

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/23/2021 1:40 pm
--	-----------------------	---	---

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
 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 the Balance Sheet and Statement of Revenue and Expenses prepared by GENESIS MEDICAL CENTER - DAVENPORT (16-0033) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) JOSEPH MALAS
 Officer or Administrator of Provider(s)

VICE PRESIDENT, FINANCE
 Title
 11/23/2021 01:40:39 PM
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,093,279	135,498	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-4,098	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	1,089,181	135,498	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 16-0033		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:40 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1227 EAST RUSHOLME			PO Box:				1.00			
2.00	City: DAVENPORT			State: IA		Zip Code: 52803-		County: SCOTT			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		GENESIS MEDICAL CENTER - DAVENPORT		160033	19340	1	07/01/1984	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		GMC REHABILITATION		16T033	19340	5	07/01/1984	N	P	N
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

3 | Page

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:40 pm			
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
			1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00		
			Y/N	IME	Direct GME	IME	Direct GME		
			1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		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)					Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
			1.00	2.00	3.00				
64.00	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. 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

	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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	2.84	13.72	0.171498	67.00
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N N 0	71.00	
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N N 0	76.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:40 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		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)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:40 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	490,369	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	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.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H55790	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0033		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 1:40 pm		
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: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001						
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:								
143.00	City: DAVENPORT	State: IA		Zip Code: 52803-2459						
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						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.								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		
156.00	Subprovider - IPF	N		N		N		N		
157.00	Subprovider - IRF	N		N		N		N		
158.00	SUBPROVIDER									
159.00	SNF	N		N		N		N		
160.00	HOME HEALTH AGENCY	N		N		N		N		
161.00	CMHC			N		N		N		
								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			
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 1:40 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the 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.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/29/2021	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 1:40 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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		N	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		N	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.		Y	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.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRENT	DAILY	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-1985	DAILYBR@GENESISHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/23/2021 1:40 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.	REIMBURSEMENT MANAGER	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: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	276	100,740	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)		276	100,740	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		322	117,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,505		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		359				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: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 1:40 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)	16,544	3,328	52,288			1.00
2.00	HMO and other (see instructions)	11,848	13,487				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,049	857				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)	16,544	3,328	52,288			7.00
8.00	INTENSIVE CARE UNIT	3,388	0	6,023			8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NICU	0	0	2,122			9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	2,879			13.00
14.00	Total (see instructions)	19,932	3,328	63,312	16.56	1,220.93	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,654	135	7,079	0.00	37.81	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
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)				16.56	1,258.74	27.00
28.00	Observation Bed Days		77	10,495			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			429			30.00
31.00	Employee discount days - IRF			22			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: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 1:40 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	4,268	859	13,998	1.00
2.00 HMO and other (see instructions)			2,155	3,707		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				66		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
9.01 NICU						9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,268	859	13,998	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	317	11	584	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	93,680,482	0	93,680,482	2,934,951.00	31.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,412,784	0	1,412,784	42,213.00	33.47
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,126,229	30,033	2,156,262	80,108.00	26.92
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,364,871	0	7,364,871	102,094.00	72.14
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,394,988	0	1,394,988	13,706.00	101.78
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		32,565,531	0	32,565,531	698,989.00	46.59
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,910,232	0	15,910,232		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		389,119	0	389,119		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,861,992	0	3,861,992		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	10,975,209	-1,442,817	9,532,392	250,007.00	38.13	27.00
28.00	Administrative & General under contract (see inst.)		533,870	0	533,870	5,340.00	99.98	28.00
29.00	Maintenance & Repairs	6.00	1,810,412	0	1,810,412	70,529.00	25.67	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	70,131	0	70,131	5,115.00	13.71	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,887,171	0	2,887,171	240,784.00	11.99	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		756,956	0	756,956	59,539.00	12.71	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,488,373	0	1,488,373	53,593.00	27.77	38.00
39.00	Central Services and Supply	14.00	698,943	0	698,943	40,814.00	17.13	39.00
40.00	Pharmacy	15.00	4,884,069	0	4,884,069	114,827.00	42.53	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/23/2021 1:40 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	96,445,695	0	96,445,695	3,198,401.00	30.15	1.00
2.00	Excluded area salaries (see instructions)	2,126,229	30,033	2,156,262	80,108.00	26.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,319,466	-30,033	94,289,433	3,118,293.00	30.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	41,325,390	0	41,325,390	814,789.00	50.72	4.00
5.00	Subtotal wage-related costs (see inst.)	19,772,224	0	19,772,224	0.00	20.97	5.00
6.00	Total (sum of lines 3 thru 5)	155,417,080	-30,033	155,387,047	3,933,082.00	39.51	6.00
7.00	Total overhead cost (see instructions)	24,105,134	-1,442,817	22,662,317	840,548.00	26.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/23/2021 1:40 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		707,730	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		123,086	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)		84,595	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,745,928	8.02
8.03	Health Insurance (Purchased)		50,703	8.03
9.00	Prescription Drug Plan		1,954,837	9.00
10.00	Dental, Hearing and Vision Plan		371,517	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		4,328	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)		389,115	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		994,470	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,732,311	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		41,302	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		452	22.00
23.00	Tuition Reimbursement		98,978	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,299,352	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0033

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/23/2021 1:40 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,364,871	16,299,352	1.00
2.00	Hospital	7,364,871	15,910,233	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	389,119	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/23/2021 1:40 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.260266	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		49,983,052	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		194,692,165	6.00
7.00	Medicaid cost (line 1 times line 6)		50,671,751	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		688,699	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		151,981	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		688,699	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,294,481	4,307,374	8,601,855
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,117,707	4,307,374	5,425,081
22.00	Payments received from patients for amounts previously written off as charity care	24,186	102,427	126,613
23.00	Cost of charity care (line 21 minus line 22)	1,093,521	4,204,947	5,298,468
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,701,923	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		506,487	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		779,211	27.01
28.00	Non-Medicare bad debt expense (see instructions)		9,922,712	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,855,269	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,153,737	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,842,436	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		20,022,992	20,022,992	375,712	20,398,704	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,445,072	7,445,072	0	7,445,072	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,144,421	9,144,421	0	9,144,421	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	9,804,596	85,567,397	95,371,993	-3,381,755	91,990,238	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	1,170,613	706,829	1,877,442	0	1,877,442	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	1,810,412	7,368,928	9,179,340	-1,718,281	7,461,059	6.00
6.01	00601	MOB I	0	0	0	-111,937	-111,937	6.01
6.02	00602	MOB II	0	0	0	-111,863	-111,863	6.02
6.03	00603	BETT MED PARK	0	0	0	-146,165	-146,165	6.03
6.04	00604	NW CLINICS	0	0	0	-61,637	-61,637	6.04
6.05	00605	CPMP I	0	0	0	-189,352	-189,352	6.05
6.06	00606	CPMP II	0	0	0	-144,525	-144,525	6.06
6.07	00607	BETT PLAZA	0	0	0	-229,418	-229,418	6.07
6.08	00608	HEART INSTITUTE	0	0	0	-234,868	-234,868	6.08
6.09	00609	53RD STREET	0	0	0	-81,210	-81,210	6.09
6.10	00610	ELDRIDGE	0	0	0	-65,492	-65,492	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	2,372,368	2,372,368	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70,131	212,199	282,330	0	282,330	8.00
9.00	00900	HOUSEKEEPING	0	3,966,742	3,966,742	380,909	4,347,651	9.00
10.00	01000	DIETARY	0	3,120,848	3,120,848	-2,326,299	794,549	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,488,373	505,301	1,993,674	0	1,993,674	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	698,943	698,794	1,397,737	0	1,397,737	14.00
15.00	01500	PHARMACY	4,884,069	1,527,917	6,411,986	0	6,411,986	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
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	0	0	2,972,172	2,972,172	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,448,353	9,372,402	32,820,755	-2,474,848	30,345,907	30.00
31.00	03100	INTENSIVE CARE UNIT	3,704,285	1,714,884	5,419,169	0	5,419,169	31.00
32.01	03201	NICU	1,173,473	209,387	1,382,860	0	1,382,860	32.01
41.00	04100	SUBPROVIDER - IRF	2,126,229	712,712	2,838,941	243,056	3,081,997	41.00
43.00	04300	NURSERY	0	0	0	2,474,848	2,474,848	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,730,540	8,047,296	13,777,836	0	13,777,836	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,848,609	14,683,278	20,531,887	0	20,531,887	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,563,121	19,152,592	22,715,713	0	22,715,713	55.00
57.00	05700	CT SCAN	781,458	672,997	1,454,455	0	1,454,455	57.00
58.00	05800	MRI	311,676	439,043	750,719	0	750,719	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,064,745	2,840,071	4,904,816	0	4,904,816	59.00
60.00	06000	LABORATORY	3,681,146	7,773,630	11,454,776	0	11,454,776	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,367,937	1,367,937	0	1,367,937	63.00
65.00	06500	RESPIRATORY THERAPY	1,732,146	815,021	2,547,167	0	2,547,167	65.00
66.00	06600	PHYSICAL THERAPY	8,797,685	5,202,007	13,999,692	-743	13,998,949	66.00
69.00	06900	ELECTROCARDIOLOGY	1,621,174	1,410,890	3,032,064	0	3,032,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	573,652	210,101	783,753	0	783,753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,950,603	44,950,603	-27,766,424	17,184,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,766,424	27,766,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,412,863	14,412,863	0	14,412,863	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	2,624	1,190	3,814	0	3,814	90.01
90.02	09002	OP INSTITUTES	1,772,742	967,142	2,739,884	0	2,739,884	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	608,748	830,009	1,438,757	0	1,438,757	90.04
90.05	09005	PAIN MANAGEMENT	945,814	361,042	1,306,856	0	1,306,856	90.05
91.00	09100	EMERGENCY	5,265,125	2,854,333	8,119,458	0	8,119,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,680,482	279,288,870	372,969,352	-2,459,328	370,510,024	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,979	1,979	190.00
190.01	19001	AUXILLARY	0	6,688	6,688	46,172	52,860	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	160	160	0	160	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	354,318	354,318	129,026	483,344	192.01
192.02	19202	FOUNDATION	0	0	0	3,281	3,281	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	46,574	46,574	34,614	81,188	192.04
192.05	19205	PHASE III REHAB	0	0	0	19,077	19,077	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,225,179	2,225,179	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	236,352	236,352	0	236,352	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	93,680,482	279,932,962	373,613,444	0	373,613,444	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-7,204,910	13,193,794	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,445,072	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,750,941	6,393,480	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	-67,500,537	24,489,701	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	27,504,769	29,382,211	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,697,203	8,697,203	5.03
6.00	00600	MAINTENANCE & REPAIRS	-92,761	7,368,298	6.00
6.01	00601	MOB I	679,929	567,992	6.01
6.02	00602	MOB II	763,314	651,451	6.02
6.03	00603	BETT MED PARK	609,403	463,238	6.03
6.04	00604	NW CLINICS	317,742	256,105	6.04
6.05	00605	CPMP I	705,247	515,895	6.05
6.06	00606	CPMP II	717,335	572,810	6.06
6.07	00607	BETT PLAZA	1,017,862	788,444	6.07
6.08	00608	HEART INSTITUTE	1,206,388	971,520	6.08
6.09	00609	53RD STREET	291,484	210,274	6.09
6.10	00610	ELDRIDGE	284,661	219,169	6.10
7.00	00700	OPERATION OF PLANT	0	2,372,368	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-137,571	144,759	8.00
9.00	00900	HOUSEKEEPING	0	4,347,651	9.00
10.00	01000	DIETARY	0	794,549	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-8,656	1,985,018	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,057,518	4,455,255	14.00
15.00	01500	PHARMACY	-530,185	5,881,801	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,473,240	4,473,240	16.00
17.00	01700	SOCIAL SERVICE	254,324	254,324	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,972,172	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-88,224	30,257,683	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,419,169	31.00
32.01	03201	NICU	0	1,382,860	32.01
41.00	04100	SUBPROVIDER - IRF	0	3,081,997	41.00
43.00	04300	NURSERY	0	2,474,848	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,056,971	12,720,865	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,089,040	16,442,847	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-931,140	21,784,573	55.00
57.00	05700	CT SCAN	0	1,454,455	57.00
58.00	05800	MRI	0	750,719	58.00
59.00	05900	CARDIAC CATHETERIZATION	-520,217	4,384,599	59.00
60.00	06000	LABORATORY	-110,081	11,344,695	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,367,937	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,547,167	65.00
66.00	06600	PHYSICAL THERAPY	-676,816	13,322,133	66.00
69.00	06900	ELECTROCARDIOLOGY	-1,004,709	2,027,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-600	783,153	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,184,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,766,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,412,863	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	3,814	90.01
90.02	09002	OP INSTITUTES	-457,254	2,282,630	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	-78,103	1,360,654	90.04
90.05	09005	PAIN MANAGEMENT	-177,224	1,129,632	90.05
91.00	09100	EMERGENCY	-988,527	7,130,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-37,824,048	332,685,976	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,979	190.00
190.01	19001	AUXILLARY	-1,193	51,667	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	160	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	- 750	482,594	192.01
192.02	19202	FOUNDATION	0	3,281	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	- 41,119	40,069	192.04
192.05	19205	PHASE III REHAB	0	19,077	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	2,225,179	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	236,352	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	- 37,867,110	335,746,334	200.00

