5.02	00591	ADMIN & GENERAL CHCRC	0	0	5,942	9,215,138	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	1,744	9,754	0	30,118,950	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	20,776	20,556	0	11,554,766	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,483	2,319	0	0	8.00
9.00	00900	HOUSEKEEPING	7,561	7,163	0	4,496,850	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	0	0	0	9.01
10.00	01000	DIETARY	4,875	14,329	0	592,490	10.00
11.00	01100	CAFETERIA	10,107	0	0	1,418,614	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	1,725	1,520	0	190,507	12.01
13.00	01300	NURSING ADMINISTRATION	1,203	1,203	0	21,360,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,994	5,994	0	792,613	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,438	3,438	0	2,720,959	16.00
17.00	01700	SOCIAL SERVICE	19,194	18,076	0	5,512,006	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,127	1,127	0	19,802,131	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,285	1,285	0	1,187,073	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	133,934	133,934	0	37,400,341	30.00
31.00	03100	INTENSIVE CARE UNIT	55,772	55,772	0	13,594,752	31.00
32.00	03200	CORONARY CARE UNIT	41,062	41,062	0	14,455,239	32.00
35.00	02060	NEONATOLOGY	48,398	48,398	0	17,109,888	35.00
40.00	04000	SUBPROVIDER - IPF	11,137	11,137	0	3,677,494	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	82,967	76,406	0	21,228,033	50.00
51.00	05100	RECOVERY ROOM	9,921	9,921	0	2,233,408	51.00
53.00	05300	ANESTHESIOLOGY	7,861	7,861	0	1,678,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,993	13,123	0	4,274,397	54.00
57.00	05700	CT SCAN	4,436	3,620	0	553,683	57.00
58.00	05800	MRI	11,090	7,374	0	2,120,089	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,971	13,319	0	4,757,688	59.00
60.00	06000	LABORATORY	42,486	21,625	0	19,488,412	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,741	4,249	0	5,559,323	65.00
66.00	06600	PHYSICAL THERAPY	9,025	3,427	0	3,183,209	66.00
67.00	06700	OCCUPATIONAL THERAPY	652	0	0	1,510,582	67.00
68.00	06800	SPEECH PATHOLOGY	7,123	4,025	0	4,811,164	68.00
69.00	06900	ELECTROCARDIOLOGY	1,920	1,353	0	2,626,126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,793	6,887	0	2,717,442	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,772	597	0	1,704,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,747	11,623	0	11,484,793	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	303	303	0	0	74.00
76.00	03550	PSYCHIATRY	22,733	15,250	0	8,491,835	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	60,572	37,284	0	22,771,294	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	100,000	90.01
91.00	09100	EMERGENCY	31,475	31,475	0	11,400,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			BLDG & FIXT (SQUARE FEET)	INT EXP (SQUARE FEET)	RSCH BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
			1.00	1.01	1.02	2.00	4.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	206,472	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	451,363	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	114,262	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	22,154	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	770,636	683,341	5,942	35,219,717	388,138,550	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	4,894	4,965	64,604	1,287,309	25,027,164	191.00
191.01	19101	OSA	2,188	0	0	0	11,503,412	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	95	0	0	20,881	3,652,417	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	0	0	26,857,926	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	56,315	36,579	4,824	201,761	18,563,250	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	46,838,627	16,601,215	8,956,026	36,610,037	14,511,923	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	56.152805	22.901860	118.827465	0.996743	0.030632	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			EMPLOYEE BENEFITS FTE BASED (FTES)	Reconciliatio n	ADMINISTRATIO N & GENERAL (ACCUM. COST)	ADMIN & GENERAL CHCRC (DIRECT COS T)	ADMIN & GEN PATIENT RELATED (DIRECT COS T)	
			4.01	5A.01	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED	464,679					4.01
5.01	00590	ADMINISTRATION & GENERAL	41,107	-111,840,790	879,104,195			5.01
5.02	00591	ADMIN & GENERAL CHCRC	9,409	0	13,468,689	56,650,627		5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	31,974	0	69,192,746	0	600,897,658	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	15,324	0	58,720,673	0	48,604,184	7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	0	3,700,423	0	3,062,908	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,280,398	0	1,887,527	8.00
9.00	00900	HOUSEKEEPING	11,754	0	10,866,446	0	8,994,358	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	0	491,195	0	406,571	9.01
10.00	01000	DIETARY	1,545	0	2,301,490	0	1,904,986	10.00
11.00	01100	CAFETERIA	3,687	0	3,079,763	0	2,549,177	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	293	0	387,924	0	321,092	12.01
13.00	01300	NURSING ADMINISTRATION	15,727	0	29,365,818	0	24,306,629	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,743	0	2,312,618	0	1,914,197	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,910	0	4,866,825	0	4,028,361	16.00
17.00	01700	SOCIAL SERVICE	5,890	0	12,138,024	0	10,046,866	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	25,172,483	0	20,835,728	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	891	0	7,567,047	0	6,263,384	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,359	0	63,067,399	0	52,202,049	30.00
31.00	03100	INTENSIVE CARE UNIT	15,559	0	24,140,200	0	19,981,289	31.00
32.00	03200	CORONARY CARE UNIT	17,533	0	23,672,151	0	19,593,876	32.00
35.00	02060	NEONATOLOGY	18,965	0	27,276,638	0	22,577,376	35.00
40.00	04000	SUBPROVIDER - IPF	4,988	0	5,633,236	0	4,662,733	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,428	0	50,466,502	0	41,772,054	50.00
51.00	05100	RECOVERY ROOM	2,415	0	3,745,097	0	3,099,886	51.00
53.00	05300	ANESTHESIOLOGY	1,840	0	4,398,618	0	3,640,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,125	0	8,016,319	0	6,635,255	54.00
57.00	05700	CT SCAN	668	0	1,240,552	0	1,026,828	57.00
58.00	05800	MRI	2,424	0	4,897,192	0	4,053,496	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,868	0	9,609,575	0	7,954,022	59.00
60.00	06000	LABORATORY	25,723	0	60,219,132	0	49,844,486	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,582	0	12,812,109	0	10,604,819	65.00
66.00	06600	PHYSICAL THERAPY	3,514	0	4,834,463	0	4,001,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,555	0	1,882,725	0	1,558,366	67.00
68.00	06800	SPEECH PATHOLOGY	5,378	0	8,899,134	0	7,365,977	68.00
69.00	06900	ELECTROCARDIOLOGY	3,957	0	4,029,108	0	3,334,967	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,509	0	4,503,651	0	3,727,755	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,153	0	18,792,791	0	15,555,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,441,124	0	9,470,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,731	0	61,402,331	0	50,823,841	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	1,929,062	0	1,596,720	74.00
76.00	03550	PSYCHIATRY	9,627	0	13,596,112	0	11,253,753	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,534	0	32,654,482	0	27,028,717	90.00
90.01	09001	OFFSITE CLINICS	0	0	153,063	0	126,693	90.01
91.00	09100	EMERGENCY	11,884	0	18,609,380	0	15,403,327	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			EMPLOYEE BENEFITS FTE BASED (FTES)	Reconciliation	ADMINISTRATIO N & GENERAL (ACCUM. COST)	ADMIN & GENERAL CHCRC (DIRECT COS T)	ADMIN & GEN PATIENT RELATED (DIRECT COS T)	
			4.01	5A.01	5.01	5.02	5.03	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	192	0	1,858,206	0	1,538,071	105.00
106.00	10600	HEART ACQUISITION	138	0	2,549,549	0	2,110,309	106.00
107.00	10700	LIVER ACQUISITION	152	0	860,672	0	712,394	107.00
110.00	11000	INTESTINAL ACQUISITION	23	0	166,623	0	137,917	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	401,078	-111,840,790	733,269,758	0	538,520,504	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	14,389	0	50,808,993	38,793,708	0	191.00
191.01	19101	OSA	10,093	0	19,665,090	17,856,919	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,639	0	5,358,522	0	4,435,347	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	12,372	0	40,344,641	0	33,394,003	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	22,108	0	29,657,191	0	24,547,804	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	61,367,992		111,840,790	15,182,189	77,995,789	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	132.065344		0.127221	0.267997	0.129799	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	129,735		16,643,999	963,934	1,912,024	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.279193		0.018933	0.017015	0.003182	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: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - RSCH BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-INT EXP					1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED					4.01
5.01	00590	ADMINISTRATION & GENERAL					5.01
5.02	00591	ADMIN & GENERAL CHCRC					5.02
5.03	00592	ADMIN & GEN PATIENT RELATED					5.03
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	979,662			7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG	0	0	69,428		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,483	0	1,949,524	8.00
9.00	00900	HOUSEKEEPING	0	7,561	0	0	9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	0	0	0	771,200	9.01
10.00	01000	DIETARY	0	4,875	0	0	10.00
11.00	01100	CAFETERIA	0	10,107	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	0	1,725	0	0	12.01
13.00	01300	NURSING ADMINISTRATION	0	1,443	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,994	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,924	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	19,321	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,466	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,285	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	138,068	0	751,766	30.00
31.00	03100	INTENSIVE CARE UNIT	0	55,772	0	140,123	31.00
32.00	03200	CORONARY CARE UNIT	0	41,062	0	129,546	32.00
35.00	02060	NEONATOLOGY	0	53,588	0	177,201	35.00
40.00	04000	SUBPROVIDER - IPF	0	11,137	0	13,854	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	129,803	0	162,092	50.00
