

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 7/26/2022 3:34 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/26/2022	Time: 3:34 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ALTON MEMORIAL HOSPITAL (14-0002) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	894,321	66,332	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	894,321	66,332	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 3:34 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: ONE MEMORIAL DRIVE			PO Box:				1.00	
2.00	City: ALTON			State: IL		Zip Code: 62002-		County: MADISON	
		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			ALTON MEMORIAL HOSPITAL	140002	41180	1	07/01/1966	N
4.00	Subprovider - IPF							P	P
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021	
21.00	Type of Control (see instructions)						2		
							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		
22.01	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		
22.02	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		
22.03	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	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	559	424	10	15	4,572	435	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	N	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					Y	N	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 3:34 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	61.00
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

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.85	1.57	0.351240	67.00

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

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				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:	313,472	340,500			118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 3:34 pm	
			1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		HB1804		140.00
			1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: BJC HEALTH SYSTEM			Contractor's Name: WPS		Contractor's Number: 05301		141.00
142.00	Street: 4901 FOREST PARK AVENUE			PO Box:				142.00
143.00	City: ST. LOUIS			State: MO		Zip Code: 63108		143.00
					1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y			144.00
					1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
					1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N			149.00
			Part A	Part B	Title V	Title XIX		
			1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N	N	N	N	155.00
156.00	Subprovider - IPF			N	N	N	N	156.00
157.00	Subprovider - IRF			N	N	N	N	157.00
158.00	SUBPROVIDER							158.00
159.00	SNF			N	N	N	N	159.00
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00
161.00	CMHC				N	N	N	161.00
					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)				N			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 3:34 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 7/26/2022 3:34 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	03/22/2022	Y	03/22/2022
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
7/26/2022 3:34 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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.		Y		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.		Y		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.	PATTY		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	FORVIS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		PRACHELL@FORVIS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
7/26/2022 3:34 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.	MANAGING DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	109	39,785	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)		109	39,785	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		121	44,165	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		121				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/26/2022 3:34 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)	9,275	1,172	24,954		1.00
2.00	HMO and other (see instructions)	7,984	4,572			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,275	1,172	24,954		7.00
8.00	INTENSIVE CARE UNIT	829	78	2,513		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		193	1,427		13.00
14.00	Total (see instructions)	10,104	1,443	28,894	2.42	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				2.42	27.00
28.00	Observation Bed Days		0	874		28.00
29.00	Ambulance Trips	3,362				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	0	750		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/26/2022 3:34 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	2,038	113	6,326	1.00
2.00 HMO and other (see instructions)			1,531	1,505		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,038	113	6,326	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/26/2022 3:34 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	50,504,793	40,750	50,545,543	1,487,735.81	33.97 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		234,396	0	234,396	977.77	239.73 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	186,365	0	186,365	6,250.29	29.82 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		5,530,866	35,557	5,566,423	245,982.07	22.63 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,939,813	0	2,939,813	27,892.66	105.40 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		306,476	0	306,476	2,271.27	134.94 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		10,189,036	0	10,189,036	250,375.00	40.70 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,395,900	0	12,395,900		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,548,082	0	1,548,082		
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		64,679	0	64,679		
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)		48,738	0	48,738		
25.50	Home office wage-related (core)		1,481,600	0	1,481,600		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/26/2022 3:34 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	300,701	7,873	308,574	7,748.69	39.82	26.00
27.00	Administrative & General	5.00	3,820,240	-121,547	3,698,693	83,322.62	44.39	27.00
28.00	Administrative & General under contract (see inst.)		1,091,161	0	1,091,161	27,131.97	40.22	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	951,324	777	952,101	29,922.24	31.82	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,145,825	3,650	1,149,475	67,357.31	17.07	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		655,519	0	655,519	20,610.27	31.81	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	1,076,551	7,347	1,083,898	24,348.81	44.52	38.00
39.00	Central Services and Supply	14.00	260,296	0	260,296	12,666.19	20.55	39.00
40.00	Pharmacy	15.00	1,982,652	9,749	1,992,401	43,822.16	45.47	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	1,268,980	0	1,268,980	32,801.90	38.69	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
7/26/2022 3:34 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	52,065,108	40,750	52,105,858	1,529,227.76	34.07	1.00
2.00	Excluded area salaries (see instructions)	5,530,866	35,557	5,566,423	245,982.07	22.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,534,242	5,193	46,539,435	1,283,245.69	36.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,435,325	0	13,435,325	280,538.93	47.89	4.00
5.00	Subtotal wage-related costs (see inst.)	13,942,179	0	13,942,179	0.00	29.96	5.00
6.00	Total (sum of lines 3 thru 5)	73,911,746	5,193	73,916,939	1,563,784.62	47.27	6.00