RECLASSIFICATIONS

Provider CCN: 16-0033

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 1:40 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - PATIENT SWITCHBOARD COSTS				
1.00	NON REIMBURSEABLE COST	192.01	30,033	3,838	1.00
	TOTALS		30,033	3,838	
	B - REHAB COORDINATOR				
1.00	SUBPROVIDER - IRF	41.00	0	743	1.00
	TOTALS		0	743	
	C - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	375,712	1.00
	TOTALS		0	375,712	
	D - HOUSEKEEPING/PLANT/MAINT COSTS				
1.00	MAINTENANCE & REPAIRS	6.00	0	654,087	1.00
2.00	HOUSEKEEPING	9.00	0	722,380	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
	TOTALS		0	1,376,467	
	E - RESIDENT AND TEACHING COSTS				
1.00	I&R SERVICES-OTHER PRGM	22.00	1,412,784	1,559,388	1.00
	COSTS APPRV				
	TOTALS		1,412,784	1,559,388	
	F - UTILITY EXPENSE				
1.00	OPERATION OF PLANT	7.00	0	2,372,368	1.00
	TOTALS		0	2,372,368	
	G - HOUSEKEEPING RELCASS				
1.00	SUBPROVIDER - IRF	41.00	0	141,193	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,979	2.00
3.00	AUXILLARY	190.01	0	46,172	3.00
4.00	NON REIMBURSEABLE COST	192.01	0	95,155	4.00
5.00	FOUNDATION	192.02	0	3,281	5.00
6.00	OUTREACH PROGRAMS	192.04	0	34,614	6.00
7.00	PHASE III REHAB	192.05	0	19,077	7.00
	TOTALS		0	341,471	
	H - NON-ALLOWABLE EMPLOYEE MEALS				
1.00	SUBPROVIDER - IRF	41.00	0	101,120	1.00
2.00	NON-ALLOWABLE MEALS	192.07	0	2,225,179	2.00
	TOTALS		0	2,326,299	
	I - IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,766,424	1.00
	TOTALS		0	27,766,424	
	J - NURSERY				
1.00	NURSERY	43.00	1,914,023	560,825	1.00
	TOTALS		1,914,023	560,825	
500.00	Grand Total: Increases		3,356,840	36,683,535	500.00

RECLASSIFICATIONS

Provider CCN: 16-0033

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

Worksheet A-6

Date/Time Prepared:
11/23/2021 1:40 pm

	Decreases							11/23/2021 1:40 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - PATIENT SWITCHBOARD COSTS							
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	30,033	3,838	0			1.00
	TOTALS		30,033	3,838				
	B - REHAB COORDINATOR							
1.00	PHYSICAL THERAPY	66.00	0	743	0			1.00
	TOTALS		0	743				
	C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	375,712	9			1.00
	TOTALS		0	375,712				
	D - HOUSEKEEPING/PLANT/MAINT COSTS							
1.00	MOB I	6.01	0	111,937	0			1.00
2.00	MOB II	6.02	0	111,863	0			2.00
3.00	BETT MED PARK	6.03	0	146,165	0			3.00
4.00	NW CLINICS	6.04	0	61,637	0			4.00
5.00	CPMP I	6.05	0	189,352	0			5.00
6.00	CPMP II	6.06	0	144,525	0			6.00
7.00	BETT PLAZA	6.07	0	229,418	0			7.00
8.00	HEART INSTITUTE	6.08	0	234,868	0			8.00
9.00	53RD STREET	6.09	0	81,210	0			9.00
10.00	ELDRIDGE	6.10	0	65,492	0			10.00
	TOTALS		0	1,376,467				
	E - RESIDENT AND TEACHING COSTS							
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	1,412,784	1,559,388	0			1.00
	TOTALS		1,412,784	1,559,388				
	F - UTILITY EXPENSE							
1.00	MAINTENANCE & REPAIRS	6.00	0	2,372,368	0			1.00
	TOTALS		0	2,372,368				
	G - HOUSEKEEPING RELCASS							
1.00	HOUSEKEEPING	9.00	0	341,471	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
	TOTALS		0	341,471				
	H - NON-ALLOWABLE EMPLOYEE MEALS							
1.00	DIETARY	10.00	0	2,326,299	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	2,326,299				
	I - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,766,424	0			1.00
	TOTALS		0	27,766,424				
	J - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,914,023	560,825	0			1.00
	TOTALS		1,914,023	560,825				
500.00	Grand Total: Decreases		3,356,840	36,683,535				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/23/2021 1:40 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	8,502,917	111,073	0	111,073	0	1.00	
2.00	Land Improvements	20,293,338	64,931	0	64,931	0	2.00	
3.00	Buildings and Fixtures	338,567,951	4,004,043	0	4,004,043	0	3.00	
4.00	Building Improvements	14,633,612	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	197,912,473	7,279,831	0	7,279,831	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	579,910,291	11,459,878	0	11,459,878	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	579,910,291	11,459,878	0	11,459,878	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	8,613,990	0					1.00
2.00	Land Improvements	20,358,269	0					
3.00	Buildings and Fixtures	342,571,994	0					
4.00	Building Improvements	14,633,612	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	205,192,304	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	591,370,169	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	591,370,169	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	20,022,992	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	7,445,072	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	27,468,064	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	20,022,992				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,445,072				2.00
3.00	Total (sum of lines 1-2)	0	27,468,064				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/23/2021 1:40 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	386,177,864	0	386,177,864	0.653022	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	205,192,303	0	205,192,303	0.346978	0	2.00
3.00	Total (sum of lines 1-2)	591,370,167	0	591,370,167	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	375,712	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	375,712	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	12,818,082	0	0	0	13,193,794	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,445,072	0	0	0	7,445,072	2.00
3.00	Total (sum of lines 1-2)	20,263,154	0	0	0	20,638,866	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,360,327			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	-15,575,656			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	WEIGHT MANAGEMENT CLINIC - MISCELLAN	B	-180	BARIATRIC CLINIC	90.04	0	33.00
34.00	ADULT PSYCHIATRIC - MISCELLANEOUS RE	B	-72,809	ADULTS & PEDIATRICS	30.00	0	34.00
35.00	BIRTH CENTER - MISCELLANEOUS REVENUE	B	-15,415	ADULTS & PEDIATRICS	30.00	0	35.00
36.00	PAIN MANAGEMENT - BETTENDORF - MISCE	B	-180	PAIN MANAGEMENT	90.05	0	36.00
37.00	RADIOLOGY SERVICES ADMIN - E - MISCE	B	-3,570	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00	RADIOLOGY SERVICES OUTREACH - MISCEL	B	-67,241	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
39.00	CARDIAC CATH LAB - MISCELLANEOUS REV	B	899	CARDIAC CATHETERIZATION	59.00	0	39.00
41.00	CARDIOGRAPHICS - MISCELLANEOUS REVEN	B	-300	ELECTROCARDIOLOGY	69.00	0	41.00
41.01	GMC DAVENPORT LABORATORY - MISCELLAN	B	-18,091	LABORATORY	60.00	0	41.01
41.02	HISTOLOGY - MISCELLANEOUS REVENUE	B	-91,990	LABORATORY	60.00	0	41.02
41.03	INPATIENT REHAB UNIT THERAPIES - MIS	B	-20	PHYSICAL THERAPY	66.00	0	41.03
41.04	P.T. CLINIC WEST-VALLEY FAIR - MISCE	B	-1,434	PHYSICAL THERAPY	66.00	0	41.04
42.00	PT AND SPORTS MED-BETTENDORF - MISCE	B	-28,225	PHYSICAL THERAPY	66.00	0	42.00
42.01	PHYSICAL THERAPY-DAVENPORT 3RD - MIS	B	-31,103	PHYSICAL THERAPY	66.00	0	42.01
42.02	PT CLINIC-NEUROLOGY ASSOCIATES - MIS	B	-1,980	PHYSICAL THERAPY	66.00	0	42.02
42.03	REHAB O.P.(BETT) - MISCELLANEOUS REV	B	-19,605	PHYSICAL THERAPY	66.00	0	42.03
42.04	LOMBARD PHYSICAL REHAB - MISCELLANEO	B	-135	PHYSICAL THERAPY	66.00	0	42.04
42.05	REHAB PEDIATRICS (MMP) - MISCELLANEO	B	-800	PHYSICAL THERAPY	66.00	0	42.05
42.06	DIABETES INSTITUTE - MISCELLANEOUS R	B	-6,036	OP INSTITUTES	90.02	0	42.06
43.00	WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-20	OP INSTITUTES	90.02	0	43.00
43.01	CANCER CENTER ADMINISTRATION - OTHER	B	-162,600	RADIOLOGY-THERAPEUTIC	55.00	0	43.01
43.02	CANCER CENTER - MISCELLANEOUS REVENU	B	-28,846	RADIOLOGY-THERAPEUTIC	55.00	0	43.02
43.03	CENTER FOR BREAST HEALTH - E - OTHER	B	-101,119	RADIOLOGY-DIAGNOSTIC	54.00	0	43.03
43.04	PHARMACY - E - CASH SALES	B	-53,901	PHARMACY	15.00	0	43.04
43.05	PHARMACY - E - VENDOR REBATES	B	-454,014	PHARMACY	15.00	0	43.05
43.06	PHARMACY - E - MISCELLANEOUS REVENUE	B	-3,540	PHARMACY	15.00	0	43.06
43.07	GIC-DG-GENRAD - OUTREACH REVENUE	B	-690,417	RADIOLOGY-DIAGNOSTIC	54.00	0	43.07
43.08	GIC-53RD ST-GENRAD - OUTREACH REVENU	B	-2,952,170	RADIOLOGY-DIAGNOSTIC	54.00	0	43.08
43.09	ADMINISTRATION - RENTAL INCOME -3RD	B	-34,883	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	43.09
43.10	ADMINISTRATION - RENTAL INCOME - REL	B	-390,000	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	43.10
43.11	ADMINISTRATION - DISCOUNTS EARNED	B	-28,653	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	43.11
43.12	ADMINISTRATION - VENDOR REBATES	B	14,027	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	43.12
43.13	VOLUNTEER SERVICES - MISCELLANEOUS R	B	-1,384	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	43.13
43.14	MEDICAL STAFF - DAVENPORT - OTHER OP	B	-129,817	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	43.14
43.15	GROUPS - MISCELLANEOUS REVENUE	B	-30,095	MAINTENANCE & REPAIRS	6.00	0	43.15
43.16	LINEN SERVICES - MISCELLANEOUS REVEN	B	-151	LAUNDRY & LINEN SERVICE	8.00	0	43.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 1:40 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
43.17 BIOMED SERVICES - MISCELLANEOUS REVE	B	-47,903	MAINTENANCE & REPAIRS	6.00	0	43.17
43.18 SMALL POX IMMUNIZATION PROJECT - MIS	B	-14,591	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	43.18
43.19 RENTAL PROPERTIES - MISCELLANEOUS RE	B	-750	NON REIMBURSEABLE COST	192.01	0	43.19
44.01 PATIENT SERVICES ADMIN. - DONATIONS	A	-1,000	NURSING ADMINISTRATION	13.00	0	44.01
44.02 MEDICAL STAFF - DAVENPORT - DONATION	A	-10,500	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	44.02
44.03 DISTRIB.-E (USE 10.78020) - DONATED	A	-3,806	CENTRAL SERVICES & SUPPLY	14.00	0	44.03
44.04 ADVERTISING	A	-8,376	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	44.04
44.05 ADVERTISING	A	-112	CENTRAL SERVICES & SUPPLY	14.00	0	44.05
45.00 ADVERTISING	A	-721	OPERATING ROOM	50.00	0	45.00
45.01 ADVERTISING	A	-591	CARDIAC CATHETERIZATION	59.00	0	45.01
45.02 ADVERTISING	A	-174	CAP REL COSTS-BLDG & FIXT	1.00	11	45.02
45.03 ADVERTISING	A	-809	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.03
45.04 ADVERTISING	A	-1,000	PHYSICAL THERAPY	66.00	0	45.04
45.05 ADVERTISING	A	-16,047	RADIOLOGY-THERAPEUTIC	55.00	0	45.05
45.06 ADVERTISING	A	-200	BARIATRIC CLINIC	90.04	0	45.06
45.07 ADVERTISING	A	-574	AUXILLARY	190.01	0	45.07
45.08 INTEREST INCOME	B	-7,204,736	CAP REL COSTS-BLDG & FIXT	1.00	11	45.08
45.09 NON ALLOWABLE LOBBYING FEES	A	-10,324	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	45.09
45.10 PROVIDER TAX ASSESSMENT	A	-2,491,410	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.10
45.11 SELF INSURANCE OFFSET	A	-3,711,705	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,867,110				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 1:40 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.01	ADMINISTRATIVE AND GENERAL -	RELATED RENT EXP	0	151,122	1.00
2.00	6.00	MAINTENANCE & REPAIRS	RELATED RENT EXP	0	14,763	2.00
3.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	7,656	3.00
4.00	15.00	PHARMACY	RELATED RENT EXP	0	18,730	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	274,523	4.01
4.02	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	723,647	4.02
4.03	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	18,025	4.03
4.04	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	592,514	4.04
4.05	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	531,742	4.05
4.06	90.02	OP INSTITUTES	RELATED RENT EXP	0	318,201	4.06
4.07	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	71,059	4.07
4.08	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	177,044	4.08
4.09	190.01	AUXILIARY	RELATED RENT EXP	0	619	4.09
4.10	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	41,119	4.10
4.11	6.01	MOB I	GEN VEN BLDG COST	679,929	0	4.11
4.12	6.02	MOB II	GEN VEN BLDG COST	763,314	0	4.12
4.13	6.03	BETT MED PARK	GEN VEN BLDG COST	609,403	0	4.13
4.14	6.04	NW CLINICS	GEN VEN BLDG COST	317,742	0	4.14
4.15	6.05	CPMP I	GEN VEN BLDG COST	705,247	0	4.15
4.16	6.06	CPMP II	GEN VEN BLDG COST	717,335	0	4.16
4.17	6.07	BETT PLAZA	GEN VEN BLDG COST	1,017,862	0	4.17
4.18	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,206,388	0	4.18
4.19	6.09	53RD STREET	GEN VEN BLDG COST	291,484	0	4.19
4.20	6.10	ELDRIDGE	GEN VEN BLDG COST	284,661	0	4.20
4.21	5.01	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	7,772,308	53,444,865	4.21
4.22	5.02	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	27,671,385	0	4.22
4.23	5.03	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	8,697,203	0	4.23
4.24	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE A&G	3,061,436	0	4.24
4.25	15.00	PHARMACY	HOME OFFICE A&G	1	1	4.25
4.26	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE A&G	4,473,240	0	4.26
4.27	17.00	SOCIAL SERVICE	HOME OFFICE A&G	254,324	0	4.27
4.28	5.01	ADMINISTRATIVE AND GENERAL -	GHG PHYSICIAN PRACTICE	0	18,536,632	4.28
4.29	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	891,316	1,028,736	4.29
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	2,915,601	1,954,837	4.30
4.31	22.00	I&R SERVICES-OTHER PRGM COST	I&R	2,972,172	2,972,172	4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			65,302,351	80,878,007	5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00			0.00		0.00	6.00
7.00	C	GEN MED ED FOUN	100.00	GHS	100.00	7.00
8.00	C	GENESIS MEDICAL	100.00	GHS	100.00	8.00
9.00	C	EA IA LITHOTRIP	25.00	GHS	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 1:40 pm