51.00	05100	RECOVERY ROOM	0	9,921	0	70,930	51.00
53.00	05300	ANESTHESIOLOGY	0	7,861	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,431	0	72,559	54.00
57.00	05700	CT SCAN	0	4,436	0	12,444	57.00
58.00	05800	MRI	0	12,590	0	37,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,323	0	22,030	59.00
60.00	06000	LABORATORY	0	91,182	0	56,157	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	8,483	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,913	0	14,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	939	0	5,110	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,170	0	604	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,099	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,793	0	23,738	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,269	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	11,747	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	303	0	0	74.00
76.00	03550	PSYCHIATRY	0	30,205	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	62,289	0	9,580	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	36,839	0	212,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - RSCH BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.00	7.00	7.01	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	856,407	0	1,912,157	694,534	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	4,893	64,604	0	4,893	191.00
191.01	19101	OSA	0	2,188	0	0	2,188	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	17,300	0	34,520	95	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	0	98,874	4,824	2,847	69,490	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	72,499,950	4,568,757	2,999,267	13,975,897	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	74.005065	65.805684	1.538461	18.122273	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	12,120,680	79,806	272,437	979,801	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	12.372308	1.149479	0.139745	1.270489	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: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		HOUSEKEEPING - RSCH BLDG (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	VOLUNTEERS (HOURS OF SERVICE)	
		9.01	10.00	11.00	12.00	12.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-INT EXP					1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED					4.01
5.01	00590	ADMINISTRATION & GENERAL					5.01
5.02	00591	ADMIN & GENERAL CHCRC					5.02
5.03	00592	ADMIN & GEN PATIENT RELATED					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG	69,428				9.01
10.00	01000	DIETARY	0	147,391			10.00
11.00	01100	CAFETERIA	0	0	349,879		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	VOLUNTEERS	0	0	293	10,658	12.01
13.00	01300	NURSING ADMINISTRATION	0	0	15,727	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,743	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,910	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,890	7,493	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	891	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	98,826	46,359	1,442	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,930	15,559	162	31.00
32.00	03200	CORONARY CARE UNIT	0	14,906	17,533	109	32.00
35.00	02060	NEONATOLOGY	0	1,633	18,965	1,064	35.00
40.00	04000	SUBPROVIDER - IPF	0	13,404	4,988	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	788	23,428	149	50.00
51.00	05100	RECOVERY ROOM	0	18	2,415	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	1,840	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	145	5,125	0	54.00
57.00	05700	CT SCAN	0	0	668	0	57.00
58.00	05800	MRI	0	0	2,424	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,868	0	59.00
60.00	06000	LABORATORY	0	0	25,723	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	6,582	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,514	28	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,555	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,378	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,957	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	106	3,509	56	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,153	29	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	11,731	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	0	6	9,627	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	6,717	27,534	126	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	1,912	11,884	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		HOUSEKEEPING - RSCH BLDG (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	VOLUNTEERS (HOURS OF SERVICE)	
		9.01	10.00	11.00	12.00	12.01	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	192	0	0105.00
106.00	10600	HEART ACQUISITION	0	0	138	0	0106.00
107.00	10700	LIVER ACQUISITION	0	0	152	0	0107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	23	0	0110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	147,391	286,278	0	10,658118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	64,604	0	14,389	0	0191.00
191.01	19101	OSA	0	0	10,093	0	0191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	4,639	0	0192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	12,372	0	0194.00
194.01	07951	NON-REIMBURSABLE CLINICS	4,824	0	22,108	0	0194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	606,458	3,290,674	4,733,586	0	639,554202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.735064	22.326153	13.529209	0.000000	60.006943203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,594	768,301	892,158	0	166,090204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.152590	5.212672	2.549904	0.000000	15.583599205.00
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: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-INT EXP					1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED					4.01
5.01	00590	ADMINISTRATION & GENERAL					5.01
5.02	00591	ADMIN & GENERAL CHCRC					5.02
5.03	00592	ADMIN & GEN PATIENT RELATED					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
12.01	01201	VOLUNTEERS					12.01
13.00	01300	NURSING ADMINISTRATION	144,616				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,492,607			14.00
15.00	01500	PHARMACY	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	10,000	16.00
17.00	01700	SOCIAL SERVICE	193	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,069	0	0	2,565	30.00
31.00	03100	INTENSIVE CARE UNIT	14,782	0	0	727	31.00
32.00	03200	CORONARY CARE UNIT	15,919	0	0	828	32.00
35.00	02060	NEONATOLOGY	18,071	0	0	1,188	35.00
40.00	04000	SUBPROVIDER - IPF	1,855	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,618	0	0	397	50.00
51.00	05100	RECOVERY ROOM	2,015	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	479	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	196	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,209	0	0	0	59.00
60.00	06000	LABORATORY	2,398	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	674	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,051,483	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,441,124	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	531	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,343	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	90.01
91.00	09100	EMERGENCY	7,481	0	0	356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				700	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	110	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,034	27,492,607	0	6,061	4,990	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	1,017	0	0	0	0	191.00
191.01	19101	OSA	618	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,515	0	0	0	0	192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0	0	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0	0	193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0	0	193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	771	0	0	87	0	194.00
194.01	07951	NON-REIMBURSABLE CLINICS	11,661	0	0	3,852	5,010	194.01
194.02	07952	KOHL HOUSE	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	36,598,107	3,431,085	0	6,488,468	17,344,464	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	253.070940	0.124800	0.000000	648.846800	1,734.446400	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,878,950	798,878	0	559,486	2,153,469	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.992684	0.029058	0.000000	55.948600	215.346900	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: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
					21.00	22.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-INT EXP						1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	00590	ADMINISTRATION & GENERAL						5.01
5.02	00591	ADMIN & GENERAL CHCRC						5.02
5.03	00592	ADMIN & GEN PATIENT RELATED						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - RSCH BLDG						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - RSCH BLDG						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	VOLUNTEERS						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING PROGRAM		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			26,907			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				26,907		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	5,747	5,747		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,042	2,042		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
35.00	02060	NEONATOLOGY	0	0	1,187	1,187		35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,316	3,316		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0	1,810	1,810		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,201	1,201		54.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	430	430		59.00
60.00	06000	LABORATORY	0	0	2,284	2,284		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0	275	275		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	630	630		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	707	707		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	344	344		74.00
76.00	03550	PSYCHIATRY	0	0	1,167	1,167		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	523	523		90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0		90.01
91.00	09100	EMERGENCY	0	0	2,622	2,622		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3300