7.00	Total overhead cost (see instructions)	12,553,249	-92,151	12,461,098	349,732.16	35.63	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
7/26/2022 3:34 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,009,311	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)	884,988	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,545,169	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	211,090	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,042	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)	704,557	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,009,408	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	3,571,676	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-19,792	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	103,950	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,057,399	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
7/26/2022 3:34 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	2,939,813	14,057,399	1.00
2.00	Hospital	2,939,813	14,057,399	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			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 I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 7/26/2022 3:34 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)		0.207042		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		13,722,859		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		4,540,714		5.00
6.00	Medicaid charges		113,174,657		6.00
7.00	Medicaid cost (line 1 times line 6)		23,431,907		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)		5,168,334		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		2,170,355		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,168,334		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)	8,965,066	1,353,743	10,318,809	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,856,145	1,353,743	3,209,888	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,856,145	1,353,743	3,209,888	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,567,496		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		608,878		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		936,735		27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,630,761		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,700,703		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,910,591		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,078,925		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 7/26/2022 3:34 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
			1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,905,005	3,905,005	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,552,430	5,552,430	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	300,701	526,629	827,330	-33,665	793,665	4.00	
4.03	00401	ADMITTING	0	22,106	22,106	-1,374	20,732	4.03	
5.00	00500	ADMINISTRATIVE & GENERAL	3,820,240	41,679,402	45,499,642	-6,563,497	38,936,145	5.00	
7.00	00700	OPERATION OF PLANT	951,324	2,828,695	3,780,019	-7,919	3,772,100	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	443,849	443,849	-65	443,784	8.00	
9.00	00900	HOUSEKEEPING	1,145,825	630,695	1,776,520	-1,349	1,775,171	9.00	
10.00	01000	DIETARY	0	2,714,836	2,714,836	-14,529	2,700,307	10.00	
11.00	01100	CAFETERIA	0	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	1,076,551	423,149	1,499,700	-56,541	1,443,159	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	260,296	336,056	596,352	-84,183	512,169	14.00	
15.00	01500	PHARMACY	1,982,652	12,979,218	14,961,870	-354,656	14,607,214	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	1,268,980	818,922	2,087,902	-370,844	1,717,058	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	186,365	0	186,365	0	186,365	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	766,262	766,262	57,793	824,055	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	12,969,805	9,486,762	22,456,567	-1,416,219	21,040,348	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,458,454	1,572,853	4,031,307	-144,819	3,886,488	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	883,386	883,386	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,966,651	11,793,451	14,760,102	-7,648,916	7,111,186	50.00	
51.00	05100	RECOVERY ROOM	490,549	473,540	964,089	-169,564	794,525	51.00	
53.00	05300	ANESTHESIOLOGY	39,927	259,268	299,195	-37,936	261,259	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,287,950	2,175,038	4,462,988	-649,446	3,813,542	54.00	
56.00	05600	RADIOISOTOPE	159,090	228,958	388,048	-13,489	374,559	56.00	
57.00	05700	CT SCAN	337,298	518,124	855,422	-143,271	712,151	57.00	
58.00	05800	MRI	213,664	179,438	393,102	-67,462	325,640	58.00	
59.00	05900	CARDIAC CATHETERIZATION	636,465	2,541,639	3,178,104	-1,738,853	1,439,251	59.00	
60.00	06000	LABORATORY	1,570,184	3,777,899	5,348,083	-643,584	4,704,499	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	271,190	1,172,189	1,443,379	526,613	1,969,992	63.00	
65.00	06500	RESPIRATORY THERAPY	1,453,359	737,880	2,191,239	-126,959	2,064,280	65.00	
66.00	06600	PHYSICAL THERAPY	1,538,088	609,028	2,147,116	-54,247	2,092,869	66.00	
67.00	06700	OCCUPATIONAL THERAPY	459,718	122,126	581,844	24,576	606,420	67.00	
68.00	06800	SPEECH PATHOLOGY	283,121	95,319	378,440	18,111	396,551	68.00	
69.00	06900	ELECTROCARDIOLOGY	848,021	510,575	1,358,596	65,483	1,424,079	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,090,564	4,090,564	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,888,972	5,888,972	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	630,455	630,455	-17,009	613,446	74.00	
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	769,100	1,663,390	2,432,490	-70,388	2,362,102	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	827,990	720,725	1,548,715	-46,847	1,501,868	76.01	
76.02	03550	OP PSYCH	0	0	0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	423,120	423,120	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	3,400,369	2,390,916	5,791,285	-376,923	5,414,362	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,336,848	1,782,717	4,119,565	-397,691	3,721,874	95.00	
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,310,775	107,612,109	154,922,884	183,808	155,106,692	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	57,576	74,432	132,008	124	132,132	190.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01	
192.02	19202	PHYSICIAN PRACTICES	2,250,773	8,253,595	10,504,368	-128,127	10,376,241	192.02	
193.00	19300	NONPAID WORKERS	84,968	54,120	139,088	0	139,088	193.00	
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	133,477	228,883	362,360	-55	362,305	193.01	
193.02	19302	MEDICAL OFFICE BUILDING	153,967	691,810	845,777	757	846,534	193.02	
193.03	19303	HOME CARE PHARMACY	317,093	1,321,271	1,638,364	1,286	1,639,650	193.03	
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04	
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05	
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06	
193.07	19307	POB 2	196,164	1,242,385	1,438,549	-57,793	1,380,756	193.07	
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08	
193.09	19309	COFFEE BAR	0	62,849	62,849	0	62,849	193.09	
200.00		TOTAL (SUM OF LINES 118 through 199)	50,504,793	119,541,454	170,046,247	0	170,046,247	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0002