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

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

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

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

Provider CCN: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 1:40 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-151,122	0		1.00
2.00	-14,763	0		2.00
3.00	-7,656	0		3.00
4.00	-18,730	0		4.00
4.01	-274,523	0		4.01
4.02	-723,647	0		4.02
4.03	-18,025	0		4.03
4.04	-592,514	0		4.04
4.05	-531,742	0		4.05
4.06	-318,201	0		4.06
4.07	-71,059	0		4.07
4.08	-177,044	0		4.08
4.09	-619	0		4.09
4.10	-41,119	0		4.10
4.11	679,929	0		4.11
4.12	763,314	0		4.12
4.13	609,403	0		4.13
4.14	317,742	0		4.14
4.15	705,247	0		4.15
4.16	717,335	0		4.16
4.17	1,017,862	0		4.17
4.18	1,206,388	0		4.18
4.19	291,484	0		4.19
4.20	284,661	0		4.20
4.21	-45,672,557	0		4.21
4.22	27,671,385	0		4.22
4.23	8,697,203	0		4.23
4.24	3,061,436	0		4.24
4.25	0	0		4.25
4.26	4,473,240	0		4.26
4.27	254,324	0		4.27
4.28	-18,536,632	0		4.28
4.29	-137,420	0		4.29
4.30	960,764	0		4.30
4.31	0	0		4.31
5.00	-15,575,656			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

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

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

Provider CCN: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 1:40 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

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

Worksheet A-8-2

Date/Time Prepared:
11/23/2021 1:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	340,122	200,122	140,000	211,500	1,377	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	140,308	0	140,308	211,500	1,380	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	31,763	0	31,763	211,500	313	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	1,056,250	1,056,250	0	246,400	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	271,900	0	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	6,600	0	6,600	271,900	51	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	742,500	502,500	240,000	211,500	2,361	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	472,667	472,667	0	211,500	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	600	600	0	211,500	0	9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	296,828	132,997	163,831	211,500	1,612	10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	683,751	6,664	677,087	211,500	6,659	11.00
12.00	91.00	AGGREGATE-EMERGENCY	988,527	988,527	0	211,500	0	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			4,759,916	3,360,327	1,399,589		13,753	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	140,017	7,001	0	0	0	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	140,322	7,016	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	31,827	1,591	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	6,667	333	0	0	0	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	240,073	12,004	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	163,913	8,196	0	0	0	10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	677,105	33,855	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			1,399,924	69,996	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	140,017	0	200,122		1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	140,322	0	0		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	31,827	0	0		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,056,250		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0		5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	6,667	0	0		6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	240,073	0	502,500		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	472,667		8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	600		9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	0	163,913	0	132,997		10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	677,105	0	6,664		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

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

Worksheet A-8-2

Date/Time Prepared:
11/23/2021 1:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	988,527		12.00
13.00	0.00	AGGREGATE-	0	0	0	0		13.00
14.00	0.00	AGGREGATE-	0	0	0	0		14.00
15.00	0.00	AGGREGATE-	0	0	0	0		15.00
200.00			0	1,399,924	0	3,360,327		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,193,794	13,193,794			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,445,072	7,445,072			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,393,480	0	6,440,476		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	24,489,701	2,212,713	910,639	574,864	28,187,917
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	29,382,211	263,666	26,198	80,478	28,187,917
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,697,203	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	7,368,298	1,827,935	263,922	124,464	0
6.01	00601	MOB I	567,992	0	0	0	0
6.02	00602	MOB II	651,451	0	0	0	0
6.03	00603	BETT MED PARK	463,238	0	0	0	0
6.04	00604	NW CLINICS	256,105	0	0	0	0
6.05	00605	CPMP I	515,895	0	0	0	0
6.06	00606	CPMP II	572,810	0	0	0	0
6.07	00607	BETT PLAZA	788,444	0	0	0	0
6.08	00608	HEART INSTITUTE	971,520	0	0	0	0
6.09	00609	53RD STREET	210,274	0	0	0	0
6.10	00610	ELDRIDGE	219,169	0	0	0	0
7.00	00700	OPERATION OF PLANT	2,372,368	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	144,759	44,469	841	4,821	0
9.00	00900	HOUSEKEEPING	4,347,651	100,141	180,298	0	0
10.00	01000	DIETARY	794,549	229,503	66,085	0	0
11.00	01100	CAFETERIA	0	121,062	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,985,018	60,238	616,443	102,324	0
14.00	01400	CENTRAL SERVICES & SUPPLY	4,455,255	550,895	716,122	48,052	0
15.00	01500	PHARMACY	5,881,801	166,265	193,451	335,775	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,473,240	119,317	0	0	0
17.00	01700	SOCIAL SERVICE	254,324	46,736	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,972,172	284,490	0	97,127	0
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,257,683	1,837,850	331,861	1,480,503	0
31.00	03100	INTENSIVE CARE UNIT	5,419,169	38,484	109,063	254,666	0
32.01	03201	NICU	1,382,860	39,919	17,870	80,675	0
41.00	04100	SUBPROVIDER - IRF	3,081,997	298,954	649	146,176	0
43.00	04300	NURSERY	2,474,848	0	0	131,587	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,720,865	828,764	1,545,895	393,969	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,442,847	758,090	333,834	402,086	0
55.00	05500	RADIOLOGY-THERAPEUTIC	21,784,573	266,992	175,519	244,961	0
57.00	05700	CT SCAN	1,454,455	27,885	434,455	53,724	0
58.00	05800	MRI	750,719	96,471	232,251	21,427	0
59.00	05900	CARDIAC CATHETERIZATION	4,384,599	201,634	624,078	141,949	0
60.00	06000	LABORATORY	11,344,695	395,311	92,094	253,075	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,367,937	5,512	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,547,167	79,920	42,692	119,083	0
66.00	06600	PHYSICAL THERAPY	13,322,133	1,129,153	152,359	604,832	0
69.00	06900	ELECTROCARDIOLOGY	2,027,355	141,756	91,503	111,454	0
70.00	07000	ELECTROENCEPHALOGRAPHY	783,153	91,400	48,906	39,438	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,184,179	12,882	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,766,424	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,412,863	2,903	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	3,814	0	0	180	0
90.02	09002	OP INSTITUTES	2,282,630	92,884	26,904	121,874	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	1,360,654	2,560	5,763	41,851	0
90.05	09005	PAIN MANAGEMENT	1,129,632	0	28,797	65,024	0
91.00	09100	EMERGENCY	7,130,931	344,369	171,538	361,972	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	332,685,976	12,768,119	7,440,030	6,438,411	28,187,917

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,979	4,191	0	0	0
190.01	19001	AUXILIARY	51,667	97,760	1,099	0	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	160	1,631	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NON REIMBURSEABLE COST	482,594	201,471	467	2,065	0
192.02	19202	FOUNDATION	3,281	6,947	1,148	0	0
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0
192.04	19204	OUTREACH PROGRAMS	40,069	73,283	0	0	0
192.05	19205	PHASE III REHAB	19,077	40,392	2,328	0	0
192.06	19206	AFFILIATES	0	0	0	0	0
192.07	19207	NON-ALLOWABLE MEALS	2,225,179	0	0	0	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0
192.09	19209	RETAIL PHARMACY	236,352	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	335,746,334	13,193,794	7,445,072	6,440,476	28,187,917

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	57,940,470	57,940,470				5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,697,293	1,813,932	10,511,135			5.03
6.00	00600	MAINTENANCE & REPAIRS	9,584,619	1,999,016	0	11,583,635		6.00
6.01	00601	MOB I	567,992	118,463	0	0	686,455	6.01
6.02	00602	MOB II	651,451	135,870	0	0	0	6.02
6.03	00603	BETT MED PARK	463,238	96,615	0	0	0	6.03
6.04	00604	NW CLINICS	256,105	53,415	0	0	0	6.04
6.05	00605	CPMP I	515,895	107,598	0	0	0	6.05
6.06	00606	CPMP II	572,810	119,468	0	0	0	6.06
6.07	00607	BETT PLAZA	788,444	164,442	0	0	0	6.07
6.08	00608	HEART INSTITUTE	971,520	202,625	0	0	0	6.08
6.09	00609	53RD STREET	210,274	43,856	0	0	0	6.09
6.10	00610	ELDRIDGE	219,169	45,711	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,372,368	494,793	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	194,890	40,647	0	58,254	0	8.00
9.00	00900	HOUSEKEEPING	4,628,090	965,258	0	131,184	14,144	9.00
10.00	01000	DIETARY	1,090,137	227,364	0	300,648	0	10.00
11.00	01100	CAFETERIA	121,062	25,249	0	158,591	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,764,023	576,478	0	78,911	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,770,324	1,203,488	0	721,671	0	14.00
15.00	01500	PHARMACY	6,577,292	1,371,793	0	217,807	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,592,557	957,847	0	156,306	0	16.00
17.00	01700	SOCIAL SERVICE	301,060	62,791	0	61,223	4,283	17.00
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	3,353,789	699,483	0	372,681	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,907,897	7,071,890	892,007	2,407,580	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,821,382	1,214,137	163,857	50,414	0	31.00
32.01	03201	NICU	1,521,324	317,295	32,583	52,294	0	32.01
41.00	04100	SUBPROVIDER - IRF	3,527,776	735,771	67,345	391,629	0	41.00
43.00	04300	NURSERY	2,606,435	543,611	23,165	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,489,493	3,230,566	840,552	1,085,679	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,936,857	3,741,001	884,738	993,097	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,472,045	4,686,882	1,036,596	349,760	60,738	55.00
57.00	05700	CT SCAN	1,970,519	410,981	602,930	36,529	0	57.00
58.00	05800	MRI	1,100,868	229,603	134,820	126,377	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,352,260	1,116,294	1,104,926	264,141	0	59.00
60.00	06000	LABORATORY	12,085,175	2,520,545	656,022	517,857	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,373,449	286,453	34,826	7,220	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,788,862	581,659	221,295	104,695	0	65.00
66.00	06600	PHYSICAL THERAPY	15,208,477	3,171,956	444,917	1,479,188	2,325	66.00
69.00	06900	ELECTROCARDIOLOGY	2,372,068	494,730	181,994	185,700	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	962,897	200,827	81,519	119,734	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,197,061	3,586,705	629,434	16,876	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,766,424	5,791,104	878,865	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,415,766	3,006,624	969,397	3,802	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	3,994	833	80	0	0	90.01
90.02	09002	OP INSTITUTES	2,524,292	526,479	101,782	121,678	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1,410,828	294,249	5,674	3,354	0	90.04
90.05	09005	PAIN MANAGEMENT	1,223,453	255,169	56,690	0	0	90.05
91.00	09100	EMERGENCY	8,008,810	1,670,357	465,121	451,122	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	332,253,194	57,211,923	10,511,135	11,026,002	81,490	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,170	1,287	0	5,490	0	190.00
190.01	19001	AUXILLARY	150,526	31,394	0	128,065	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	1,791	374	0	2,136	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	686,597	143,200	0	263,927	478,559	192.01
192.02	19202	FOUNDATION	11,376	2,373	0	9,100	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	113,352	23,641	0	96,001	126,406	192.04
192.05	19205	PHASE III REHAB	61,797	12,889	0	52,914	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,225,179	464,094	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	236,352	49,295	0	0	0	192.09
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)	335,746,334	57,940,470	10,511,135	11,583,635	686,455	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II	787,321					6.02
6.03	00603	BETT MED PARK	0	559,853				6.03
6.04	00604	NW CLINICS	0	0	309,520			6.04
6.05	00605	CPMP I	0	0	0	623,493		6.05
6.06	00606	CPMP II	0	0	0	0	692,278	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,049	634	0	595	0	9.00
10.00	01000	DIETARY	0	0	0	15,843	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,573	0	0	1,748	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,576	17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,573	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	205,342	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,018	0	0	149,084	18,853	55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	1,712	24,305	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,213	634	0	374,324	46,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	82,576	122,537	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	779,108	476,643	186,983	249,169	645,544	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	787,321	559,853	309,520	623,493	692,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	952,886				6.07
6.08	00608	HEART INSTITUTE	0	1,174,145			6.08
6.09	00609	53RD STREET	0	0	254,130		6.09
6.10	00610	ELDRIDGE	0	0	0	264,880	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,867,161
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	14,419
9.00	00900	HOUSEKEEPING	0	0	0	0	32,470
10.00	01000	DIETARY	0	0	0	0	74,416
11.00	01100	CAFETERIA	0	0	0	0	39,254
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	19,532
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	178,627
15.00	01500	PHARMACY	0	0	0	0	53,911
16.00	01600	MEDICAL RECORDS & LIBRARY	35,701	0	0	0	38,688
17.00	01700	SOCIAL SERVICE	0	0	0	0	15,154
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	92,245
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	595,922
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	12,478
32.01	03201	NICU	0	0	0	0	12,944
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	96,935
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	268,725
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,712	0	0	0	245,810
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	86,572
57.00	05700	CT SCAN	0	0	0	0	9,042
58.00	05800	MRI	0	0	0	0	31,281
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	65,380
60.00	06000	LABORATORY	0	0	0	0	128,179
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,787
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	25,914
66.00	06600	PHYSICAL THERAPY	178,945	0	0	0	366,126
69.00	06900	ELECTROCARDIOLOGY	0	487,688	0	0	45,964
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	29,636
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,177
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	941
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0
90.02	09002	OP INSTITUTES	51,859	0	0	0	30,117
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	0	0	0	0	830
90.05	09005	PAIN MANAGEMENT	105,369	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	111,661
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	391,586	487,688	0	0	2,729,137
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,359
190.01	19001	AUXILLARY	0	0	0	0	31,698
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	529