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

Worksheet B-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
					21.00	22.00		
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	24,285	24,285		118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	OSA	0	0	0	0		191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OFFSITE FACILITIES	0	0	0	0		192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES	0	0	0	0		193.01
193.02	19302	NON-REIMBURSABLE CLINICS	0	0	0	0		193.02
194.00	07950	ENDOWMENTS & OTHER SERVICES	0	0	0	0		194.00
194.01	07951	NON-REIMBURSABLE CLINICS	0	0	2,622	2,622		194.01
194.02	07952	KOHL HOUSE	0	0	0	0		194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	31,208,323	9,480,240		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,159.858884	352.333593		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	652,550	285,198		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	24.252053	10.599398		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

			Title XVIII		Hospital		TEFRA	
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	111,860,206		111,860,206	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	40,328,470		40,328,470	0	0	31.00
32.00	03200	CORONARY CARE UNIT	38,351,670		38,351,670	0	0	32.00
35.00	02060	NEONATOLOGY	45,170,216		45,170,216	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	8,838,647		8,838,647	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,859,857		76,859,857	0	0	50.00
51.00	05100	RECOVERY ROOM	6,190,045		6,190,045	0	0	51.00
53.00	05300	ANESTHESIOLOGY	6,301,117		6,301,117	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,095,295		12,095,295	0	0	54.00
57.00	05700	CT SCAN	1,968,516		1,968,516	0	0	57.00
58.00	05800	MRI	7,319,575		7,319,575	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,859,797		13,859,797	0	0	59.00
60.00	06000	LABORATORY	82,820,687		82,820,687	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	16,623,096	0	16,623,096	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,233,647	0	7,233,647	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,434,728	0	2,434,728	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,868,787	0	11,868,787	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,675,680		5,675,680	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,926,856		6,926,856	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,713,184		25,713,184	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,553,727		15,553,727	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,051,811		77,051,811	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0		0	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,409,647		2,409,647	0	0	74.00
76.00	03550	PSYCHIATRY	19,814,770		19,814,770	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50,452,183		50,452,183	0	0	90.00
90.01	09001	OFFSITE CLINICS	188,981		188,981	0	0	90.01
91.00	09100	EMERGENCY	30,141,040		30,141,040	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,517,278		18,517,278	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,324,685		2,324,685		0	105.00
106.00	10600	HEART ACQUISITION	3,149,688		3,149,688		0	106.00
107.00	10700	LIVER ACQUISITION	1,064,692		1,064,692		0	107.00
110.00	11000	INTESTINAL ACQUISITION	206,033		206,033		0	110.00
200.00		Subtotal (see instructions)	749,314,611	0	749,314,611	0	0	200.00
201.00		Less Observation Beds	18,517,278		18,517,278		0	201.00
202.00		Total (see instructions)	730,797,333	0	730,797,333	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

			Title XVIII		Hospital	TEFRA	
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	180,228,482		180,228,482		30.00
31.00	03100	INTENSIVE CARE UNIT	107,054,508		107,054,508		31.00
32.00	03200	CORONARY CARE UNIT	113,786,271		113,786,271		32.00
35.00	02060	NEONATOLOGY	196,247,644		196,247,644		35.00
40.00	04000	SUBPROVIDER - IPF	17,722,126		17,722,126		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,618,233	216,508,007	418,126,240	0.183820	0.183820
51.00	05100	RECOVERY ROOM	4,834,500	21,693,894	26,528,394	0.233337	0.233337
53.00	05300	ANESTHESIOLOGY	20,968,737	39,435,403	60,404,140	0.104316	0.104316
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,691,223	62,429,639	87,120,862	0.138834	0.138834
57.00	05700	CT SCAN	10,130,814	17,449,585	27,580,399	0.071374	0.071374
58.00	05800	MRI	16,263,640	84,477,755	100,741,395	0.072657	0.072657
59.00	05900	CARDIAC CATHETERIZATION	38,152,041	77,202,644	115,354,685	0.120149	0.120149
60.00	06000	LABORATORY	176,928,846	194,474,851	371,403,697	0.222994	0.222994
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	104,204,069	5,747,033	109,951,102	0.151186	0.151186
66.00	06600	PHYSICAL THERAPY	6,137,867	10,965,415	17,103,282	0.422939	0.422939
67.00	06700	OCCUPATIONAL THERAPY	3,756,207	3,574,789	7,330,996	0.332114	0.332114
68.00	06800	SPEECH PATHOLOGY	4,067,094	20,023,773	24,090,867	0.492667	0.492667
69.00	06900	ELECTROCARDIOLOGY	3,113,687	13,450,333	16,564,020	0.342651	0.342651
70.00	07000	ELECTROENCEPHALOGRAPHY	16,606,982	27,804,836	44,411,818	0.155969	0.155969
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,364,967	32,103,120	53,468,087	0.480907	0.480907
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,490,637	20,273,016	41,763,653	0.372423	0.372423
73.00	07300	DRUGS CHARGED TO PATIENTS	268,158,969	149,931,230	418,090,199	0.184295	0.184295
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0.000000	0.000000
74.00	07400	RENAL DIALYSIS	7,067,243	0	7,067,243	0.340960	0.340960
76.00	03550	PSYCHIATRY	226,561	16,662,573	16,889,134	1.173226	1.173226
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,850,196	41,391,059	44,241,255	1.140388	1.140388
90.01	09001	OFFSITE CLINICS	0	348,466	348,466	0.542323	0.542323
91.00	09100	EMERGENCY	16,008,778	60,927,133	76,935,911	0.391768	0.391768
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,846,956	28,846,956	0.641914	0.641914
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,377,866	0	3,377,866		105.00
106.00	10600	HEART ACQUISITION	3,038,910	0	3,038,910		106.00
107.00	10700	LIVER ACQUISITION	1,012,970	0	1,012,970		107.00
110.00	11000	INTESTINAL ACQUISITION	202,594	0	202,594		110.00
200.00		Subtotal (see instructions)	1,591,312,662	1,145,721,510	2,737,034,172		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,591,312,662	1,145,721,510	2,737,034,172		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	TEFRA
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NEONATOLOGY				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03550	PSYCHIATRY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	OFFSITE CLINICS	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
110.00	11000	INTESTINAL ACQUISITION				110.00
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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/27/2022 3:32 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	120,550,777		120,550,777	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	43,416,367		43,416,367	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	38,351,670		38,351,670	0	0	32.00	
35.00	02060	NEONATOLOGY	46,965,188		46,965,188	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	8,838,647		8,838,647	0	0	40.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	81,874,287		81,874,287	0	0	50.00	
51.00	05100	RECOVERY ROOM	6,190,045		6,190,045	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	9,038,186		9,038,186	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,911,439		13,911,439	0	0	54.00	
57.00	05700	CT SCAN	1,968,516		1,968,516	0	0	57.00	
58.00	05800	MRI	7,319,575		7,319,575	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	14,510,039		14,510,039	0	0	59.00	
60.00	06000	LABORATORY	86,274,535		86,274,535	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	17,038,949	0	17,038,949	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	7,233,647	0	7,233,647	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,434,728	0	2,434,728	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	11,868,787	0	11,868,787	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	6,628,361		6,628,361	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	7,995,976		7,995,976	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,713,184		25,713,184	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,553,727		15,553,727	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	77,051,811		77,051,811	0	0	73.00	
73.01	07301	OUTPATIENT PHARMACY	0		0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	2,929,841		2,929,841	0	0	74.00	
76.00	03550	PSYCHIATRY	21,579,498		21,579,498	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	51,243,059		51,243,059	0	0	90.00	
90.01	09001	OFFSITE CLINICS	188,981		188,981	0	0	90.01	
91.00	09100	EMERGENCY	34,106,009		34,106,009	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,955,874		19,955,874	0	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	2,324,685		2,324,685		0	105.00	
106.00	10600	HEART ACQUISITION	3,149,688		3,149,688		0	106.00	
107.00	10700	LIVER ACQUISITION	1,064,692		1,064,692		0	107.00	
110.00	11000	INTESTINAL ACQUISITION	206,033		206,033		0	110.00	
200.00		Subtotal (see instructions)	787,476,801	0	787,476,801	0	0	200.00	
201.00		Less Observation Beds	19,955,874		19,955,874		0	201.00	
202.00		Total (see instructions)	767,520,927	0	767,520,927	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	180,228,482		180,228,482		30.00
31.00	03100	INTENSIVE CARE UNIT	107,054,508		107,054,508		31.00
32.00	03200	CORONARY CARE UNIT	113,786,271		113,786,271		32.00
35.00	02060	NEONATOLOGY	196,247,644		196,247,644		35.00
40.00	04000	SUBPROVIDER - IPF	17,722,126		17,722,126		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,618,233	216,508,007	418,126,240	0.195812	0.000000
51.00	05100	RECOVERY ROOM	4,834,500	21,693,894	26,528,394	0.233337	0.000000
53.00	05300	ANESTHESIOLOGY	20,968,737	39,435,403	60,404,140	0.149629	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,691,223	62,429,639	87,120,862	0.159680	0.000000
57.00	05700	CT SCAN	10,130,814	17,449,585	27,580,399	0.071374	0.000000
58.00	05800	MRI	16,263,640	84,477,755	100,741,395	0.072657	0.000000
59.00	05900	CARDIAC CATHETERIZATION	38,152,041	77,202,644	115,354,685	0.125786	0.000000
60.00	06000	LABORATORY	176,928,846	194,474,851	371,403,697	0.232293	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	104,204,069	5,747,033	109,951,102	0.154968	0.000000
66.00	06600	PHYSICAL THERAPY	6,137,867	10,965,415	17,103,282	0.422939	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,756,207	3,574,789	7,330,996	0.332114	0.000000
68.00	06800	SPEECH PATHOLOGY	4,067,094	20,023,773	24,090,867	0.492667	0.000000
69.00	06900	ELECTROCARDIOLOGY	3,113,687	13,450,333	16,564,020	0.400166	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	16,606,982	27,804,836	44,411,818	0.180042	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,364,967	32,103,120	53,468,087	0.480907	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,490,637	20,273,016	41,763,653	0.372423	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	268,158,969	149,931,230	418,090,199	0.184295	0.000000
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0.000000	0.000000
74.00	07400	RENAL DIALYSIS	7,067,243	0	7,067,243	0.414566	0.000000
76.00	03550	PSYCHIATRY	226,561	16,662,573	16,889,134	1.277715	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,850,196	41,391,059	44,241,255	1.158264	0.000000
90.01	09001	OFFSITE CLINICS	0	348,466	348,466	0.542323	0.000000
91.00	09100	EMERGENCY	16,008,778	60,927,133	76,935,911	0.443304	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,846,956	28,846,956	0.691784	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,377,866	0	3,377,866		105.00
106.00	10600	HEART ACQUISITION	3,038,910	0	3,038,910		106.00
107.00	10700	LIVER ACQUISITION	1,012,970	0	1,012,970		107.00
110.00	11000	INTESTINAL ACQUISITION	202,594	0	202,594		110.00
200.00		Subtotal (see instructions)	1,591,312,662	1,145,721,510	2,737,034,172		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,591,312,662	1,145,721,510	2,737,034,172		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NEONATOLOGY				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03550	PSYCHIATRY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	OFFSITE CLINICS	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
110.00	11000	INTESTINAL ACQUISITION				110.00
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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