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

Worksheet A

Date/Time Prepared:
7/26/2022 3:34 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	0	3,905,005	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-25,896	5,526,534	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	775	794,440	4.00
4.03	00401	ADMITTING	-246	20,486	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	-5,564,487	33,371,658	5.00
7.00	00700	OPERATION OF PLANT	-10,169	3,761,931	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	443,784	8.00
9.00	00900	HOUSEKEEPING	0	1,775,171	9.00
10.00	01000	DIETARY	556,360	3,256,667	10.00
11.00	01100	CAFETERIA	-379,017	-379,017	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,443,159	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	512,169	14.00
15.00	01500	PHARMACY	-97,277	14,509,937	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-175	1,716,883	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-50,296	136,069	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	824,055	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,405,852	17,634,496	30.00
31.00	03100	INTENSIVE CARE UNIT	-318,415	3,568,073	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	883,386	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-603,100	6,508,086	50.00
51.00	05100	RECOVERY ROOM	0	794,525	51.00
53.00	05300	ANESTHESIOLOGY	0	261,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-265,013	3,548,529	54.00
56.00	05600	RADIOISOTOPE	0	374,559	56.00
57.00	05700	CT SCAN	0	712,151	57.00
58.00	05800	MRI	-2,288	323,352	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,439,251	59.00
60.00	06000	LABORATORY	90,402	4,794,901	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	1,969,992	63.00
65.00	06500	RESPIRATORY THERAPY	-191	2,064,089	65.00
66.00	06600	PHYSICAL THERAPY	0	2,092,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	-175	606,245	67.00
68.00	06800	SPEECH PATHOLOGY	0	396,551	68.00
69.00	06900	ELECTROCARDIOLOGY	-16,102	1,407,977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,090,564	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,888,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	613,446	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	-1,141,817	1,220,285	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	1,501,868	76.01
76.02	03550	OP PSYCH	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	423,120	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-120,000	5,294,362	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-25,453	3,696,421	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,378,432	143,728,260	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	132,132	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	10,376,241	192.02
193.00	19300	NONPAID WORKERS	0	139,088	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	362,305	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	846,534	193.02
193.03	19303	HOME CARE PHARMACY	-225	1,639,425	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	193.05
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	POB 2	0	1,380,756	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	193.08
193.09	19309	COFFEE BAR	0	62,849	193.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,378,657	158,667,590	200.00