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	561,300	686,457	254,130	264,880	65,327	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,252	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	23,762	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	13,097	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	952,886	1,174,145	254,130	264,880	2,867,161	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	308,210				8.00
9.00	00900	HOUSEKEEPING	0	5,776,424			9.00
10.00	01000	DIETARY	0	166,269	1,874,677		10.00
11.00	01100	CAFETERIA	0	87,707	1,445,344	1,877,207	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	1,877,207	11.01
13.00	01300	NURSING ADMINISTRATION	0	43,641	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	399,110	0	0	14.00
15.00	01500	PHARMACY	0	120,455	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,443	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	33,859	0	0	17.00
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	206,106	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	150,848	1,331,476	385,061	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,594	27,881	44,272	0	31.00
32.01	03201	NICU	2,367	28,921	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	9,909	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,088	600,420	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,554	549,218	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,214	193,430	0	0	55.00
57.00	05700	CT SCAN	1	20,202	0	0	57.00
58.00	05800	MRI	0	69,891	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,557	146,079	0	0	59.00
60.00	06000	LABORATORY	0	286,393	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,993	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	57,900	0	0	65.00
66.00	06600	PHYSICAL THERAPY	756	818,044	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	55	102,699	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,024	66,217	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,333	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	2,103	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	1,055	67,292	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	52	1,855	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	44,136	249,487	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	308,210	5,776,424	1,874,677	1,877,207	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	308,210	5,776,424	1,874,677	1,877,207	1,877,207	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	3,524,337					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,302,479				14.00
15.00	01500	PHARMACY	0	63,426	8,487,019			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,867,542		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	481,976	17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,597,300	309,976	0	498,003	373,290	30.00
31.00	03100	INTENSIVE CARE UNIT	161,350	128,329	0	91,481	42,999	31.00
32.01	03201	NICU	103,294	9,896	0	18,191	15,149	32.01
41.00	04100	SUBPROVIDER - IRF	138,719	14,767	0	37,598	50,538	41.00
43.00	04300	NURSERY	0	0	0	12,933	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	401,936	590,883	0	469,276	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,024	100,379	0	493,945	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	146,491	31,663	4,535,978	578,727	0	55.00
57.00	05700	CT SCAN	22	29,313	0	336,613	0	57.00
58.00	05800	MRI	0	1,427	0	75,269	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,963	98,450	0	616,100	0	59.00
60.00	06000	LABORATORY	0	61,898	0	366,254	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19,443	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	60,755	0	123,548	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,763	0	248,395	0	66.00
69.00	06900	ELECTROCARDIOLOGY	34,131	5,812	0	101,606	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,004	15,297	0	45,512	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,519,957	0	351,410	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,071,800	0	490,666	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,951,041	541,210	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	45	0	90.01
90.02	09002	OP INSTITUTES	118,436	12,491	0	56,824	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	25,524	306	0	3,168	0	90.04
90.05	09005	PAIN MANAGEMENT	69,775	9,882	0	31,650	0	90.05
91.00	09100	EMERGENCY	585,368	155,009	0	259,675	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,524,337	8,302,479	8,487,019	5,867,542	481,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,524,337	8,302,479	8,487,019	5,867,542	481,976	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,724,304				22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,358,025	0	52,434,060	-2,358,025	30.00
31.00	03100	INTENSIVE CARE UNIT	0	127,005	0	7,982,593	-127,005	31.00
32.01	03201	NICU	0	127,744	0	2,265,222	-127,744	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	5,127,373	0	41.00
43.00	04300	NURSERY	0	0	0	3,186,144	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	150,903	0	23,496,218	-150,903	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,738	0	25,284,637	-68,738	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	34,439,176	0	55.00
57.00	05700	CT SCAN	0	0	0	3,433,481	0	57.00
58.00	05800	MRI	0	0	0	1,776,053	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,874,056	0	59.00
60.00	06000	LABORATORY	0	0	0	16,730,606	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,727,171	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,004,819	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,114,724	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,053,726	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,546,118	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,314,953	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,998,859	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,984	0	22,942,868	-51,984	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	5,041	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	3,677,916	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	1,758,785	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	1,772,464	0	90.05
91.00	09100	EMERGENCY	0	343,319	0	12,471,049	-343,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,227,718	0	324,418,112	-3,227,718	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	14,306	0	190.00
190.01	19001	AUXILLARY	0	0	0	341,683	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	205,113	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	4,830	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,496,586	0	1,496,586	-1,496,586	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	5,741,824	0	192.01
192.02	19202	FOUNDATION	0	0	0	25,101	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	383,162	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	140,697	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,689,273	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	285,647	0	192.09
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)	0	4,724,304	0	335,746,334	-4,724,304	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MOB I	6.01
6.02	00602	MOB II	6.02
6.03	00603	BETT MED PARK	6.03
6.04	00604	NW CLINICS	6.04
6.05	00605	CPMP I	6.05
6.06	00606	CPMP II	6.06
6.07	00607	BETT PLAZA	6.07
6.08	00608	HEART INSTITUTE	6.08
6.09	00609	53RD STREET	6.09
6.10	00610	ELDRIDGE	6.10
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
11.01	01101	EMPLOYEE CAFETERIA	11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.01	03201	NICU	32.01
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICAL PSYCH	90.01
90.02	09002	OP INSTITUTES	90.02
90.03	09003	MARC	90.03
90.04	09004	BARIATRIC CLINIC	90.04
90.05	09005	PAIN MANAGEMENT	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	AUXILLARY	190.01
190.02	19002	FIRST MED CLINICS	190.02
190.03	19003	EAP	190.03
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,741,824	192.01
192.02	19202	FOUNDATION	25,101	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	192.03
192.04	19204	OUTREACH PROGRAMS	383,162	192.04
192.05	19205	PHASE III REHAB	140,697	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,689,273	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	192.08
192.09	19209	RETAIL PHARMACY	285,647	192.09
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	331,022,030	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	50	46,996	0	47,046	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	698,118	2,212,713	910,639	3,821,470	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	16,975	263,666	26,198	306,839	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	109,482	1,827,935	263,922	2,201,339	6.00
6.01	00601	MOB I	679,929	0	0	679,929	6.01
6.02	00602	MOB II	763,314	0	0	763,314	6.02
6.03	00603	BETT MED PARK	609,403	0	0	609,403	6.03
6.04	00604	NW CLINICS	317,742	0	0	317,742	6.04
6.05	00605	CPMP I	705,247	0	0	705,247	6.05
6.06	00606	CPMP II	717,335	0	0	717,335	6.06
6.07	00607	BETT PLAZA	1,017,862	0	0	1,017,862	6.07
6.08	00608	HEART INSTITUTE	1,206,388	0	0	1,206,388	6.08
6.09	00609	53RD STREET	291,484	0	0	291,484	6.09
6.10	00610	ELDRIDGE	284,661	0	0	284,661	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	44,469	841	45,310	8.00
9.00	00900	HOUSEKEEPING	4,097	100,141	180,298	284,536	9.00
10.00	01000	DIETARY	20,661	229,503	66,085	316,249	10.00
11.00	01100	CAFETERIA	0	121,062	0	121,062	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	17,882	60,238	616,443	694,563	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,784	550,895	716,122	1,283,801	14.00
15.00	01500	PHARMACY	34,886	166,265	193,451	394,602	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	119,317	0	119,317	16.00
17.00	01700	SOCIAL SERVICE	0	46,736	0	46,736	17.00
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	284,490	0	284,490	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	301,276	1,837,850	331,861	2,470,987	30.00
31.00	03100	INTENSIVE CARE UNIT	153,500	38,484	109,063	301,047	31.00
32.01	03201	NICU	20,927	39,919	17,870	78,716	32.01
41.00	04100	SUBPROVIDER - IRF	28,619	298,954	649	328,222	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	626,058	828,764	1,545,895	3,000,717	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	320,795	758,090	333,834	1,412,719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	767,196	266,992	175,519	1,209,707	55.00
57.00	05700	CT SCAN	300	27,885	434,455	462,640	57.00
58.00	05800	MRI	5,317	96,471	232,251	334,039	58.00
59.00	05900	CARDIAC CATHETERIZATION	70,580	201,634	624,078	896,292	59.00
60.00	06000	LABORATORY	158,905	395,311	92,094	646,310	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,512	0	5,512	63.00
65.00	06500	RESPIRATORY THERAPY	192,005	79,920	42,692	314,617	65.00
66.00	06600	PHYSICAL THERAPY	1,738,873	1,129,153	152,359	3,020,385	66.00
69.00	06900	ELECTROCARDIOLOGY	578,914	141,756	91,503	812,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,678	91,400	48,906	148,984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,882	0	12,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,903	0	2,903	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	222	0	0	222	90.01
90.02	09002	OP INSTITUTES	332,766	92,884	26,904	452,554	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	82,447	2,560	5,763	90,770	90.04
90.05	09005	PAIN MANAGEMENT	187,723	0	28,797	216,520	90.05
91.00	09100	EMERGENCY	68,282	344,369	171,538	584,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,155,683	12,768,119	7,440,030	33,363,832	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,191	0	4,191	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
190.01	19001	AUXILLARY	3,027	97,760	1,099	101,886	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	1,631	0	1,631	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	1,229	201,471	467	203,167	15	192.01
192.02	19202	FOUNDATION	0	6,947	1,148	8,095	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	42,671	73,283	0	115,954	0	192.04
192.05	19205	PHASE III REHAB	0	40,392	2,328	42,720	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,202,610	13,193,794	7,445,072	33,841,476	47,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	3,825,668					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	3,825,668	4,133,095				5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	129,397	129,397			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	142,600	0	2,344,848		6.00
6.01	00601	MOB I	0	8,451	0	0	688,380	6.01
6.02	00602	MOB II	0	9,692	0	0	0	6.02
6.03	00603	BETT MED PARK	0	6,892	0	0	0	6.03
6.04	00604	NW CLINICS	0	3,810	0	0	0	6.04
6.05	00605	CPMP I	0	7,675	0	0	0	6.05
6.06	00606	CPMP II	0	8,522	0	0	0	6.06
6.07	00607	BETT PLAZA	0	11,730	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	14,454	0	0	0	6.08
6.09	00609	53RD STREET	0	3,128	0	0	0	6.09
6.10	00610	ELDRIDGE	0	3,261	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	35,296	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,900	0	11,792	0	8.00
9.00	00900	HOUSEKEEPING	0	68,857	0	26,555	14,184	9.00
10.00	01000	DIETARY	0	16,219	0	60,860	0	10.00
11.00	01100	CAFETERIA	0	1,801	0	32,103	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	41,123	0	15,974	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,851	0	146,086	0	14.00
15.00	01500	PHARMACY	0	97,857	0	44,090	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	68,328	0	31,641	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,479	0	12,393	4,295	17.00
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	49,898	0	75,441	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	504,382	10,997	487,361	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	86,611	2,020	10,205	0	31.00
32.01	03201	NICU	0	22,634	402	10,586	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	52,486	830	79,277	0	41.00
43.00	04300	NURSERY	0	38,779	286	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	230,453	10,363	219,772	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	266,865	10,907	201,030	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	334,339	12,779	70,801	60,908	55.00
57.00	05700	CT SCAN	0	29,317	7,433	7,394	0	57.00
58.00	05800	MRI	0	16,379	1,662	25,582	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,631	13,434	53,469	0	59.00
60.00	06000	LABORATORY	0	179,803	8,088	104,829	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	20,434	429	1,462	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	41,493	2,728	21,193	0	65.00
66.00	06600	PHYSICAL THERAPY	0	226,272	5,485	299,429	2,332	66.00
69.00	06900	ELECTROCARDIOLOGY	0	35,292	2,244	37,591	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,326	1,005	24,237	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	255,858	7,760	3,416	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	413,109	10,835	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	214,478	11,951	770	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	59	1	0	0	90.01
90.02	09002	OP INSTITUTES	0	37,556	1,255	24,631	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BIARIATRIC CLINIC	0	20,990	70	679	0	90.04
90.05	09005	PAIN MANAGEMENT	0	18,203	699	0	0	90.05
91.00	09100	EMERGENCY	0	119,155	5,734	91,320	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,825,668	4,081,125	129,397	2,231,969	81,719	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	92	0	1,111	0	190.00
190.01	19001	AUXILLARY	0	2,240	0	25,924	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	0	27	0	432	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	10,215	0	53,426	479,901	192.01
192.02	19202	FOUNDATION	0	169	0	1,842	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	1,686	0	19,433	126,760	192.04
192.05	19205	PHASE III REHAB	0	919	0	10,711	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	33,106	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	3,516	0	0	0	192.09
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)	3,825,668	4,133,095	129,397	2,344,848	688,380	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II	773,006					6.02
6.03	00603	BETT MED PARK	0	616,295				6.03
6.04	00604	NW CLINICS	0	0	321,552			6.04
6.05	00605	CPMP I	0	0	0	712,922		6.05
6.06	00606	CPMP II	0	0	0	0	725,857	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,975	698	0	680	0	9.00
10.00	01000	DIETARY	0	0	0	18,116	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,545	0	0	1,999	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,749	17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,545	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	234,795	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,000	0	0	170,467	19,768	55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	1,957	25,484	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,065	698	0	428,014	49,001	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	90,901	127,300	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	764,941	524,696	194,252	284,908	676,856	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	773,006	616,295	321,552	712,922	725,857	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	1,029,592				6.07
6.08	00608	HEART INSTITUTE	0	1,220,842			6.08
6.09	00609	53RD STREET	0	0	294,612		6.09
6.10	00610	ELDRIDGE	0	0	0	287,922	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	35,296 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	178 8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	400 9.00
10.00	01000	DIETARY	0	0	0	0	916 10.00
11.00	01100	CAFETERIA	0	0	0	0	483 11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	240 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,199 14.00
15.00	01500	PHARMACY	0	0	0	0	664 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,575	0	0	0	476 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	187 17.00
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	0	0	0	1,136 22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	7,334 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	154 31.00
32.01	03201	NICU	0	0	0	0	159 32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	1,193 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	3,308 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,299	0	0	0	3,026 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,066 55.00
57.00	05700	CT SCAN	0	0	0	0	111 57.00
58.00	05800	MRI	0	0	0	0	385 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	805 59.00
60.00	06000	LABORATORY	0	0	0	0	1,578 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	22 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	319 65.00
66.00	06600	PHYSICAL THERAPY	193,350	0	0	0	4,597 66.00
69.00	06900	ELECTROCARDIOLOGY	0	507,084	0	0	566 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	365 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	51 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	12 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0 90.01
90.02	09002	OP INSTITUTES	56,033	0	0	0	371 90.02
90.03	09003	MARC	0	0	0	0	0 90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	10 90.04
90.05	09005	PAIN MANAGEMENT	113,851	0	0	0	0 90.05
91.00	09100	EMERGENCY	0	0	0	0	1,375 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	423,108	507,084	0	0	33,596 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17 190.00
190.01	19001	AUXILLARY	0	0	0	0	390 190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0 190.02
190.03	19003	EAP	0	0	0	0	0 190.03
191.00	19100	RESEARCH	0	0	0	0	7 191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	606,484	713,758	294,612	287,922	804	192.01
192.02	19202	FOUNDATION	0	0	0	0	28	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	293	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	161	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	1,029,592	1,220,842	294,612	287,922	35,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60,215				8.00
9.00	00900	HOUSEKEEPING	0	399,885			9.00
10.00	01000	DIETARY	0	11,510	423,870		10.00
11.00	01100	CAFETERIA	0	6,072	326,797	488,318	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	488,318	11.01
13.00	01300	NURSING ADMINISTRATION	0	3,021	0	9,997	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,629	0	7,611	14.00
15.00	01500	PHARMACY	0	8,339	0	21,418	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,984	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,344	0	0	17.00
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	14,268	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,471	92,175	87,063	143,908	30.00
31.00	03100	INTENSIVE CARE UNIT	3,828	1,930	10,010	20,138	31.00
32.01	03201	NICU	462	2,002	0	6,040	32.01
41.00	04100	SUBPROVIDER - IRF	1,936	0	0	14,668	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,269	41,565	0	33,909	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,602	38,021	0	38,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,605	13,391	0	21,623	55.00
57.00	05700	CT SCAN	0	1,399	0	4,508	57.00
58.00	05800	MRI	0	4,838	0	1,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,063	10,113	0	10,901	59.00
60.00	06000	LABORATORY	0	19,826	0	28,168	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	276	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,008	0	10,455	65.00
66.00	06600	PHYSICAL THERAPY	148	56,631	0	48,080	66.00
69.00	06900	ELECTROCARDIOLOGY	11	7,110	0	10,738	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	981	4,584	0	3,759	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	646	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	146	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	23	90.01
90.02	09002	OP INSTITUTES	206	4,658	0	10,300	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	10	128	0	3,367	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	5,326	90.05
91.00	09100	EMERGENCY	8,623	17,271	0	33,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,215	399,885	423,870	488,318	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	60,215	399,885	423,870	488,318	488,318	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	769,209					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,553,528				14.00
15.00	01500	PHARMACY	0	11,868	581,290			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	264,321		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	74,191	17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	348,621	58,003	0	22,413	57,461	30.00
31.00	03100	INTENSIVE CARE UNIT	35,216	24,013	0	4,117	6,619	31.00
32.01	03201	NICU	22,544	1,852	0	819	2,332	32.01
41.00	04100	SUBPROVIDER - IRF	30,276	2,763	0	1,692	7,779	41.00
43.00	04300	NURSERY	0	0	0	582	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,725	110,566	0	21,120	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,248	18,783	0	22,230	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	31,973	5,925	310,674	26,046	0	55.00
57.00	05700	CT SCAN	5	5,485	0	15,149	0	57.00
58.00	05800	MRI	0	267	0	3,388	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,651	18,422	0	27,979	0	59.00