			Title XVIII		Hospital	TEFRA		
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	16,999,474	0	16,999,474	44,201	384.59	30.00	
31.00	INTENSIVE CARE UNIT	6,228,897		6,228,897	11,907	523.13	31.00	
32.00	CORONARY CARE UNIT	4,925,330		4,925,330	13,548	363.55	32.00	
35.00	NEONATOLOGY	5,933,556		5,933,556	19,445	305.15	35.00	
40.00	SUBPROVIDER - IPF	1,263,882	0	1,263,882	4,022	314.24	40.00	
200.00	Total (lines 30 through 199)	35,351,139		35,351,139	93,123		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	245	94,225					30.00
31.00	INTENSIVE CARE UNIT	42	21,971					31.00
32.00	CORONARY CARE UNIT	31	11,270					32.00
35.00	NEONATOLOGY	0	0					35.00
40.00	SUBPROVIDER - IPF	0	0					40.00
200.00	Total (lines 30 through 199)	318	127,466					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D Part II Date/Time Prepared: 1/27/2022 3:32 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Program Charges	Capital Costs (column 3 x column 4)	TEFRA
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,198,622	418,126,240	0.029174	578,910	16,889	50.00
51.00	05100 RECOVERY ROOM	1,086,269	26,528,394	0.040947	13,092	536	51.00
53.00	05300 ANESTHESIOLOGY	1,010,310	60,404,140	0.016726	78,753	1,317	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,814,567	87,120,862	0.032306	104,831	3,387	54.00
57.00	05700 CT SCAN	453,801	27,580,399	0.016454	50,471	830	57.00
58.00	05800 MRI	1,609,652	100,741,395	0.015978	66,555	1,063	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,983,252	115,354,685	0.025862	164,575	4,256	59.00
60.00	06000 LABORATORY	6,364,078	371,403,697	0.017135	802,793	13,756	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,050,890	109,951,102	0.009558	669,224	6,396	65.00
66.00	06600 PHYSICAL THERAPY	898,328	17,103,282	0.052524	24,907	1,308	66.00
67.00	06700 OCCUPATIONAL THERAPY	97,944	7,330,996	0.013360	16,207	217	67.00
68.00	06800 SPEECH PATHOLOGY	919,114	24,090,867	0.038152	8,265	315	68.00
69.00	06900 ELECTROCARDIOLOGY	390,648	16,564,020	0.023584	18,194	429	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,054,388	44,411,818	0.023741	5,480	130	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,236,619	53,468,087	0.023128	139,867	3,235	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	579,205	41,763,653	0.013869	16,799	233	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,795,730	418,090,199	0.006687	946,672	6,330	73.00
73.01	07301 OUTPATIENT PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	71,232	7,067,243	0.010079	135,834	1,369	74.00
76.00	03550 PSYCHIATRY	2,409,017	16,889,134	0.142637	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,888,543	44,241,255	0.155704	22,172	3,452	90.00
90.01	09001 OFFSITE CLINICS	3,301	348,466	0.009473	0	0	90.01
91.00	09100 EMERGENCY	4,086,626	76,935,911	0.053117	56,802	3,017	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,814,089	28,846,956	0.097552	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	53,816,225	2,114,362,801		3,920,403	68,465	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/27/2022 3:32 pm		
					Title XVIII		Hospital		TEFRA		
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
35.00	02060	NEONATOLOGY	0	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	44,201	0.00	245	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	11,907	0.00	42	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	13,548	0.00	31	32.00			
35.00	02060	NEONATOLOGY	0	0	19,445	0.00	0	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	4,022	0.00	0	40.00			
200.00		Total (lines 30 through 199)	0	0	93,123		318	200.00			
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0					30.00			
31.00	03100	INTENSIVE CARE UNIT	0					31.00			
32.00	03200	CORONARY CARE UNIT	0					32.00			
35.00	02060	NEONATOLOGY	0					35.00			
40.00	04000	SUBPROVIDER - IPF	0					40.00			
200.00		Total (lines 30 through 199)	0					200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/27/2022 3:32 pm	
			Title XVIII		Hospital		TEFRA	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Title XVIII		Hospital	TEFRA	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	418,126,240	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	26,528,394	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	60,404,140	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,120,862	0.000000
57.00	05700	CT SCAN	0	0	0	27,580,399	0.000000
58.00	05800	MRI	0	0	0	100,741,395	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	115,354,685	0.000000
60.00	06000	LABORATORY	0	0	0	371,403,697	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	109,951,102	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	17,103,282	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,330,996	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	24,090,867	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,564,020	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	44,411,818	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,468,087	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,763,653	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	418,090,199	0.000000
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	7,067,243	0.000000
76.00	03550	PSYCHIATRY	0	0	0	16,889,134	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	44,241,255	0.000000
90.01	09001	OFFSITE CLINICS	0	0	0	348,466	0.000000
91.00	09100	EMERGENCY	0	0	0	76,935,911	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	28,846,956	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	0	0	2,114,362,801	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3300

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

Worksheet D
Part IV
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Title XVIII		Hospital		TEFRA	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	578,910	0	158,262	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	13,092	0	18,349	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	78,753	0	61,983	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	104,831	0	86,804	0	54.00
57.00	05700	CT SCAN	0.000000	50,471	0	117,497	0	57.00
58.00	05800	MRI	0.000000	66,555	0	124,061	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	164,575	0	172,902	0	59.00
60.00	06000	LABORATORY	0.000000	802,793	0	1,789,738	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	669,224	0	20,160	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	24,907	0	4,071	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	16,207	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	8,265	0	13,266	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	18,194	0	25,143	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,480	0	14,784	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	139,867	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	16,799	0	12,070	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	946,672	0	426,017	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	135,834	0	0	0	74.00
76.00	03550	PSYCHIATRY	0.000000	0	0	2,312	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	22,172	0	138,188	0	90.00
90.01	09001	OFFSITE CLINICS	0.000000	0	0	188	0	90.01
91.00	09100	EMERGENCY	0.000000	56,802	0	69,305	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	19,454	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		3,920,403	0	3,274,554	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/27/2022 3:32 pm