RECLASSIFICATIONS

Provider CCN: 14-0002

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 3:34 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,749,631	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,478,214	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
	TOTALS		0	9,227,845		
	B - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,979,536	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
	TOTALS		0	9,979,536		
	C - TO RECLASS LAB ADMIN					
1.00	BLOOD STORING PROCESSING & TRANS.	63.00	168,915	359,680	1.00	
	TOTALS		168,915	359,680		
	D - TO RECLASS DIRECTORS EXPENSE					
1.00	RECOVERY ROOM	51.00	22,749	1,740	1.00	
2.00	ANESTHESIOLOGY	53.00	21,976	1,681	2.00	
3.00	RADIOISOTOPE	56.00	3,775	289	3.00	
4.00	OCCUPATIONAL THERAPY	67.00	27,230	2,083	4.00	
5.00	SPEECH PATHOLOGY	68.00	13,406	1,026	5.00	
6.00	ELECTROCARDIOLOGY	69.00	110,744	8,472	6.00	
7.00	GASTRO INTESTINAL SERVICES	76.01	19,770	1,513	7.00	

RECLASSIFICATIONS

Provider CCN: 14-0002

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 3:34 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	AMBULANCE SERVICES	95.00	15,600	1,193	8.00
9.00	CT SCAN	57.00	33,236	2,543	9.00
10.00	MRI	58.00	9,307	712	10.00
	TOTALS		277,793	21,252	
E - TO RECLASS HYPERBARIC OXYGEN EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	423,120	1.00
	TOTALS		0	423,120	
G - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	229,590	1.00
	TOTALS		0	229,590	
H - TO RECLASS MEDICAL IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,888,972	1.00
	TOTALS		0	5,888,972	
I - TO RECLASS NURSERY COSTS					
1.00	NURSERY	43.00	691,879	191,507	1.00
	TOTALS		691,879	191,507	
K - TO RECLASS BONUS REFERRAL SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,250	0	1.00
2.00	HOUSEKEEPING	9.00	500	0	2.00
3.00	PHARMACY	15.00	2,500	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	6,750	0	4.00
5.00	OCCUPATIONAL THERAPY	67.00	1,250	0	5.00
6.00	SPEECH PATHOLOGY	68.00	3,000	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	11,250	0	7.00
8.00	GASTRO INTESTINAL SERVICES	76.01	1,500	0	8.00
9.00	EMERGENCY	91.00	3,000	0	9.00
10.00	AMBULANCE SERVICES	95.00	2,000	0	10.00
11.00	PHYSICIAN PRACTICES	192.02	1,750	0	11.00
	TOTALS		40,750	0	
L - COVID PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	623	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	17,092	0	2.00
3.00	OPERATION OF PLANT	7.00	777	0	3.00
4.00	HOUSEKEEPING	9.00	3,150	0	4.00
5.00	NURSING ADMINISTRATION	13.00	7,347	0	5.00
6.00	PHARMACY	15.00	7,249	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	33,615	0	7.00
8.00	OPERATING ROOM	50.00	7,668	0	8.00
9.00	RECOVERY ROOM	51.00	919	0	9.00
10.00	ANESTHESIOLOGY	53.00	858	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	7,902	0	11.00
12.00	CT SCAN	57.00	790	0	12.00
13.00	MRI	58.00	641	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	662	0	14.00
15.00	LABORATORY	60.00	3,462	0	15.00
16.00	BLOOD STORING PROCESSING & TRANS.	63.00	956	0	16.00
17.00	RESPIRATORY THERAPY	65.00	5,648	0	17.00
18.00	PHYSICAL THERAPY	66.00	8,268	0	18.00
19.00	SPEECH PATHOLOGY	68.00	679	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	2,322	0	20.00
21.00	RENAL DIALYSIS	74.00	241	0	21.00
22.00	ONCOLOGY & PAIN MANAGEMENT	76.00	5,198	0	22.00
23.00	EMERGENCY	91.00	6,365	0	23.00
24.00	AMBULANCE SERVICES	95.00	7,320	0	24.00
25.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	259	0	25.00
26.00	PHYSICIAN PRACTICES	192.02	6,585	0	26.00
27.00	MEDICAL OFFICE BUILDING	193.02	757	0	27.00
28.00	HOME CARE PHARMACY	193.03	1,286	0	28.00
	TOTALS		138,639	0	
M - PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	28,680	1.00
	TOTALS		0	28,680	
N - RESIDENCY PROGRAM EXPENSE					
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	57,793	1.00
	TOTALS		0	57,793	
O - CONTRACTED COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	577,789	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00