60.00	06000	LABORATORY	0	11,582	0	16,483	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	875	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,368	0	5,560	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,014	0	11,179	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,449	1,088	0	4,573	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,092	2,862	0	2,048	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	471,534	0	15,815	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	761,885	0	22,083	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	270,616	24,357	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	2	0	90.01
90.02	09002	OP INSTITUTES	25,849	2,337	0	2,557	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	5,571	57	0	143	0	90.04
90.05	09005	PAIN MANAGEMENT	15,229	1,849	0	1,424	0	90.05
91.00	09100	EMERGENCY	127,760	29,005	0	11,687	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	769,209	1,553,528	581,290	264,321	74,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	769,209	1,553,528	581,290	264,321	74,191	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		425,942				22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				4,332,548	0	30.00
31.00	03100	INTENSIVE CARE UNIT				507,768	0	31.00
32.01	03201	NICU				149,137	0	32.01
41.00	04100	SUBPROVIDER - IRF				522,189	0	41.00
43.00	04300	NURSERY				40,608	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,003,439	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,058,312	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				2,293,861	0	55.00
57.00	05700	CT SCAN				533,833	0	57.00
58.00	05800	MRI				388,391	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,126,797	0	59.00
60.00	06000	LABORATORY				1,018,515	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				29,010	0	63.00
65.00	06500	RESPIRATORY THERAPY				412,611	0	65.00
66.00	06600	PHYSICAL THERAPY				3,874,228	0	66.00
69.00	06900	ELECTROCARDIOLOGY				1,426,733	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				204,531	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				767,962	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,207,912	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				525,233	0	73.00
74.00	07400	RENAL DIALYSIS				0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH				308	0	90.01
90.02	09002	OP INSTITUTES				646,638	0	90.02
90.03	09003	MARC				0	0	90.03
90.04	09004	BARIATRIC CLINIC				122,101	0	90.04
90.05	09005	PAIN MANAGEMENT				373,576	0	90.05
91.00	09100	EMERGENCY				1,031,794	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	27,598,035	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				5,411	0	190.00
190.01	19001	AUXILLARY				130,440	0	190.01
190.02	19002	FIRST MED CLINICS				218,201	0	190.02
190.03	19003	EAP				0	0	190.03
191.00	19100	RESEARCH				2,097	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
192.01	19201	NON REIMBURSEABLE COST				5,095,957	0	192.01
192.02	19202	FOUNDATION				10,134	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH				0	0	192.03
192.04	19204	OUTREACH PROGRAMS				264,126	0	192.04
192.05	19205	PHASE III REHAB				54,511	0	192.05
192.06	19206	AFFILIATES				0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS				33,106	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH				0	0	192.08
192.09	19209	RETAIL PHARMACY				3,516	0	192.09
200.00		Cross Foot Adjustments	0	425,942	0	425,942	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	425,942	0	33,841,476	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MOB I	6.01
6.02	00602	MOB II	6.02
6.03	00603	BETT MED PARK	6.03
6.04	00604	NW CLINICS	6.04
6.05	00605	CPMP I	6.05
6.06	00606	CPMP II	6.06
6.07	00607	BETT PLAZA	6.07
6.08	00608	HEART INSTITUTE	6.08
6.09	00609	53RD STREET	6.09
6.10	00610	ELDRIDGE	6.10
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
11.01	01101	EMPLOYEE CAFETERIA	11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.01	03201	NICU	32.01
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICAL PSYCH	90.01
90.02	09002	OP INSTITUTES	90.02
90.03	09003	MARC	90.03
90.04	09004	BARIATRIC CLINIC	90.04
90.05	09005	PAIN MANAGEMENT	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	AUXILLARY	190.01
190.02	19002	FIRST MED CLINICS	190.02
190.03	19003	EAP	190.03
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,095,957	192.01
192.02	19202	FOUNDATION	10,134	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	192.03
192.04	19204	OUTREACH PROGRAMS	264,126	192.04
192.05	19205	PHASE III REHAB	54,511	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	33,106	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	192.08
192.09	19209	RETAIL PHARMACY	3,516	192.09
200.00		Cross Foot Adjustments	425,942	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	33,841,476	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	809,094					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,445,073				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,882	0	93,680,482			4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	135,692	910,639	8,361,779	100		5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	16,169	26,198	1,170,613	100	-57,940,470	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	112,096	263,922	1,810,412	0	0	6.00
6.01	00601	MOB I	0	0	0	0	0	6.01
6.02	00602	MOB II	0	0	0	0	0	6.02
6.03	00603	BETT MED PARK	0	0	0	0	0	6.03
6.04	00604	NW CLINICS	0	0	0	0	0	6.04
6.05	00605	CPMP I	0	0	0	0	0	6.05
6.06	00606	CPMP II	0	0	0	0	0	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,727	841	70,131	0	0	8.00
9.00	00900	HOUSEKEEPING	6,141	180,298	0	0	0	9.00
10.00	01000	DIETARY	14,074	66,085	0	0	0	10.00
11.00	01100	CAFETERIA	7,424	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,694	616,443	1,488,373	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,783	716,122	698,943	0	0	14.00
15.00	01500	PHARMACY	10,196	193,451	4,884,069	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,866	0	0	0	0	17.00
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	17,446	0	1,412,784	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,704	331,861	21,534,330	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,360	109,063	3,704,285	0	0	31.00
32.01	03201	NICU	2,448	17,870	1,173,473	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	18,333	649	2,126,229	0	0	41.00
43.00	04300	NURSERY	0	0	1,914,023	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,823	1,545,896	5,730,540	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,489	333,834	5,848,609	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,373	175,519	3,563,121	0	0	55.00
57.00	05700	CT SCAN	1,710	434,455	781,458	0	0	57.00
58.00	05800	MRI	5,916	232,251	311,676	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,365	624,078	2,064,745	0	0	59.00
60.00	06000	LABORATORY	24,242	92,094	3,681,146	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,901	42,692	1,732,146	0	0	65.00
66.00	06600	PHYSICAL THERAPY	69,244	152,359	8,797,685	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,693	91,503	1,621,174	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,605	48,906	573,652	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	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	178	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	2,624	0	0	90.01
90.02	09002	OP INSTITUTES	5,696	26,904	1,772,742	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	157	5,763	608,748	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	28,797	945,814	0	0	90.05
91.00	09100	EMERGENCY	21,118	171,538	5,265,125	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	782,990	7,440,031	93,650,449	100	-57,940,470	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	0	0	0	190.00
190.01	19001	AUXILLARY	5,995	1,099	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	100	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	12,355	467	30,033	0	0	192.01
192.02	19202	FOUNDATION	426	1,148	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,494	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	2,477	2,328	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,193,794	7,445,072	6,440,476	28,187,917		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.306874	1.000000	0.068749	281,879.170000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			47,046	3,825,668		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000502	38,256.680000		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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL	277,805,864					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,697,203	1,234,084,340				5.03
6.00	00600	MAINTENANCE & REPAIRS	9,584,619	0	542,255			6.00
6.01	00601	MOB I	567,992	0	0	39,263		6.01
6.02	00602	MOB II	651,451	0	0	0	34,028	6.02
6.03	00603	BETT MED PARK	463,238	0	0	0	0	6.03
6.04	00604	NW CLINICS	256,105	0	0	0	0	6.04
6.05	00605	CPMP I	515,895	0	0	0	0	6.05
6.06	00606	CPMP II	572,810	0	0	0	0	6.06
6.07	00607	BETT PLAZA	788,444	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	971,520	0	0	0	0	6.08
6.09	00609	53RD STREET	210,274	0	0	0	0	6.09
6.10	00610	ELDRIDGE	219,169	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,372,368	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	194,890	0	2,727	0	0	8.00
9.00	00900	HOUSEKEEPING	4,628,090	0	6,141	809	175	9.00
10.00	01000	DIETARY	1,090,137	0	14,074	0	0	10.00
11.00	01100	CAFETERIA	121,062	0	7,424	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,764,023	0	3,694	0	68	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,770,324	0	33,783	0	0	14.00
15.00	01500	PHARMACY	6,577,292	0	10,196	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,592,557	0	7,317	0	0	16.00
17.00	01700	SOCIAL SERVICE	301,060	0	2,866	245	0	17.00
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	3,353,789	0	17,446	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,907,897	104,732,506	112,704	0	68	30.00
31.00	03100	INTENSIVE CARE UNIT	5,821,382	19,238,875	2,360	0	0	31.00
32.01	03201	NICU	1,521,324	3,825,696	2,448	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	3,527,776	7,907,078	18,333	0	0	41.00
43.00	04300	NURSERY	2,606,435	2,719,796	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,489,493	98,691,066	50,823	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,936,857	103,879,062	46,489	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,472,045	121,709,091	16,373	3,474	44	55.00
57.00	05700	CT SCAN	1,970,519	70,791,309	1,710	0	0	57.00
58.00	05800	MRI	1,100,868	15,829,543	5,916	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,352,260	129,680,429	12,365	0	0	59.00
60.00	06000	LABORATORY	12,085,175	77,025,009	24,242	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,373,449	4,088,958	338	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,788,862	25,982,740	4,901	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,208,477	52,238,700	69,244	133	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,372,068	21,368,349	8,693	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	962,897	9,571,371	5,605	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,197,061	73,903,275	790	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,766,424	103,189,461	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,415,766	113,819,058	178	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	3,994	9,361	0	0	0	90.01
90.02	09002	OP INSTITUTES	2,524,292	11,950,443	5,696	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1,410,828	666,151	157	0	0	90.04
90.05	09005	PAIN MANAGEMENT	1,223,453	6,656,084	0	0	0	90.05
91.00	09100	EMERGENCY	8,008,810	54,610,929	21,118	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274,312,724	1,234,084,340	516,151	4,661	355	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,170	0	257	0	0	190.00
190.01	19001	AUXILIARY	150,526	0	5,995	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHAR GES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	1,791	0	100	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	686,597	0	12,355	27,372	33,673	192.01
192.02	19202	FOUNDATION	11,376	0	426	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	113,352	0	4,494	7,230	0	192.04
192.05	19205	PHASE III REHAB	61,797	0	2,477	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,225,179	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	236,352	0	0	0	0	192.09
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)	57,940,470	10,511,135	11,583,635	686,455	787,321	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.208565	0.008517	21.361970	17.483509	23.137446	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,133,095	129,397	2,344,848	688,380	773,006	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014878	0.000105	4.324253	17.532537	22.716763	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
			6.03	6.04	6.05	6.06	6.07	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK	22,943					6.03
6.04	00604	NW CLINICS	0	10,225				6.04
6.05	00605	CPMP I	0	0	51,357			6.05
6.06	00606	CPMP II	0	0	0	46,854		6.06
6.07	00607	BETT PLAZA	0	0	0	0	56,557	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	26	0	49	0	0	9.00
10.00	01000	DIETARY	0	0	1,305	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	144	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,119	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	242	0	17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	16,914	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,170	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	12,280	1,276	0	55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,621	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	141	1,645	3,078	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	6,254	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26	0	30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	3,384	4,048	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
192.00	19200	0	0	0	0	0	192.00
192.01	19201	19,533	6,177	20,524	43,691	33,315	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06
192.07	19207	0	0	0	0	0	192.07
192.08	19208	0	0	0	0	0	192.08
192.09	19209	0	0	0	0	0	192.09
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)	559,853	309,520	623,493	692,278	952,886	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.401909	30.270905	12.140370	14.775217	16.848242	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	616,295	321,552	712,922	725,857	1,029,592	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	26.862006	31.447628	13.881691	15.491890	18.204502	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE	75,097				6.08
6.09	00609	53RD STREET	0	13,636			6.09
6.10	00610	ELDRIDGE	0	0	7,560		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	542,255	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,727	8.00
9.00	00900	HOUSEKEEPING	0	0	0	6,141	9.00
10.00	01000	DIETARY	0	0	0	14,074	10.00
11.00	01100	CAFETERIA	0	0	0	7,424	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,694	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	33,783	14.00
15.00	01500	PHARMACY	0	0	0	10,196	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,317	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,866	17.00
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	0	17,446	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	112,704	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,360	31.00
32.01	03201	NICU	0	0	0	2,448	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	18,333	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	50,823	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,373	55.00
57.00	05700	CT SCAN	0	0	0	1,710	57.00
58.00	05800	MRI	0	0	0	5,916	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,365	59.00
60.00	06000	LABORATORY	0	0	0	24,242	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	338	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,901	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	69,244	66.00
69.00	06900	ELECTROCARDIOLOGY	31,192	0	0	8,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	790	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	178	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	5,696	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	157	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	21,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,192	0	0	516,151	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	257	190.00
190.01	19001	AUXILLARY	0	0	0	5,995	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	100	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	12,355	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	4,494	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,174,145	254,130	264,880	2,867,161	308,210	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.635045	18.636697	35.037037	5.287477	0.246947	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,220,842	294,612	287,922	35,296	60,215	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.256868	21.605456	38.084921	0.065091	0.048246	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.00	10.00	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	488,950					9.00
10.00	01000	DIETARY	14,074	718,633				10.00
11.00	01100	CAFETERIA	7,424	554,054	554,054			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	554,054	125,877		11.01
13.00	01300	NURSING ADMINISTRATION	3,694	0	0	2,577	983,123	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,783	0	0	1,962	0	14.00
15.00	01500	PHARMACY	10,196	0	0	5,521	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,866	0	0	2	0	17.00
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	17,446	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,704	147,608	0	37,096	445,571	30.00
31.00	03100	INTENSIVE CARE UNIT	2,360	16,971	0	5,191	45,009	31.00
32.01	03201	NICU	2,448	0	0	1,557	28,814	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,781	38,696	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,823	0	0	8,741	112,121	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,489	0	0	9,962	22,044	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,373	0	0	5,574	40,864	55.00
57.00	05700	CT SCAN	1,710	0	0	1,162	6	57.00
58.00	05800	MRI	5,916	0	0	437	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,365	0	0	2,810	16,169	59.00
60.00	06000	LABORATORY	24,242	0	0	7,261	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,901	0	0	2,695	0	65.00
66.00	06600	PHYSICAL THERAPY	69,244	0	0	12,394	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,693	0	0	2,768	9,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,605	0	0	969	1,396	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	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	178	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	6	0	90.01
90.02	09002	OP INSTITUTES	5,696	0	0	2,655	33,038	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	157	0	0	868	7,120	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	1,373	19,464	90.05
91.00	09100	EMERGENCY	21,118	0	0	8,515	163,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	488,950	718,633	554,054	125,877	983,123	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.00	10.00	11.00	11.01	13.00	
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	5,776,424	1,874,677	1,877,207	1,877,207	3,524,337	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.813936	2.608671	3.388130	14.913026	3.584838	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	399,885	423,870	488,318	488,318	769,209	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.817844	0.589828	0.881355	3.879327	0.782414	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	56,616,419					14.00
15.00	01500	PHARMACY	432,520	30,959,458				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,234,084,340			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	67,512		17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,113,796	0	104,732,506	52,288	0	30.00
31.00	03100	INTENSIVE CARE UNIT	875,106	0	19,238,875	6,023	0	31.00
32.01	03201	NICU	67,480	0	3,825,696	2,122	0	32.01
41.00	04100	SUBPROVIDER - IRF	100,700	0	7,907,078	7,079	0	41.00
43.00	04300	NURSERY	0	0	2,719,796	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,029,369	0	98,691,066	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	684,508	0	103,879,062	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	215,919	16,546,595	121,709,091	0	0	55.00
57.00	05700	CT SCAN	199,894	0	70,791,309	0	0	57.00
58.00	05800	MRI	9,732	0	15,829,543	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	671,354	0	129,680,429	0	0	59.00
60.00	06000	LABORATORY	422,099	0	77,025,009	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,088,958	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	414,300	0	25,982,740	0	0	65.00
66.00	06600	PHYSICAL THERAPY	73,395	0	52,238,700	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	39,633	0	21,368,349	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,314	0	9,571,371	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,184,179	0	73,903,275	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,766,424	0	103,189,461	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,412,863	113,819,058	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	9,361	0	0	90.01
90.02	09002	OP INSTITUTES	85,178	0	11,950,443	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	2,086	0	666,151	0	0	90.04
90.05	09005	PAIN MANAGEMENT	67,390	0	6,656,084	0	0	90.05
91.00	09100	EMERGENCY	1,057,043	0	54,610,929	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	56,616,419	30,959,458	1,234,084,340	67,512	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS	
							SERVICES-SALAR Y & FRINGES	
							APPRV (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	21.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	8,302,479	8,487,019	5,867,542	481,976	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.146644	0.274133	0.004755	7.139116	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,553,528	581,290	264,321	74,191	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.027440	0.018776	0.000214	1.098931	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM - PASTORAL CARE (PATIENT DAYS)	
			SERVICES-OTHER PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED			5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL			5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS			5.03
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MOB I			6.01
6.02	00602	MOB II			6.02
6.03	00603	BETT MED PARK			6.03
6.04	00604	NW CLINICS			6.04
6.05	00605	CPMP I			6.05
6.06	00606	CPMP II			6.06
6.07	00607	BETT PLAZA			6.07
6.08	00608	HEART INSTITUTE			6.08
6.09	00609	53RD STREET			6.09
6.10	00610	ELDRIDGE			6.10
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
11.01	01101	EMPLOYEE CAFETERIA			11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	38,351		22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	19,142	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,031	0	31.00
32.01	03201	NICU	1,037	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,225	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	558	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	90.05
91.00	09100	EMERGENCY	2,787	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,202	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 1:40 pm