			Title XVIII		Hospital		TEFRA	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.183820	158,262	0	0	29,092	50.00
51.00	05100	RECOVERY ROOM	0.233337	18,349	0	0	4,282	51.00
53.00	05300	ANESTHESIOLOGY	0.104316	61,983	0	0	6,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138834	86,804	0	0	12,051	54.00
57.00	05700	CT SCAN	0.071374	117,497	0	0	8,386	57.00
58.00	05800	MRI	0.072657	124,061	0	0	9,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.120149	172,902	0	0	20,774	59.00
60.00	06000	LABORATORY	0.222994	1,789,738	0	0	399,101	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.151186	20,160	0	0	3,048	65.00
66.00	06600	PHYSICAL THERAPY	0.422939	4,071	0	0	1,722	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332114	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.492667	13,266	0	0	6,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0.342651	25,143	0	0	8,615	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155969	14,784	0	0	2,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480907	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.372423	12,070	0	0	4,495	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184295	426,017	0	0	78,513	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.340960	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	1.173226	2,312	0	0	2,712	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.140388	138,188	0	0	157,588	90.00
90.01	09001	OFFSITE CLINICS	0.542323	188	0	0	102	90.01
91.00	09100	EMERGENCY	0.391768	69,305	0	0	27,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.641914	19,454	0	0	12,488	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		3,274,554	0	0	794,442	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		3,274,554	0	0	794,442	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part V Date/Time Prepared: 1/27/2022 3:32 pm	
				Title XVIII		Hospital		TEFRA	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					
51.00	05100	RECOVERY ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	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					
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	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					
73.01	07301	OUTPATIENT PHARMACY	0	0					
74.00	07400	RENAL DIALYSIS	0	0					
76.00	03550	PSYCHIATRY	0	0					
76.97	07697	CARDIAC REHABILITATION	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
76.99	07699	LITHOTRIPSY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
90.01	09001	OFFSITE CLINICS	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
92.01	09201	OBSERVATION BEDS-DISTINCT	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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/27/2022 3:32 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	16,999,474	0	16,999,474	44,201	384.59	30.00
31.00	INTENSIVE CARE UNIT	6,228,897		6,228,897	11,907	523.13	31.00
32.00	CORONARY CARE UNIT	4,925,330		4,925,330	13,548	363.55	32.00
35.00	NEONATOLOGY	5,933,556		5,933,556	19,445	305.15	35.00
40.00	SUBPROVIDER - IPF	1,263,882	0	1,263,882	4,022	314.24	40.00
200.00	Total (lines 30 through 199)	35,351,139		35,351,139	93,123		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	3,849	1,480,287				30.00
31.00	INTENSIVE CARE UNIT	1,438	752,261				31.00
32.00	CORONARY CARE UNIT	2,012	731,463				32.00
35.00	NEONATOLOGY	1,894	577,954				35.00
40.00	SUBPROVIDER - IPF	151	47,450				40.00
200.00	Total (lines 30 through 199)	9,344	3,589,415				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/27/2022 3:32 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							
50.00	05000	OPERATING ROOM	12,198,622	418,126,240	0.029174	13,261,091	386,879	50.00
51.00	05100	RECOVERY ROOM	1,086,269	26,528,394	0.040947	224,897	9,209	51.00
53.00	05300	ANESTHESIOLOGY	1,010,310	60,404,140	0.016726	1,645,036	27,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,814,567	87,120,862	0.032306	2,553,459	82,492	54.00
57.00	05700	CT SCAN	453,801	27,580,399	0.016454	773,833	12,733	57.00
58.00	05800	MRI	1,609,652	100,741,395	0.015978	975,793	15,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,983,252	115,354,685	0.025862	3,047,898	78,825	59.00
60.00	06000	LABORATORY	6,364,078	371,403,697	0.017135	16,008,711	274,309	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,050,890	109,951,102	0.009558	25,771,355	246,323	65.00
66.00	06600	PHYSICAL THERAPY	898,328	17,103,282	0.052524	667,903	35,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,944	7,330,996	0.013360	434,595	5,806	67.00
68.00	06800	SPEECH PATHOLOGY	919,114	24,090,867	0.038152	389,645	14,866	68.00
69.00	06900	ELECTROCARDIOLOGY	390,648	16,564,020	0.023584	296,334	6,989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,054,388	44,411,818	0.023741	1,369,691	32,518	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,236,619	53,468,087	0.023128	2,032,555	47,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,205	41,763,653	0.013869	1,178,884	16,350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,795,730	418,090,199	0.006687	28,620,234	191,384	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	71,232	7,067,243	0.010079	906,292	9,135	74.00
76.00	03550	PSYCHIATRY	2,409,017	16,889,134	0.142637	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,888,543	44,241,255	0.155704	186,009	28,962	90.00
90.01	09001	OFFSITE CLINICS	3,301	348,466	0.009473	0	0	90.01
91.00	09100	EMERGENCY	4,086,626	76,935,911	0.053117	1,326,902	70,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,814,078	28,846,956	0.097552	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	53,816,214	2,114,362,801		101,671,117	1,592,457	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/27/2022 3:32 pm		
					Title XIX		Hospital		Cost		
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
35.00	02060	NEONATOLOGY	0	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	44,201	0.00	3,849	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	11,907	0.00	1,438	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	13,548	0.00	2,012	32.00			
35.00	02060	NEONATOLOGY	0	0	19,445	0.00	1,894	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	4,022	0.00	151	40.00			
200.00		Total (lines 30 through 199)	0	0	93,123		9,344	200.00			
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00	
31.00	03100	INTENSIVE CARE UNIT	0							31.00	
32.00	03200	CORONARY CARE UNIT	0							32.00	
35.00	02060	NEONATOLOGY	0							35.00	
40.00	04000	SUBPROVIDER - IPF	0							40.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Title XIX			Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/27/2022 3:32 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							
50.00	05000	OPERATING ROOM	0	0	0	418,126,240	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	26,528,394	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	60,404,140	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,120,862	0.000000
57.00	05700	CT SCAN	0	0	0	27,580,399	0.000000
58.00	05800	MRI	0	0	0	100,741,395	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	115,354,685	0.000000
60.00	06000	LABORATORY	0	0	0	371,403,697	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	109,951,102	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	17,103,282	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,330,996	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	24,090,867	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,564,020	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	44,411,818	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,468,087	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,763,653	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	418,090,199	0.000000
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	7,067,243	0.000000
76.00	03550	PSYCHIATRY	0	0	0	16,889,134	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	44,241,255	0.000000
90.01	09001	OFFSITE CLINICS	0	0	0	348,466	0.000000
91.00	09100	EMERGENCY	0	0	0	76,935,911	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	28,846,956	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	0	0	2,114,362,801	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	13,261,091	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	224,897	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,645,036	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,553,459	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	773,833	0	0	0	57.00
58.00	05800	MRI	0.000000	975,793	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,047,898	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	16,008,711	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	25,771,355	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	667,903	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	434,595	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	389,645	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	296,334	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,369,691	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,032,555	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,178,884	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,620,234	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	906,292	0	0	0	74.00
76.00	03550	PSYCHIATRY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	186,009	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	1,326,902	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		101,671,117	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-3300 Component CCN:14-S300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part II Date/Time Prepared: 1/27/2022 3:32 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		12,198,622	418,126,240	0.029174	0	0	50.00
51.00	05100	RECOVERY ROOM		1,086,269	26,528,394	0.040947	0	0	51.00
53.00	05300	ANESTHESIOLOGY		1,010,310	60,404,140	0.016726	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,814,567	87,120,862	0.032306	536	17	54.00
57.00	05700	CT SCAN		453,801	27,580,399	0.016454	0	0	57.00
58.00	05800	MRI		1,609,652	100,741,395	0.015978	4,885	78	58.00
59.00	05900	CARDIAC CATHETERIZATION		2,983,252	115,354,685	0.025862	0	0	59.00
60.00	06000	LABORATORY		6,364,078	371,403,697	0.017135	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		1,050,890	109,951,102	0.009558	14,036	134	65.00
66.00	06600	PHYSICAL THERAPY		898,328	17,103,282	0.052524	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		97,944	7,330,996	0.013360	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		919,114	24,090,867	0.038152	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		390,648	16,564,020	0.023584	458	11	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,054,388	44,411,818	0.023741	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,236,619	53,468,087	0.023128	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		579,205	41,763,653	0.013869	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,795,730	418,090,199	0.006687	38,937	260	73.00
73.01	07301	OUTPATIENT PHARMACY		0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS		71,232	7,067,243	0.010079	0	0	74.00
76.00	03550	PSYCHIATRY		2,409,017	16,889,134	0.142637	58,959	8,410	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		6,888,543	44,241,255	0.155704	0	0	90.00
90.01	09001	OFFSITE CLINICS		3,301	348,466	0.009473	0	0	90.01
91.00	09100	EMERGENCY		4,086,626	76,935,911	0.053117	9,372	498	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	28,846,956	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)		51,002,136	2,114,362,801		127,183	9,408	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-3300 Component CCN: 14-S300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/27/2022 3:32 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-3300 Component CCN: 14-S300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/27/2022 3:32 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	418,126,240	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	26,528,394	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	60,404,140	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	87,120,862	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	27,580,399	0.000000	57.00
58.00	05800	MRI		0	0	0	100,741,395	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	115,354,685	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	371,403,697	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	109,951,102	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	17,103,282	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	7,330,996	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	24,090,867	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	16,564,020	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	44,411,818	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	53,468,087	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	41,763,653	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	418,090,199	0.000000	73.00
73.01	07301	OUTPATIENT PHARMACY		0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	7,067,243	0.000000	74.00
76.00	03550	PSYCHIATRY		0	0	0	16,889,134	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	44,241,255	0.000000	90.00
90.01	09001	OFFSITE CLINICS		0	0	0	348,466	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	76,935,911	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	28,846,956	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	0	0	2,114,362,801		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-3300 Component CCN: 14-S300		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/27/2022 3:32 pm	
			Title XIX		Subprovider - IPF		Cost	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	536	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	4,885	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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	14,036	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	458	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	38,937	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRY	0.000000	58,959	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OFFSITE CLINICS	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	9,372	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		127,183	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/27/2022 3:32 pm
		Title XVIII	Hospital	TEFRA
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,201	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,201	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)		36,884	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)		245	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)		111,860,206	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)		111,860,206	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)		111,860,206	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)		2,530.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		620,026	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)		620,026	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3300