RECLASSIFICATIONS

Provider CCN: 14-0002

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 3:34 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
TOTALS		0	577,789			
500.00	Grand Total: Increases	1,317,976	26,985,764			500.00

RECLASSIFICATIONS

Provider CCN: 14-0002

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 3:34 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	788	9		1.00
2.00	ADMITTING	4.03	0	1,374	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	6,761,469	9		3.00
4.00	OPERATION OF PLANT	7.00	0	8,696	9		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	65	9		5.00
6.00	HOUSEKEEPING	9.00	0	4,999	9		6.00
7.00	DIETARY	10.00	0	14,529	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	63,888	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,969	9		9.00
10.00	PHARMACY	15.00	0	2,996	9		10.00
11.00	SOCIAL SERVICE	17.00	0	769	9		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	175,415	9		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	22,737	9		13.00
14.00	OPERATING ROOM	50.00	0	355,111	9		14.00
15.00	RECOVERY ROOM	51.00	0	20,942	9		15.00
16.00	ANESTHESIOLOGY	53.00	0	13,756	9		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	559,082	9		17.00
18.00	RADIOISOTOPE	56.00	0	14,651	9		18.00
19.00	CT SCAN	57.00	0	165,186	9		19.00
20.00	MRI	58.00	0	76,499	9		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	151,478	9		21.00
22.00	LABORATORY	60.00	0	117,444	9		22.00
23.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	2,881	9		23.00
24.00	RESPIRATORY THERAPY	65.00	0	60,546	9		24.00
25.00	PHYSICAL THERAPY	66.00	0	6,693	9		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	979	9		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	59,579	9		27.00
28.00	ONCOLOGY & PAIN MANAGEMENT	76.00	0	41,702	9		28.00
29.00	GASTRO INTESTINAL SERVICES	76.01	0	13,473	9		29.00
30.00	EMERGENCY	91.00	0	48,138	9		30.00
31.00	AMBULANCE SERVICES	95.00	0	295,359	9		31.00
32.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	135	9		32.00
33.00	PHYSICIAN PRACTICES	192.02	0	136,462	9		33.00
34.00	PHYSICIAN/PUBLIC RELATIONS	193.01	0	55	9		34.00
	TOTALS		0	9,227,845			
	B - RECLASS MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	54,214	0		1.00
2.00	PHARMACY	15.00	0	333,707	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	426,463	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	116,232	0		4.00
5.00	OPERATING ROOM	50.00	0	6,634,762	0		5.00
6.00	RECOVERY ROOM	51.00	0	174,030	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	48,695	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48,404	0		8.00
9.00	RADIOISOTOPE	56.00	0	2,902	0		9.00
10.00	CT SCAN	57.00	0	14,654	0		10.00
11.00	MRI	58.00	0	1,623	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,530,843	0		12.00
13.00	LABORATORY	60.00	0	1,007	0		13.00
14.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	57	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	10,039	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	12,077	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	5,008	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	7,726	0		18.00
19.00	RENAL DIALYSIS	74.00	0	17,250	0		19.00
20.00	ONCOLOGY & PAIN MANAGEMENT	76.00	0	33,884	0		20.00
21.00	GASTRO INTESTINAL SERVICES	76.01	0	56,157	0		21.00
22.00	EMERGENCY	91.00	0	321,357	0		22.00
23.00	AMBULANCE SERVICES	95.00	0	128,445	0		23.00
	TOTALS		0	9,979,536			
	C - TO RECLASS LAB ADMIN						
1.00	LABORATORY	60.00	168,915	359,680	0		1.00
	TOTALS		168,915	359,680			
	D - TO RECLASS DIRECTORS EXPENSE						
1.00	OPERATING ROOM	50.00	64,495	4,934	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	46,318	3,544	0		2.00
3.00	RESPIRATORY THERAPY	65.00	57,614	4,408	0		3.00
4.00	PHYSICAL THERAPY	66.00	40,636	3,109	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	53,130	4,064	0		5.00
6.00	EMERGENCY	91.00	15,600	1,193	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0002