	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM - PASTORAL CARE (PATIENT DAYS)		
		SERVICES-OTHER PRGM COSTS			
		APPRV (ASSIGNED TIME)			
		22.00			23.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	AUXILLARY	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,149	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	192.01
192.02	19202	FOUNDATION	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	192.09
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,724,304	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	123.185940	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	425,942	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.106412	0.000000	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: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

			Title XVIII		Hospital		PPS	
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	50,076,035		50,076,035	0	50,076,035	30.00
31.00	03100	INTENSIVE CARE UNIT	7,855,588		7,855,588	0	7,855,588	31.00
32.01	03201	NICU	2,137,478		2,137,478	0	2,137,478	32.01
41.00	04100	SUBPROVIDER - IRF	5,127,373		5,127,373	0	5,127,373	41.00
43.00	04300	NURSERY	3,186,144		3,186,144	0	3,186,144	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,345,315		23,345,315	0	23,345,315	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,215,899		25,215,899	0	25,215,899	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,439,176		34,439,176	0	34,439,176	55.00
57.00	05700	CT SCAN	3,433,481		3,433,481	0	3,433,481	57.00
58.00	05800	MRI	1,776,053		1,776,053	0	1,776,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,874,056		8,874,056	0	8,874,056	59.00
60.00	06000	LABORATORY	16,730,606		16,730,606	0	16,730,606	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,727,171		1,727,171	0	1,727,171	63.00
65.00	06500	RESPIRATORY THERAPY	4,004,819	0	4,004,819	0	4,004,819	65.00
66.00	06600	PHYSICAL THERAPY	22,114,724	0	22,114,724	0	22,114,724	66.00
69.00	06900	ELECTROCARDIOLOGY	4,053,726		4,053,726	0	4,053,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,118		1,546,118	0	1,546,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,314,953		24,314,953	0	24,314,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,998,859		38,998,859	0	38,998,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,890,884		22,890,884	0	22,890,884	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	5,041		5,041	0	5,041	90.01
90.02	09002	OP INSTITUTES	3,677,916		3,677,916	0	3,677,916	90.02
90.03	09003	MARC	0		0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1,758,785		1,758,785	0	1,758,785	90.04
90.05	09005	PAIN MANAGEMENT	1,772,464		1,772,464	0	1,772,464	90.05
91.00	09100	EMERGENCY	12,127,730		12,127,730	0	12,127,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,370,917		8,370,917	0	8,370,917	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	329,561,311	0	329,561,311	0	329,561,311	200.00
201.00		Less Observation Beds	8,370,917		8,370,917		8,370,917	201.00
202.00		Total (see instructions)	321,190,394	0	321,190,394	0	321,190,394	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,511,274		84,511,274		30.00
31.00	03100	INTENSIVE CARE UNIT	19,238,875		19,238,875		31.00
32.01	03201	NICU	3,825,696		3,825,696		32.01
41.00	04100	SUBPROVIDER - IRF	7,907,078		7,907,078		41.00
43.00	04300	NURSERY	2,719,796		2,719,796		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,836,229	59,854,837	98,691,066	0.236549	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,751,655	93,127,407	103,879,062	0.242743	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	173,692	121,535,399	121,709,091	0.282963	0.000000
57.00	05700	CT SCAN	18,817,049	51,974,260	70,791,309	0.048501	0.000000
58.00	05800	MRI	3,206,458	12,623,085	15,829,543	0.112199	0.000000
59.00	05900	CARDIAC CATHETERIZATION	52,244,503	77,435,926	129,680,429	0.068430	0.000000
60.00	06000	LABORATORY	40,079,224	36,945,785	77,025,009	0.217210	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,907,266	1,181,692	4,088,958	0.422399	0.000000
65.00	06500	RESPIRATORY THERAPY	21,932,398	4,050,342	25,982,740	0.154134	0.000000
66.00	06600	PHYSICAL THERAPY	16,260,122	35,978,578	52,238,700	0.423340	0.000000
69.00	06900	ELECTROCARDIOLOGY	7,890,817	13,477,532	21,368,349	0.189707	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	310,835	9,260,536	9,571,371	0.161536	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,635,219	36,268,056	73,903,275	0.329010	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,541,843	45,647,618	103,189,461	0.377935	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	72,170,843	41,648,215	113,819,058	0.201116	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	0	9,361	9,361	0.538511	0.000000
90.02	09002	OP INSTITUTES	170,378	11,780,065	11,950,443	0.307764	0.000000
90.03	09003	MARC	0	0	0	0.000000	0.000000
90.04	09004	BARIATRIC CLINIC	0	666,151	666,151	2.640220	0.000000
90.05	09005	PAIN MANAGEMENT	1,430	6,654,654	6,656,084	0.266292	0.000000
91.00	09100	EMERGENCY	9,803,809	44,807,120	54,610,929	0.222075	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,025,858	4,195,374	20,221,232	0.413967	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
200.00		Subtotal (see instructions)	524,962,347	709,121,993	1,234,084,340		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	524,962,347	709,121,993	1,234,084,340		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.01	03201 NICU				32.01
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.236549			50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.242743			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.282963			55.00
57.00	05700 CT SCAN	0.048501			57.00
58.00	05800 MRI	0.112199			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.068430			59.00
60.00	06000 LABORATORY	0.217210			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.422399			63.00
65.00	06500 RESPIRATORY THERAPY	0.154134			65.00
66.00	06600 PHYSICAL THERAPY	0.423340			66.00
69.00	06900 ELECTROCARDIOLOGY	0.189707			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161536			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.329010			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.377935			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201116			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0.538511			90.01
90.02	09002 OP INSTITUTES	0.307764			90.02
90.03	09003 MARC	0.000000			90.03
90.04	09004 BARIATRIC CLINIC	2.640220			90.04
90.05	09005 PAIN MANAGEMENT	0.266292			90.05
91.00	09100 EMERGENCY	0.222075			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.413967			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
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: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 1:40 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	50,076,035		50,076,035	0	50,076,035	30.00
31.00	03100	INTENSIVE CARE UNIT	7,855,588		7,855,588	0	7,855,588	31.00
32.01	03201	NICU	2,137,478		2,137,478	0	2,137,478	32.01
41.00	04100	SUBPROVIDER - IRF	5,127,373		5,127,373	0	5,127,373	41.00
43.00	04300	NURSERY	3,186,144		3,186,144	0	3,186,144	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,345,315		23,345,315	0	23,345,315	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,215,899		25,215,899	0	25,215,899	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,439,176		34,439,176	0	34,439,176	55.00
57.00	05700	CT SCAN	3,433,481		3,433,481	0	3,433,481	57.00
58.00	05800	MRI	1,776,053		1,776,053	0	1,776,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,874,056		8,874,056	0	8,874,056	59.00
60.00	06000	LABORATORY	16,730,606		16,730,606	0	16,730,606	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,727,171		1,727,171	0	1,727,171	63.00
65.00	06500	RESPIRATORY THERAPY	4,004,819	0	4,004,819	0	4,004,819	65.00
66.00	06600	PHYSICAL THERAPY	22,114,724	0	22,114,724	0	22,114,724	66.00
69.00	06900	ELECTROCARDIOLOGY	4,053,726		4,053,726	0	4,053,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,118		1,546,118	0	1,546,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,314,953		24,314,953	0	24,314,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,998,859		38,998,859	0	38,998,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,890,884		22,890,884	0	22,890,884	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	5,041		5,041	0	5,041	90.01
90.02	09002	OP INSTITUTES	3,677,916		3,677,916	0	3,677,916	90.02
90.03	09003	MARC	0		0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1,758,785		1,758,785	0	1,758,785	90.04
90.05	09005	PAIN MANAGEMENT	1,772,464		1,772,464	0	1,772,464	90.05
91.00	09100	EMERGENCY	12,127,730		12,127,730	0	12,127,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,370,917		8,370,917	0	8,370,917	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	329,561,311	0	329,561,311	0	329,561,311	200.00
201.00		Less Observation Beds	8,370,917		8,370,917		8,370,917	201.00
202.00		Total (see instructions)	321,190,394	0	321,190,394	0	321,190,394	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 1:40 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	84,511,274		84,511,274			30.00
31.00	03100	INTENSIVE CARE UNIT	19,238,875		19,238,875			31.00
32.01	03201	NICU	3,825,696		3,825,696			32.01
41.00	04100	SUBPROVIDER - IRF	7,907,078		7,907,078			41.00
43.00	04300	NURSERY	2,719,796		2,719,796			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,836,229	59,854,837	98,691,066	0.236549	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,751,655	93,127,407	103,879,062	0.242743	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	173,692	121,535,399	121,709,091	0.282963	0.000000	55.00
57.00	05700	CT SCAN	18,817,049	51,974,260	70,791,309	0.048501	0.000000	57.00
58.00	05800	MRI	3,206,458	12,623,085	15,829,543	0.112199	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,244,503	77,435,926	129,680,429	0.068430	0.000000	59.00
60.00	06000	LABORATORY	40,079,224	36,945,785	77,025,009	0.217210	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,907,266	1,181,692	4,088,958	0.422399	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	21,932,398	4,050,342	25,982,740	0.154134	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,260,122	35,978,578	52,238,700	0.423340	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	7,890,817	13,477,532	21,368,349	0.189707	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	310,835	9,260,536	9,571,371	0.161536	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,635,219	36,268,056	73,903,275	0.329010	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,541,843	45,647,618	103,189,461	0.377935	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,170,843	41,648,215	113,819,058	0.201116	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	9,361	9,361	0.538511	0.000000	90.01
90.02	09002	OP INSTITUTES	170,378	11,780,065	11,950,443	0.307764	0.000000	90.02
90.03	09003	MARC	0	0	0	0.000000	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	666,151	666,151	2.640220	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	1,430	6,654,654	6,656,084	0.266292	0.000000	90.05
91.00	09100	EMERGENCY	9,803,809	44,807,120	54,610,929	0.222075	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,025,858	4,195,374	20,221,232	0.413967	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	524,962,347	709,121,993	1,234,084,340			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	524,962,347	709,121,993	1,234,084,340			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/23/2021 1:40 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
32.01	03201	NICU			32.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.000000		90.01
90.02	09002	OP INSTITUTES	0.000000		90.02
90.03	09003	MARC	0.000000		90.03
90.04	09004	BARIATRIC CLINIC	0.000000		90.04
90.05	09005	PAIN MANAGEMENT	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,332,548	0	4,332,548	62,783	69.01	30.00
31.00	INTENSIVE CARE UNIT	507,768		507,768	6,023	84.30	31.00
32.01	NICU	149,137		149,137	2,122	70.28	32.01
41.00	SUBPROVIDER - IRF	522,189	0	522,189	7,079	73.77	41.00
43.00	NURSERY	40,608		40,608	2,879	14.10	43.00
200.00	Total (lines 30 through 199)	5,552,250		5,552,250	80,886		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	16,544	1,141,701				
31.00	INTENSIVE CARE UNIT	3,388	285,608				
32.01	NICU	0	0				
41.00	SUBPROVIDER - IRF	3,654	269,556				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,586	1,696,865				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