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

Worksheet D-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	40,328,470	11,907	3,386.95	42	142,252	43.00
44.00	CORONARY CARE UNIT	38,351,670	13,548	2,830.80	31	87,755	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATOLOGY	45,170,216	19,445	2,322.97	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					809,562	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,659,595	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)					127,466	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					68,465	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					195,931	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,463,664	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					34	54.00
55.00	Target amount per discharge					22,376.39	55.00
56.00	Target amount (line 54 x line 55)					760,797	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-702,867	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)					76,080	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					1,032,808	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)					7,317	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,530.72	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,517,278	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3300

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

Worksheet D-1

Date/Time Prepared:
1/27/2022 3:32 pm

		Title XVIII		Hospital	TEFRA	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	16,999,474	111,860,206	0.151971	18,517,278	2,814,089
91.00	Nursing Program cost	0	111,860,206	0.000000	18,517,278	0
92.00	Allied health cost	0	111,860,206	0.000000	18,517,278	0
93.00	All other Medical Education	0	111,860,206	0.000000	18,517,278	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/27/2022 3:32 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,201	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,201	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)		36,884	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)		3,849	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)		120,550,777	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)		120,550,777	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)		120,550,777	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)		2,727.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,497,493	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)		10,497,493	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3300

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

Worksheet D-1

Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	43,416,367	11,907	3,646.29	1,438	5,243,365	43.00
44.00	CORONARY CARE UNIT	38,351,670	13,548	2,830.80	2,012	5,695,570	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATOLOGY	46,965,188	19,445	2,415.28	1,894	4,574,540	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,379,433	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,390,401	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,317	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,727.33	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,955,874	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/27/2022 3:32 pm	
				Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	16,999,474	120,550,777	0.141015	19,955,874	2,814,078	90.00		
91.00	Nursing Program cost	0	120,550,777	0.000000	19,955,874	0	91.00		
92.00	Allied health cost	0	120,550,777	0.000000	19,955,874	0	92.00		
93.00	All other Medical Education	0	120,550,777	0.000000	19,955,874	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1
		Component CCN: 14-S300		Date/Time Prepared: 1/27/2022 3:32 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,022 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,022 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,022 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)			151 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)			8,838,647 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)			8,838,647 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)			8,838,647 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)			2,197.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			331,835 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)			331,835 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3300

Period:

Worksheet D-1

Component CCN: 14-S300

From 09/01/2020

Date/Time Prepared:

To 08/31/2021

1/27/2022 3:32 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATOLOGY	0	0	0.00	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					89,463	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					421,298	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3300 Component CCN: 14-S300		Period: From 09/01/2020 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/27/2022 3:32 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,263,882	8,838,647	0.142995	0	0	90.00
91.00	Nursing Program cost	0	8,838,647	0.000000	0	0	91.00
92.00	Allied health cost	0	8,838,647	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,838,647	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/27/2022 3:32 pm	
			Title XVIII	Hospital	TEFRA	
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		972,650		30.00
31.00	03100	INTENSIVE CARE UNIT		413,280		31.00
32.00	03200	CORONARY CARE UNIT		259,410		32.00
35.00	02060	NEONATOLOGY		0		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.183820	578,910	106,415	50.00
51.00	05100	RECOVERY ROOM	0.233337	13,092	3,055	51.00
53.00	05300	ANESTHESIOLOGY	0.104316	78,753	8,215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138834	104,831	14,554	54.00
57.00	05700	CT SCAN	0.071374	50,471	3,602	57.00
58.00	05800	MRI	0.072657	66,555	4,836	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.120149	164,575	19,774	59.00
60.00	06000	LABORATORY	0.222994	802,793	179,018	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.151186	669,224	101,177	65.00
66.00	06600	PHYSICAL THERAPY	0.422939	24,907	10,534	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332114	16,207	5,383	67.00
68.00	06800	SPEECH PATHOLOGY	0.492667	8,265	4,072	68.00
69.00	06900	ELECTROCARDIOLOGY	0.342651	18,194	6,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155969	5,480	855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480907	139,867	67,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.372423	16,799	6,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184295	946,672	174,467	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.340960	135,834	46,314	74.00
76.00	03550	PSYCHIATRY	1.173226	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.140388	22,172	25,285	90.00
90.01	09001	OFFSITE CLINICS	0.542323	0	0	90.01
91.00	09100	EMERGENCY	0.391768	56,802	22,253	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.641914	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,920,403	809,562	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		3,920,403		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/27/2022 3:32 pm	
Cost Center Description			Title XIX	Hospital	Cost	
			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		12,452,889		30.00
31.00	03100	INTENSIVE CARE UNIT		20,864,113		31.00
32.00	03200	CORONARY CARE UNIT		15,554,733		32.00
35.00	02060	NEONATOLOGY		16,781,548		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.195812	13,261,091	2,596,681	50.00
51.00	05100	RECOVERY ROOM	0.233337	224,897	52,477	51.00
53.00	05300	ANESTHESIOLOGY	0.149629	1,645,036	246,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159680	2,553,459	407,736	54.00
57.00	05700	CT SCAN	0.071374	773,833	55,232	57.00
58.00	05800	MRI	0.072657	975,793	70,898	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125786	3,047,898	383,383	59.00
60.00	06000	LABORATORY	0.232293	16,008,711	3,718,712	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.154968	25,771,355	3,993,735	65.00
66.00	06600	PHYSICAL THERAPY	0.422939	667,903	282,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332114	434,595	144,335	67.00
68.00	06800	SPEECH PATHOLOGY	0.492667	389,645	191,965	68.00
69.00	06900	ELECTROCARDIOLOGY	0.400166	296,334	118,583	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180042	1,369,691	246,602	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480907	2,032,555	977,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.372423	1,178,884	439,044	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184295	28,620,234	5,274,566	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.414566	906,292	375,718	74.00
76.00	03550	PSYCHIATRY	1.277715	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.158264	186,009	215,448	90.00
90.01	09001	OFFSITE CLINICS	0.542323	0	0	90.01
91.00	09100	EMERGENCY	0.443304	1,326,902	588,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.691784	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		101,671,117	20,379,433	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		101,671,117		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-3300 Component CCN: 14-S300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/27/2022 3:32 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATOLOGY				35.00
40.00	04000 SUBPROVIDER - IPF		599,470		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.195812	0	0	50.00
51.00	05100 RECOVERY ROOM	0.233337	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.149629	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159680	536	86	54.00
57.00	05700 CT SCAN	0.071374	0	0	57.00
58.00	05800 MRI	0.072657	4,885	355	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.125786	0	0	59.00
60.00	06000 LABORATORY	0.232293	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.154968	14,036	2,175	65.00
66.00	06600 PHYSICAL THERAPY	0.422939	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.332114	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.492667	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.400166	458	183	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180042	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.480907	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.372423	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184295	38,937	7,176	73.00
73.01	07301 OUTPATIENT PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.414566	0	0	74.00
76.00	03550 PSYCHIATRY	1.277715	58,959	75,333	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.158264	0	0	90.00
90.01	09001 OFFSITE CLINICS	0.542323	0	0	90.01
91.00	09100 EMERGENCY	0.443304	9,372	4,155	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.691784	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		127,183	89,463	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		127,183		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-4 Date/Time Prepared: 1/27/2022 3:32 pm	
				Component CCN:			
				Kidney	Hospital	TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,530.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	113,399	3,386.95	11	37,256	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,830.80	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATOLOGY	47.00	0	2,322.97	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		113,399		11	37,256	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.183820	411,227	75,592	8.00	
9.00	RECOVERY ROOM	51.00	0.233337	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.104316	26,929	2,809	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138834	6,637	921	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.071374	3,571	255	15.00	
16.00	MRI	58.00	0.072657	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.120149	9,176	1,102	17.00	
18.00	LABORATORY	60.00	0.222994	110,062	24,543	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.151186	58,556	8,853	23.00	
24.00	PHYSICAL THERAPY	66.00	0.422939	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.332114	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.492667	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.342651	894	306	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.155969	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.480907	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.372423	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.184295	47,303	8,718	31.00	
31.01	OUTPATIENT PHARMACY	73.01	0.000000	0	0	31.01	
32.00	RENAL DIALYSIS	74.00	0.340960	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PSYCHIATRY	76.00	1.173226	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.140388	0	0	37.00	
37.01	OFFSITE CLINICS	90.01	0.542323	0	0	37.01	
38.00	EMERGENCY	91.00	0.391768	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.641914	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.000000	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			674,355	123,099	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 14-3300
Period: From 09/01/2020 To 08/31/2021
Worksheet D-4
Date/Time Prepared: 1/27/2022 3:32 pm