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 3:34 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		277,793	21,252			
	E - TO RECLASS HYPERBARIC OXYGEN EXPENSE						
1.00	OPERATING ROOM	50.00	0	423,120	0		1.00
	TOTALS		0	423,120			
	G - TO RECLASS PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	229,590	0		1.00
	TOTALS		0	229,590			
	H - TO RECLASS MEDICAL IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,888,972	0		1.00
	TOTALS		0	5,888,972			
	I - TO RECLASS NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	691,879	191,507	0		1.00
	TOTALS		691,879	191,507			
	K - TO RECLASS BONUS REFERRAL SALARIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,750	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	40,750			
	L - COVID PTO						
1.00	ADMINISTRATIVE & GENERAL	5.00	138,639	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
	TOTALS		138,639	0			
	M - PHYSICIAN FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,680	0		1.00
	TOTALS		0	28,680			
	N - RESIDENCY PROGRAM EXPENSE						
1.00	POB 2	193.07	0	57,793	0		1.00
	TOTALS		0	57,793			
	O - CONTRACTED COSTS						
1.00	PHARMACY	15.00	0	27,702	0		1.00
2.00	SOCIAL SERVICE	17.00	0	370,075	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	5,850	0		3.00
4.00	OPERATING ROOM	50.00	0	174,162	0		4.00
	TOTALS		0	577,789			
500.00	Grand Total: Decreases		1,277,226	27,026,514			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
7/26/2022 3:34 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	177,168	0	0	0	0	1.00
2.00	Land Improvements	6,563,799	51,550	0	51,550	45,068	2.00
3.00	Buildings and Fixtures	109,425,625	547,094	0	547,094	1,857,628	3.00
4.00	Building Improvements	20,915,148	40,952	0	40,952	432,701	4.00
5.00	Fixed Equipment	1,095,041	0	0	0	13,671	5.00
6.00	Movable Equipment	60,443,483	1,620,814	0	1,620,814	4,650,145	6.00
7.00	HIT designated Assets	3,769,559	4,001,462	0	4,001,462	0	7.00
8.00	Subtotal (sum of lines 1-7)	202,389,823	6,261,872	0	6,261,872	6,999,213	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	202,389,823	6,261,872	0	6,261,872	6,999,213	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	177,168	0				1.00
2.00	Land Improvements	6,570,281	0				2.00
3.00	Buildings and Fixtures	108,115,091	0				3.00
4.00	Building Improvements	20,523,399	0				4.00
5.00	Fixed Equipment	1,081,370	0				5.00
6.00	Movable Equipment	57,414,152	0				6.00
7.00	HIT designated Assets	7,771,021	0				7.00
8.00	Subtotal (sum of lines 1-7)	201,652,482	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	201,652,482	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
7/26/2022 3:34 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
7/26/2022 3:34 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	136,467,309	0	136,467,309	0.676745	155,374	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	65,185,173	0	65,185,173	0.323255	74,216	2.00
3.00	Total (sum of lines 1-2)	201,652,482	0	201,652,482	1.000000	229,590	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	155,374	3,749,631	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	74,216	5,452,318	0	2.00
3.00	Total (sum of lines 1-2)	0	0	229,590	9,201,949	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	0	155,374	0	0	3,905,005	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	74,216	0	0	5,526,534	2.00
3.00	Total (sum of lines 1-2)	0	229,590	0	0	9,431,539	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0002

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

Worksheet A-8

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
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)	A	-517	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,528,739			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	-2,590,423			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-379,017	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0002