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	4,003,439	98,691,066	0.040565	16,296,290	661,059	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,058,312	103,879,062	0.019815	4,824,460	95,597	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,293,861	121,709,091	0.018847	102,657	1,935	55.00
57.00	05700	CT SCAN	533,833	70,791,309	0.007541	6,679,001	50,366	57.00
58.00	05800	MRI	388,391	15,829,543	0.024536	1,660,115	40,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,126,797	129,680,429	0.008689	23,150,228	201,152	59.00
60.00	06000	LABORATORY	1,018,515	77,025,009	0.013223	13,705,793	181,232	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,010	4,088,958	0.007095	1,158,024	8,216	63.00
65.00	06500	RESPIRATORY THERAPY	412,611	25,982,740	0.015880	8,720,912	138,488	65.00
66.00	06600	PHYSICAL THERAPY	3,874,228	52,238,700	0.074164	4,257,838	315,778	66.00
69.00	06900	ELECTROCARDIOLOGY	1,426,733	21,368,349	0.066769	4,081,837	272,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	204,531	9,571,371	0.021369	120,684	2,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	767,962	73,903,275	0.010391	15,611,156	162,216	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,207,912	103,189,461	0.011706	28,246,360	330,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	525,233	113,819,058	0.004615	28,368,550	130,921	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	308	9,361	0.032902	0	0	90.01
90.02	09002	OP INSTITUTES	646,638	11,950,443	0.054110	64,122	3,470	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	122,101	666,151	0.183293	0	0	90.04
90.05	09005	PAIN MANAGEMENT	373,576	6,656,084	0.056125	1,282	72	90.05
91.00	09100	EMERGENCY	1,031,794	54,610,929	0.018894	5,048,001	95,377	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	724,243	20,221,232	0.035816	5,404,939	193,583	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	22,770,028	1,115,881,621		167,502,249	2,885,966	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 16-0033		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/23/2021 1:40 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.01	03201	NICU	0	0	0	0	0	0	32.01		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	62,783	0.00	16,544		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,023	0.00	3,388		31.00		
32.01	03201	NICU		0	2,122	0.00	0		32.01		
41.00	04100	SUBPROVIDER - IRF	0	0	7,079	0.00	3,654		41.00		
43.00	04300	NURSERY		0	2,879	0.00	0		43.00		
200.00	Total (lines 30 through 199)			0	80,886		23,586		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
32.01	03201	NICU	0								32.01
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	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	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 1:40 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	98,691,066	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	103,879,062	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	121,709,091	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	70,791,309	0.000000	57.00
58.00	05800	MRI	0	0	0	15,829,543	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	129,680,429	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,025,009	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,088,958	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,982,740	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	52,238,700	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	21,368,349	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,571,371	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	73,903,275	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	103,189,461	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	113,819,058	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	9,361	0.000000	90.01
90.02	09002	OP INSTITUTES	0	0	0	11,950,443	0.000000	90.02
90.03	09003	MARC	0	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	666,151	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	6,656,084	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	54,610,929	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	20,221,232	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	1,115,881,621		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	16,296,290	0	13,217,516	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,824,460	0	23,745,258	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	102,657	0	11,477,675	0	55.00
57.00	05700	CT SCAN	0.000000	6,679,001	0	12,488,741	0	57.00
58.00	05800	MRI	0.000000	1,660,115	0	2,270,633	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	23,150,228	0	35,088,723	0	59.00
60.00	06000	LABORATORY	0.000000	13,705,793	0	7,003,381	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,158,024	0	387,272	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,720,912	0	983,124	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,257,838	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,081,837	0	3,453,440	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	120,684	0	2,109,047	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	15,611,156	0	10,915,758	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,246,360	0	19,116,486	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,368,550	0	41,405,585	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0.000000	0	0	4,026	0	90.01
90.02	09002	OP INSTITUTES	0.000000	64,122	0	5,331,714	0	90.02
90.03	09003	MARC	0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0.000000	0	0	48,620	0	90.04
90.05	09005	PAIN MANAGEMENT	0.000000	1,282	0	1,953,451	0	90.05
91.00	09100	EMERGENCY	0.000000	5,048,001	0	5,518,227	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,404,939	0	3,993,700	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		167,502,249	0	200,512,377	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/23/2021 1:40 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.236549	13,217,516	0	0	3,126,590	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242743	23,745,258	0	0	5,763,995	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.282963	11,477,675	0	0	3,247,757	55.00
57.00	05700	CT SCAN	0.048501	12,488,741	0	0	605,716	57.00
58.00	05800	MRI	0.112199	2,270,633	0	0	254,763	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068430	35,088,723	0	0	2,401,121	59.00
60.00	06000	LABORATORY	0.217210	7,003,381	0	0	1,521,204	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.422399	387,272	0	0	163,583	63.00
65.00	06500	RESPIRATORY THERAPY	0.154134	983,124	0	0	151,533	65.00
66.00	06600	PHYSICAL THERAPY	0.423340	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.189707	3,453,440	0	0	655,142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161536	2,109,047	0	0	340,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329010	10,915,758	0	0	3,591,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377935	19,116,486	0	0	7,224,789	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201116	41,405,585	0	44,417	8,327,326	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0.538511	4,026	0	0	2,168	90.01
90.02	09002	OP INSTITUTES	0.307764	5,331,714	0	0	1,640,910	90.02
90.03	09003	MARC	0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	2.640220	48,620	0	0	128,367	90.04
90.05	09005	PAIN MANAGEMENT	0.266292	1,953,451	0	0	520,188	90.05
91.00	09100	EMERGENCY	0.222075	5,518,227	0	0	1,225,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.413967	3,993,700	0	0	1,653,260	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		200,512,377	0	44,417	42,545,953	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		200,512,377	0	44,417	42,545,953	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/23/2021 1:40 pm

			Title XVIII	Hospital	PPS
	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,933	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS				
90.01	09001	CLINICAL PSYCH	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	8,933	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	8,933	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/23/2021 1:40 pm

Title XVIII

Subprovider -

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,003,439	98,691,066	0.040565	63,153	2,562	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,058,312	103,879,062	0.019815	106,626	2,113	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,293,861	121,709,091	0.018847	4,104	77	55.00
57.00	05700 CT SCAN	533,833	70,791,309	0.007541	164,924	1,244	57.00
58.00	05800 MRI	388,391	15,829,543	0.024536	36,752	902	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,126,797	129,680,429	0.008689	46,917	408	59.00
60.00	06000 LABORATORY	1,018,515	77,025,009	0.013223	536,512	7,094	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	29,010	4,088,958	0.007095	6,086	43	63.00
65.00	06500 RESPIRATORY THERAPY	412,611	25,982,740	0.015880	9,123	145	65.00
66.00	06600 PHYSICAL THERAPY	3,874,228	52,238,700	0.074164	3,402,098	252,313	66.00
69.00	06900 ELECTROCARDIOLOGY	1,426,733	21,368,349	0.066769	29,648	1,980	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	204,531	9,571,371	0.021369	1,925	41	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	767,962	73,903,275	0.010391	196,514	2,042	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,207,912	103,189,461	0.011706	136,159	1,594	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	525,233	113,819,058	0.004615	1,343,129	6,199	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	308	9,361	0.032902	0	0	90.01
90.02	09002 OP INSTITUTES	646,638	11,950,443	0.054110	6,256	339	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	122,101	666,151	0.183293	0	0	90.04
90.05	09005 PAIN MANAGEMENT	373,576	6,656,084	0.056125	0	0	90.05
91.00	09100 EMERGENCY	1,031,794	54,610,929	0.018894	20,042	379	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	20,221,232	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	22,045,785	1,115,881,621		6,109,968	279,475	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:40 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	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
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH		0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES		0	0	0	0	0	90.02
90.03	09003	MARC		0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC		0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT		0	0	0	0	0	90.05
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:40 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	98,691,066	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	103,879,062	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	121,709,091	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	70,791,309	0.000000	57.00
58.00	05800	MRI	0	0	0	15,829,543	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	129,680,429	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,025,009	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,088,958	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,982,740	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	52,238,700	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	21,368,349	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,571,371	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	73,903,275	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	103,189,461	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	113,819,058	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	9,361	0.000000	90.01
90.02	09002	OP INSTITUTES	0	0	0	11,950,443	0.000000	90.02
90.03	09003	MARC	0	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	666,151	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	6,656,084	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	54,610,929	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	20,221,232	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	1,115,881,621		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/23/2021 1:40 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	63,153	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	106,626	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	4,104	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	164,924	0	0	0	57.00
58.00	05800	MRI		0.000000	36,752	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	46,917	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	536,512	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	6,086	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	9,123	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	3,402,098	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	29,648	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,925	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	196,514	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	136,159	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,343,129	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH		0.000000	0	0	0	0	90.01
90.02	09002	OP INSTITUTES		0.000000	6,256	0	0	0	90.02
90.03	09003	MARC		0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT		0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY		0.000000	20,042	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			6,109,968	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/23/2021 1:40 pm