		Component CCN:		To 08/31/2021	Date/Time Prepared: 1/27/2022 3:32 pm	
		Kidney		Hospital	TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	11	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATOLOGY	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			11	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OFFSITE CLINICS	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	160,355		787,754		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,324,685		3,377,866		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,485,040		4,165,620		61.00
62.00	Total Usable Organs (see instructions)		46			62.00
63.00	Medicare Usable Organs (see instructions)		15			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.326087			64.00
65.00	Medicare Cost/Charges (see instructions)	810,339		1,358,355		65.00
66.00	Revenue for Organs Sold	43,024		43,024		66.00
67.00	Subtotal (line 65 minus line 66)	767,315		1,315,331		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	767,315	0	1,315,331	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	13		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		10	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	23		73.00
74.00	Total (sum of lines 70 through 73)		10	36		74.00
75.00	Organs Transplanted		10	23	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	13	43,024	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		10	36		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-4 Date/Time Prepared: 1/27/2022 3:32 pm	
				Component CCN:			
				Liver	Hospital	TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,530.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	26,766	3,386.95	3	10,161	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,830.80	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATOLOGY	47.00	0	2,322.97	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		26,766		3	10,161	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.183820	84,977	15,620	8.00	
9.00	RECOVERY ROOM	51.00	0.233337	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.104316	5,014	523	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138834	1,305	181	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.071374	1,785	127	15.00	
16.00	MRI	58.00	0.072657	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.120149	1,846	222	17.00	
18.00	LABORATORY	60.00	0.222994	24,952	5,564	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.151186	18,481	2,794	23.00	
24.00	PHYSICAL THERAPY	66.00	0.422939	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.332114	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.492667	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.342651	180	62	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.155969	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.480907	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.372423	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.184295	10,469	1,929	31.00	
31.01	OUTPATIENT PHARMACY	73.01	0.000000	0	0	31.01	
32.00	RENAL DIALYSIS	74.00	0.340960	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PSYCHIATRY	76.00	1.173226	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.140388	0	0	37.00	
37.01	OFFSITE CLINICS	90.01	0.542323	0	0	37.01	
38.00	EMERGENCY	91.00	0.391768	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.641914	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.000000	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			149,009	27,022	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT
Provider CCN: 14-3300
Period: From 09/01/2020 To 08/31/2021
Worksheet D-4
HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Component CCN:
Date/Time Prepared: 1/27/2022 3:32 pm

		Liver		Hospital		TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATOLOGY	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	OFFSITE CLINICS	23.01	0	0.000000	0	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	37,183		175,775			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,064,692		1,012,970			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,101,875		1,188,745			61.00
62.00	Total Usable Organs (see instructions)		14				62.00
63.00	Medicare Usable Organs (see instructions)		3				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.214286				64.00
65.00	Medicare Cost/Charges (see instructions)	236,116		254,731			65.00
66.00	Revenue for Organs Sold	6,429		6,429			66.00
67.00	Subtotal (line 65 minus line 66)	229,687		248,302			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	229,687	0	248,302		0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		3	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	8			73.00
74.00	Total (sum of lines 70 through 73)		3	11			74.00
75.00	Organs Transplanted		3	8	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	3	6,429		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		3	11			84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet D-4 Date/Time Prepared: 1/27/2022 3:32 pm	
				Component CCN:			
				Heart	Hospital	TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,530.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	22,834	3,386.95	2	6,774	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,830.80	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATOLOGY	47.00	0	2,322.97	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		22,834		2	6,774	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.183820	126,081	23,176	8.00
9.00	RECOVERY ROOM		51.00	0.233337	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.104316	9,564	998	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.138834	1,913	266	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.071374	1,785	127	15.00
16.00	MRI		58.00	0.072657	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.120149	5,763	692	17.00
18.00	LABORATORY		60.00	0.222994	37,518	8,366	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.151186	8,434	1,275	23.00
24.00	PHYSICAL THERAPY		66.00	0.422939	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.332114	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.492667	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.342651	562	193	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.155969	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.480907	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.372423	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.184295	13,087	2,412	31.00
31.01	OUTPATIENT PHARMACY		73.01	0.000000	0	0	31.01
32.00	RENAL DIALYSIS		74.00	0.340960	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	PSYCHIATRY		76.00	1.173226	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.000000	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.140388	0	0	37.00
37.01	OFFSITE CLINICS		90.01	0.542323	0	0	37.01
38.00	EMERGENCY		91.00	0.391768	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.641914	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT		92.01	0.000000	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				204,707	37,505	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 1/27/2022 3:32 pm	
				Heart		Hospital		TEFRA	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS			2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT			3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT			4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			6.00	0.00	0	0	46.00	
47.00	NEONATOLOGY			7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)					2	0	48.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC			21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER			22.00	0	0.000000	0	50.00	
51.00	CLINIC			23.00	0	0.000000	0	51.00	
51.01	OFFSITE CLINICS			23.01	0	0.000000	0	51.01	
52.00	EMERGENCY			24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART			25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT			25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER			26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)				0		0	55.00	
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I			44,279		227,541		56.00	
57.00	Interns and Residents (inpatient)			0		0		57.00	
58.00	Interns and Residents (outpatient)			0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)			3,149,688		3,038,910		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)			0		0		60.00	
61.00	Total (sum of lines 56 thru 60)			3,193,967		3,266,451		61.00	
62.00	Total Usable Organs (see instructions)				34			62.00	
63.00	Medicare Usable Organs (see instructions)				4			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)				0.117647			64.00	
65.00	Medicare Cost/Charges (see instructions)			375,761		384,288		65.00	
66.00	Revenue for Organs Sold			12,262		12,262		66.00	
67.00	Subtotal (line 65 minus line 66)			363,499		372,026		67.00	
68.00	Organs Furnished Part B			0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)			363,499	0	372,026	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue		
					1.00	2.00	3.00		
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)				0	4		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)				0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals				0	0		72.00	
73.00	Organs Purchased from OPOs				0	30		73.00	
74.00	Total (sum of lines 70 through 73)				0	34		74.00	
75.00	Organs Transplanted				0	30	0	75.00	
76.00	Organs Sold to Other Hospitals				0	0	0	76.00	
77.00	Organs Sold to OPOs				0	4	12,262	77.00	
78.00	Organs Sold to Transplant Hospitals				0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals				0	0	0	79.00	
80.00	Organs Sold Outside the U.S.				0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)				0	0		81.00	
82.00	Organs Used for Research				0	0		82.00	
83.00	Unusable/Discarded Organs				0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)				0	34		84.00	

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

Health Financial Systems		ANN & ROBERT H. LURIE CHILDRENS HOS		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/27/2022 3:32 pm	
		Title XVIII	Hospital	TEFRA	
				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)			794,442	2.00
3.00	OPPS payments			450,208	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)			0.920	5.00
6.00	Line 2 times line 5			730,887	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			61.60	7.00
8.00	Transitional corridor payment (see instructions)			280,679	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			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)			730,887	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			59,714	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			671,173	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			10,166	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)			681,339	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			681,339	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			681,339	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			681,339	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			398,238	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)			283,101	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)			14,251	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: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
1/27/2022 3:32 pm

		Title XVIII		Hospital		TEFRA
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,993,105		398,238	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
3.07			0		0	3.07
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51		04/21/2021	412,005		0	3.51
3.52		08/25/2021	588,488		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)		-1,000,493		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,992,612		398,238	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		364,534		283,101	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,357,146		681,339	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		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part I Date/Time Prepared: 1/27/2022 3:32 pm
		Title XVIII	Hospital	TEFRA
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		1,032,808	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		1,360,501	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,393,309	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		2,393,309	6.00
7.00	Deductibles		30,708	7.00
8.00	Subtotal (line 6 minus line 7)		2,362,601	8.00
9.00	Coinsurance		44,102	9.00
10.00	Subtotal (line 8 minus line 9)		2,318,499	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		2,318,499	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		38,647	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.98	Recovery of accelerated depreciation.		0	17.98
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		2,357,146	18.00
18.01	Sequestration adjustment (see instructions)		0	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		1,992,612	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		364,534	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2022 3:32 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	46,390,401		1.00	
2.00	Medical and other services		0	2.00	
3.00	Organ acquisition (certified transplant centers only)	0		3.00	
4.00	Subtotal (sum of lines 1, 2 and 3)	46,390,401	0	4.00	
5.00	Inpatient primary payer payments	0		5.00	
6.00	Outpatient primary payer payments		0	6.00	
7.00	Subtotal (line 4 less sum of lines 5 and 6)	46,390,401	0	7.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	66,252,754		8.00	
9.00	Ancillary service charges	101,671,117	0	9.00	
10.00	Organ acquisition charges, net of revenue	0		10.00	
11.00	Incentive from target amount computation	0		11.00	
12.00	Total reasonable charges (sum of lines 8 through 11)	167,923,871	0	12.00	
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00	
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00	
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00	
16.00	Total customary charges (see instructions)	167,923,871	0	16.00	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	121,533,470	0	17.00	
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00	
19.00	Interns and Residents (see instructions)	0	0	19.00	
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00	
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	46,390,401	0	21.00	
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0	22.00	
23.00	Outlier payments	0	0	23.00	
24.00	Program capital payments	0	0	24.00	
25.00	Capital exception payments (see instructions)	0	0	25.00	
26.00	Routine and Ancillary service other pass through costs	0	0	26.00	
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00	
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00	
29.00	Titles V or XIX (sum of lines 21 and 27)	46,390,401	0	29.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0	30.00	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	46,390,401	0	31.00	
32.00	Deductibles	0	0	32.00	
33.00	Coinurance	0	0	33.00	
34.00	Allowable bad debts (see instructions)	0	0	34.00	
35.00	Utilization review	0	0	35.00	
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	46,390,401	0	36.00	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00	
38.00	Subtotal (line 36 ± line 37)	46,390,401	0	38.00	
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00	
40.00	Total amount payable to the provider (sum of lines 38 and 39)	46,390,401	0	40.00	
41.00	Interim payments	43,068,071	0	41.00	
42.00	Balance due provider/program (line 40 minus line 41)	3,322,330	0	42.00	
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3300 Component CCN: 14-S300	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2022 3:32 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		421,298		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		421,298	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		421,298	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		599,470		8.00
9.00	Ancillary service charges		127,183	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		726,653	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		726,653	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		305,355	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		421,298	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		421,298	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		421,298	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		421,298	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		421,298	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		421,298	0	40.00
41.00	Interim payments		214,486	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		206,812	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3300		Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/27/2022 3:32 pm
		Title XVIII		Hospital	TEFRA
					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.				143.97 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				5.49 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				0.00 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				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)				149.46 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				269.49 6.00
7.00	Enter the lesser of line 5 or line 6				149.46 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.	96.32	120.93	217.25	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.	53.42	67.07	120.49	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.00		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	53.42	71.07		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	55.26	69.68		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	56.86	68.49		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	55.18	69.75		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	55.18	69.75		17.00
18.00	Per resident amount	105,429.43	105,429.43		18.00
19.00	Approved amount for resident costs	5,817,596	7,353,703	13,171,299	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)				120.03 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)				13,171,299 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)	318	0	0	26.00
27.00	Total Inpatient Days (see instructions)	85,806	85,806	85,806	27.00
28.00	Ratio of inpatient days to total inpatient days	0.003706	0.000000	0.000000	28.00
29.00	Program direct GME amount	48,813	0	0	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		0	0	30.00
31.00	Net Program direct GME amount			48,813	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/27/2022 3:32 pm	
		Title XVIII	Hospital	TEFRA	
			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)		7,067,243		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)		1,659,595		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,360,501		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		0		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		3,020,096		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		794,442		42.00
43.00	Primary payer payments (see instructions)		0		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		794,442		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		3,814,538		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.791733		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.208267		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		48,813		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		38,647		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		10,166		50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/27/2022 3:32 pm	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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	0.00	0.00	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	0.00	0.00	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	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	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)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	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)	9,344	36,488		26.00
27.00	Total Inpatient Days (see instructions)	85,806	85,806		27.00
28.00	Ratio of inpatient days to total inpatient days	0.108897	0.425238		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-3300	Period: From 09/01/2020 To 08/31/2021	Worksheet E-4 Date/Time Prepared: 1/27/2022 3:32 pm
		Title XIX	Hospital	Cost
			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)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			0 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 14-3300

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

Worksheet G

Date/Time Prepared:
1/27/2022 3:32 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	49,196,403	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	209,255,852	0	0	0	4.00
5.00	Other receivable	14,000,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,907,723	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	46,635,803	0	0	0	9.00
10.00	Due from other funds	7,474,276	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	306,654,611	0	0	0	11.00
FIXED ASSETS						
12.00	Land	39,158,666	0	0	0	12.00
13.00	Land improvements	35,805	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,060,855,066	0	0	0	15.00
16.00	Accumulated depreciation	-383,045,090	0	0	0	16.00
17.00	Leasehold improvements	30,559,577	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	456,648,817	0	0	0	23.00
24.00	Accumulated depreciation	-340,322,257	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)	863,890,584	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,275,013,067	307,306,682	221,596,279	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	172,140,093	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,447,153,160	307,306,682	221,596,279	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,617,698,355	307,306,682	221,596,279	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	154,820,558	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	30,487,757	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	185,308,315	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	348,868,854	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	288,190,661	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	637,059,515	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	822,367,830	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,795,330,525				52.00
53.00	Specific purpose fund		307,306,682			53.00
54.00	Donor created - endowment fund balance - restricted			221,596,279		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)	1,795,330,525	307,306,682	221,596,279	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,617,698,355	307,306,682	221,596,279	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-3300

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

Worksheet G-1

Date/Time Prepared:
1/27/2022 3:32 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,532,395,551		292,509,507		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		333,823,011				2.00
3.00	Total (sum of line 1 and line 2)		1,866,218,562		292,509,507		3.00
4.00	ADDITIONS	10,313,843		38,043,929		4,709,878	4.00
5.00	GRANTS	0		65,742,056		0	5.00
6.00	INVESTMENT RETURN	0		39,387,140		0	6.00
7.00	TRANSFER FROM AFFILIATES	0		0		2,724,021	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)		10,313,843		143,173,125		10.00
11.00	Subtotal (line 3 plus line 10)		1,876,532,405		435,682,632		11.00
12.00	DEDUCTIONS	0		123,702,418		-4,598,320	12.00
13.00	TRANSFER TO AFFILIATES	81,201,880		2,724,021		0	13.00
14.00	CAPITAL ASSETS	0		1,949,511		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)		81,201,880		128,375,950		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,795,330,525		307,306,682		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	209,564,060		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)	209,564,060		0			3.00
4.00	ADDITIONS		0				4.00
5.00	GRANTS		0				5.00
6.00	INVESTMENT RETURN		0				6.00
7.00	TRANSFER FROM AFFILIATES		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	7,433,899		0			10.00
11.00	Subtotal (line 3 plus line 10)	216,997,959		0			11.00
12.00	DEDUCTIONS		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00	CAPITAL ASSETS		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)	-4,598,320		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	221,596,279		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-3300

Period:
From 09/01/2020
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/27/2022 3:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	164,212,784		164,212,784	1.00
2.00	SUBPROVIDER - IPF	17,722,126		17,722,126	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	181,934,910		181,934,910	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	107,054,508		107,054,508	11.00
12.00	CORONARY CARE UNIT	113,786,271		113,786,271	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATOLOGY	196,247,644		196,247,644	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	417,088,423		417,088,423	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	599,023,333		599,023,333	17.00
18.00	Ancillary services	991,962,634	1,165,054,232	2,157,016,866	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,590,985,967	1,165,054,232	2,756,040,199	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,058,289,949		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	FINANCE COSTS	0			31.00
32.00	RESEARCH CORP	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,058,289,949		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-3300

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

Worksheet G-3

Date/Time Prepared:
1/27/2022 3:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,756,040,199	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,841,222,607	2.00
3.00	Net patient revenues (line 1 minus line 2)	914,817,592	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,058,289,949	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-143,472,357	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	115,819,225	6.00
7.00	Income from investments	241,505,259	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	2,573,965	11.00
12.00	Parking lot receipts	3,180,355	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,686,991	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	55,146	21.00
22.00	Rental of hospital space	7,124,508	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	SELF INSURANCE INCOME	4,029,996	24.01
24.02	INTEREST INCOME	18,463,487	24.02
24.03	CHANGE IN UNREALIZED INVESTMENT	0	24.03
24.04	SPECIMEN REVENUE	1,093,362	24.04
24.05	ASSETS RELEASED FROM RESTRICTION	10,547,994	24.05
24.06	CMRI	49,448,938	24.06
24.07	INTEREST RATE SWAP	0	24.07
24.08	CONTRACT REVENUE-70412	19,227	24.08
24.09	SHUTTLE REVENUE	49,801	24.09
24.10	CLINIC REVENUE	0	24.10
24.11	PENSION LIABILITY ADJUSTMENT	0	24.11
24.12	TRUST INCOME	1,500,358	24.12
24.13	CDH REVENUE	-1,215,606	24.13
24.14	INDIRECT COST RECOVERY	3,978,046	24.14
24.15	ENDOWMENT & SP FUND RECOVERY	7,974,819	24.15
24.16	RECHARGE REVENUE - RESEARCH	0	24.16
24.50	COVID-19 PHE Funding	9,459,497	24.50
25.00	Total other income (sum of lines 6-24)	477,295,368	25.00
26.00	Total (line 5 plus line 25)	333,823,011	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.01	LOSS ON DISPOSAL OF ASSETS	0	27.01
27.02	OTHER EXPENSE	0	27.02
27.03	PENSION LIABILITY ADJUSTMENT	0	27.03
27.04	INTEREST RATE SWAP	0	27.04
27.05	AFFILIATE TRANSFERS	0	27.05
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)	333,823,011	29.00