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	IRF		Costs		
			PPS Reimbursed Services (see inst.)	Charges		PPS Services (see inst.)	
				Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.236549	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242743	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.282963	0	0	0	55.00
57.00	05700	CT SCAN	0.048501	0	0	0	57.00
58.00	05800	MRI	0.112199	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068430	0	0	0	59.00
60.00	06000	LABORATORY	0.217210	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.422399	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.154134	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.423340	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.189707	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161536	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329010	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377935	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201116	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	0.538511	0	0	0	90.01
90.02	09002	OP INSTITUTES	0.307764	0	0	0	90.02
90.03	09003	MARC	0.000000	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	2.640220	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.266292	0	0	0	90.05
91.00	09100	EMERGENCY	0.222075	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.413967	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0		95.00
200.00		Subtotal (see instructions)		0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2020
To 06/30/2021Part V
Date/Time Prepared:
11/23/2021 1:40 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:40 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			62,783	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,783	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)			52,288	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)			16,544	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)			50,076,035	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)			50,076,035	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)			50,076,035	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)			797.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			13,195,660	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)			13,195,660	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0033

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

Worksheet D-1

Date/Time Prepared:
11/23/2021 1:40 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,855,588	6,023	1,304.26	3,388	4,418,833
44.00	CORONARY CARE UNIT					
44.01	NICU	2,137,478	2,122	1,007.29	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					39,451,586
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,066,079
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,427,309
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,885,966
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,313,275
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,752,804
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					10,495
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					797.61
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,370,917

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0033

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

Worksheet D-1

Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,332,548	50,076,035	0.086519	8,370,917	724,243
91.00	Nursing School cost	0	50,076,035	0.000000	8,370,917	0
92.00	Allied health cost	0	50,076,035	0.000000	8,370,917	0
93.00	All other Medical Education	0	50,076,035	0.000000	8,370,917	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:40 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,079	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,079	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)		7,079	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)		3,654	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,127,373	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,127,373	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,127,373	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)		724.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,646,629	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,646,629	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:40 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,016,624	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,663,253	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)					269,556	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					279,475	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					549,031	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,114,222	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: 16-0033 Component CCN: 16-T033		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 1:40 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	522,189	5,127,373	0.101843	0	0	90.00
91.00 Nursing School cost	0	5,127,373	0.000000	0	0	91.00
92.00 Allied health cost	0	5,127,373	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,127,373	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 1:40 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		23,911,550		30.00
31.00	03100	INTENSIVE CARE UNIT		7,128,936		31.00
32.01	03201	NICU		0		32.01
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.236549	16,296,290	3,854,871	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.242743	4,824,460	1,171,104	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.282963	102,657	29,048	55.00
57.00	05700	CT SCAN	0.048501	6,679,001	323,938	57.00
58.00	05800	MRI	0.112199	1,660,115	186,263	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.068430	23,150,228	1,584,170	59.00
60.00	06000	LABORATORY	0.217210	13,705,793	2,977,035	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.422399	1,158,024	489,148	63.00
65.00	06500	RESPIRATORY THERAPY	0.154134	8,720,912	1,344,189	65.00
66.00	06600	PHYSICAL THERAPY	0.423340	4,257,838	1,802,513	66.00
69.00	06900	ELECTROCARDIOLOGY	0.189707	4,081,837	774,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161536	120,684	19,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.329010	15,611,156	5,136,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377935	28,246,360	10,675,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201116	28,368,550	5,705,369	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICAL PSYCH	0.538511	0	0	90.01
90.02	09002	OP INSTITUTES	0.307764	64,122	19,734	90.02
90.03	09003	MARC	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	2.640220	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.266292	1,282	341	90.05
91.00	09100	EMERGENCY	0.222075	5,048,001	1,121,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.413967	5,404,939	2,237,466	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		167,502,249	39,451,586	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		167,502,249		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 1:40 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.01	03201 NICU				32.01
41.00	04100 SUBPROVIDER - IRF		4,281,695		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.236549	63,153	14,939	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.242743	106,626	25,883	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.282963	4,104	1,161	55.00
57.00	05700 CT SCAN	0.048501	164,924	7,999	57.00
58.00	05800 MRI	0.112199	36,752	4,124	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.068430	46,917	3,211	59.00
60.00	06000 LABORATORY	0.217210	536,512	116,536	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.422399	6,086	2,571	63.00
65.00	06500 RESPIRATORY THERAPY	0.154134	9,123	1,406	65.00
66.00	06600 PHYSICAL THERAPY	0.423340	3,402,098	1,440,244	66.00
69.00	06900 ELECTROCARDIOLOGY	0.189707	29,648	5,624	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.161536	1,925	311	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.329010	196,514	64,655	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.377935	136,159	51,459	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201116	1,343,129	270,125	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0.538511	0	0	90.01
90.02	09002 OP INSTITUTES	0.307764	6,256	1,925	90.02
90.03	09003 MARC	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	2.640220	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.266292	0	0	90.05
91.00	09100 EMERGENCY	0.222075	20,042	4,451	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.413967	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,109,968	2,016,624	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)		6,109,968		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 1:40 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,898,541	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		34,865,729	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		288,131	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		559,669	2.04
3.00	Managed Care Simulated Payments		25,036,571	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		293.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		11.57	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		16.56	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.57	12.00
13.00	Total allowable FTE count for the prior year.		11.57	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.57	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		1.84	17.00
18.00	Adjusted rolling average FTE count		13.41	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.045729	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.046669	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.045729	21.00
22.00	IME payment adjustment (see instructions)		1,178,345	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		617,652	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		3.08	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		4.99	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		3.08	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.010503	26.00
27.00	IME payments adjustment factor. (see instructions)		0.002798	27.00
28.00	IME add-on adjustment amount (see instructions)		133,644	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		70,052	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,311,989	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		687,704	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.35	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.38	31.00
32.00	Sum of lines 30 and 31		31.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.39	33.00
34.00	Disproportionate share adjustment (see instructions)		1,837,730	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 1:40 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,447,700	1,430,603		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	363,903	1,070,012		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,433,915			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	53,195,704			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		53,883,408		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,059,046		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		675,219		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		522,593		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		59,140,266		59.00
60.00	Primary payer payments		85,926		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		59,054,340		61.00
62.00	Deductibles billed to program beneficiaries		4,573,512		62.00
63.00	Coinsurance billed to program beneficiaries		148,644		63.00
64.00	Allowable bad debts (see instructions)		443,938		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		288,560		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		340,329		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		54,620,744		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		926		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	MISC		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		0		70.93
70.94	HRR adjustment amount (see instructions)		-283,354		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 1:40 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		54,336,464	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		53,243,185	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,093,279	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/23/2021 1:40 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,933	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,545,953	2.00
3.00	OPPS payments		40,295,175	3.00
4.00	Outlier payment (see instructions)		252,362	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,933	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		44,417	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)		44,417	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)		44,417	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		35,484	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,933	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)		40,547,537	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		126,249	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,611,851	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)		33,818,370	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		466,029	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)		34,284,399	30.00
31.00	Primary payer payments		9,269	31.00
32.00	Subtotal (line 30 minus line 31)		34,275,130	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)		318,082	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		206,753	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		213,798	36.00
37.00	Subtotal (see instructions)		34,481,883	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MISC		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)		34,481,883	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		34,346,385	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)		135,498	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/23/2021 1:40 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		0	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/23/2021 1:40 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		53,201,185		34,346,385	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	01/15/2021	42,000		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		42,000		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)		53,243,185		34,346,385	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,093,279		135,498	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		54,336,464		34,481,883	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033

Period:

Worksheet E-1

Component CCN: 16-T033

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/23/2021 1:40 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,140,639		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,140,639		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		4,098		0	6.02
7.00	Total Medicare program liability (see instructions)		6,136,541		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/23/2021 1:40 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/23/2021 1:40 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,880,507 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0185 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			281,088 3.00
4.00	Outlier Payments			72,155 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			19.394521 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			6,233,750 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,233,750 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,233,750 19.00
20.00	Deductibles			59,248 20.00
21.00	Subtotal (line 19 minus line 20)			6,174,502 21.00
22.00	Coinsurance			49,135 22.00
23.00	Subtotal (line 21 minus line 22)			6,125,367 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			17,191 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			11,174 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			15,851 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,136,541 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	MISC			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,136,541 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,140,639 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-4,098 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			72,155 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/23/2021 1:40 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					15.51	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					2.71	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)					12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					16.56	6.00
7.00	Enter the lesser of line 5 or line 6					12.80	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.	16.56	0.00	16.56		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.	12.80	0.00	12.80		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	12.80	0.00	12.80		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00	12.80		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00	12.80		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	0.00	12.80		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	1.96	0.00	1.96		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	14.76	0.00	14.76		17.00	
18.00	Per resident amount	145,170.68	141,677.56	286,848.24		18.00	
19.00	Approved amount for resident costs	2,142,719	0	2,142,719		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)			3.76		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			2,142,719		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	23,586	6,440	6,457			26.00
27.00	Total Inpatient Days (see instructions)	67,512	67,512	67,512			27.00
28.00	Ratio of inpatient days to total inpatient days	0.349360	0.095390	0.095642			28.00
29.00	Program direct GME amount	748,580	204,394	204,934	1,157,908	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		8,319	8,341	16,660	30.00	
31.00	Net Program direct GME amount				1,141,248	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/23/2021 1:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			61,729,332	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			85,926	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			61,643,406	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			42,554,886	42.00
43.00	Primary payer payments (see instructions)			9,269	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			42,545,617	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			104,189,023	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.591650	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.408350	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			1,141,248	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			675,219	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			466,029	50.00

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

Provider CCN: 16-0033

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

Worksheet G

Date/Time Prepared:
11/23/2021 1:40 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	12,799,033	0	0	0	1.00
2.00	Temporary investments	10,400,193	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	156,403,456	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-107,828,549	0	0	0	6.00
7.00	Inventory	13,202,712	0	0	0	7.00
8.00	Prepaid expenses	2,415,197	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,392,042	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,613,990	0	0	0	12.00
13.00	Land improvements	20,358,269	0	0	0	13.00
14.00	Accumulated depreciation	-16,057,202	0	0	0	14.00
15.00	Buildings	342,571,993	0	0	0	15.00
16.00	Accumulated depreciation	-177,629,208	0	0	0	16.00
17.00	Leasehold improvements	14,633,612	0	0	0	17.00
18.00	Accumulated depreciation	-14,368,525	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	205,192,303	0	0	0	23.00
24.00	Accumulated depreciation	-178,604,352	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)	204,710,880	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	433,799,353	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	602,137	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	434,401,490	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	726,504,412	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,356,686	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,479,308	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,770,000	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	8,284,237	0	0	0	43.00
44.00	Other current liabilities	30,469,096	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	76,359,327	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	135,768,828	0	0	0	47.00
48.00	Unsecured loans	23,249,186	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	159,018,014	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	235,377,341	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	491,127,071				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	491,127,071	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	726,504,412	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0033

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

Worksheet G-1

Date/Time Prepared:
11/23/2021 1:40 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		451,180,865		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		25,519,585				2.00
3.00	Total (sum of line 1 and line 2)		476,700,450		0		3.00
4.00	TEMPORARILY RESTRICTED	11,574,075		0		0	4.00
5.00	NONOPERATING	2,852,546		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		14,426,621		0		10.00
11.00	Subtotal (line 3 plus line 10)		491,127,071		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		491,127,071		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	TEMPORARILY RESTRICTED		0				4.00
5.00	NONOPERATING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/23/2021 1:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,861,977		78,861,977	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	8,796,643		8,796,643	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)	87,658,620		87,658,620	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,167,011		20,167,011	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	3,866,852		3,866,852	12.01
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,033,863		24,033,863	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	111,692,483		111,692,483	17.00
18.00	Ancillary services	321,351,363	571,370,085	892,721,448	18.00
19.00	Outpatient services	0	73,892,968	73,892,968	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	91,772,450	84,987,054	176,759,504	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	524,816,296	730,250,107	1,255,066,403	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		373,613,444		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	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)		373,613,444		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0033

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

Worksheet G-3

Date/Time Prepared:
11/23/2021 1:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,255,066,403	1.00
2.00	Less contractual allowances and discounts on patients' accounts	891,716,236	2.00
3.00	Net patient revenues (line 1 minus line 2)	363,350,167	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	373,613,444	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,263,277	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	639,532	6.00
7.00	Income from investments	6,848,348	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	468,640	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	101,927	14.00
15.00	Revenue from rental of living quarters	870,550	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY REVENUE	3,729,628	24.00
24.01	OUTREACH REVENUE	5,573,945	24.01
24.02	MISCELLANEOUS REVENUE	2,214,124	24.02
24.03	GRANT REVENUE	160,797	24.03
24.04	INTEREST INCOME - RELATED	196,571	24.04
24.50	COVID-19 PHE Funding	15,886,974	24.50
25.00	Total other income (sum of lines 6-24)	36,691,036	25.00
26.00	Total (line 5 plus line 25)	26,427,759	26.00
27.00	COGS	908,174	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	908,174	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,519,585	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0033	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/23/2021 1:40 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,630,763	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		84,449	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		166.75	3.00
4.00	Number of interns & residents (see instructions)		16.49	4.00
5.00	Indirect medical education percentage (see instructions)		2.83	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		102,751	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.35	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.38	8.00
9.00	Sum of lines 7 and 8		31.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.64	10.00
11.00	Disproportionate share adjustment (see instructions)		241,083	11.00
12.00	Total prospective capital payments (see instructions)		4,059,046	12.00
1.00				
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
1.00				
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00