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

Worksheet A-8

Date/Time Prepared:
7/26/2022 3:34 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			
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	ASSOCIATION DUES	A	-30,750	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	OTHER REVENUE -MRI	B	-2,288	MRI	58.00	0	33.01
33.02	ELIMINATE FINANCING COSTS	A	-2,545	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	NON OPERATING DONATIONS	B	-13,606	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	OTHER NON OPERATING REVENUE	B	-116,857	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	MALPRACTICE EXPENSE	A	-1,292,000	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	ESH DIETARY COSTS	A	573,944	DIETARY	10.00	0	33.06
33.07	OTHER REVENUE - A&G	B	-314,578	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	OTHER REVENUE MEDICAL RECORDS	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	OTHER REVENUE - DIETARY	B	-17,409	DIETARY	10.00	0	33.09
33.10	ACCELERATED DEPRECIATION	B	-25,896	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.10
33.11	PENSION EXPENSE	A	1,937	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	DISALLOWED INTEREST EXPENSE	A	-347,004	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	OTHER REVENUE - ONCOLOGY	B	0	ONCOLOGY & PAIN MANAGEMENT	76.00	0	33.13
33.14	OTHER REVENUE - EKG	B	-5,450	ELECTROCARDIOLOGY	69.00	0	33.14
33.15	OTHER REVENUE - AMBULANCE	B	-25,453	AMBULANCE SERVICES	95.00	0	33.15
33.16	ABESTOS ABATEMENT	A	-66,451	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	OTHER REVENUE - RADIOLOGY	A	-4,184	RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.18	OTHER REVENUE - OP PLANT	B	-900	OPERATION OF PLANT	7.00	0	33.18
33.19	OTHER REVENUE - EMP BEN	B	-425	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	ALCOHOLIC BEVERAGES	A	-3,303	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	ENTERTAINMENT EXPENSE	A	-175	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	ENTERTAINMENT EXPENSE	A	-1,939	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	ENTERTAINMENT EXPENSE	A	-161	ADULTS & PEDIATRICS	30.00	0	33.23
33.24	ENTERTAINMENT EXPENSE	A	-31	ELECTROCARDIOLOGY	69.00	0	33.24
33.25	CHARITABLE CONTRIBUTIONS	A	-10,000	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26	GAIN LOSS ON DISPOSAL	A	-562	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.27	GAIN LOSS ON DISPOSAL	A	-246	ADMITTING	4.03	0	33.27
33.28	GAIN LOSS ON DISPOSAL	A	-283	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	GAIN LOSS ON DISPOSAL	A	-8,752	OPERATION OF PLANT	7.00	0	33.29
33.30	GAIN LOSS ON DISPOSAL	A	-175	DIETARY	10.00	0	33.30
33.31	GAIN LOSS ON DISPOSAL	A	-783	PHARMACY	15.00	0	33.31
33.32	GAIN LOSS ON DISPOSAL	A	-175	SOCIAL SERVICE	17.00	0	33.32
33.33	GAIN LOSS ON DISPOSAL	A	-300	ADULTS & PEDIATRICS	30.00	0	33.33
33.34	GAIN LOSS ON DISPOSAL	A	-634	OPERATING ROOM	50.00	0	33.34
33.35	GAIN LOSS ON DISPOSAL	A	-1,945	RADIOLOGY-DIAGNOSTIC	54.00	0	33.35
33.36	GAIN LOSS ON DISPOSAL	A	-191	RESPIRATORY THERAPY	65.00	0	33.36
33.37	GAIN LOSS ON DISPOSAL	A	-175	OCCUPATIONAL THERAPY	67.00	0	33.37
33.38	GAIN LOSS ON DISPOSAL	A	-3,567	ELECTROCARDIOLOGY	69.00	0	33.38
33.39	GAIN LOSS ON DISPOSAL	A	-5,993	ONCOLOGY & PAIN MANAGEMENT	76.00	0	33.39
33.40	GAIN LOSS ON DISPOSAL	A	-225	HOME CARE PHARMACY	193.03	0	33.40
33.41	INTERNAL RENT EXPENSE	A	-96,494	PHARMACY	15.00	0	33.41
33.42	INTERNAL RENT EXPENSE	A	-21,730	LABORATORY	60.00	0	33.42
33.43	INTERNAL RENT EXPENSE	A	-7,054	ELECTROCARDIOLOGY	69.00	0	33.43
33.44	INTERNAL RENT EXPENSE	A	-25,153	ONCOLOGY & PAIN MANAGEMENT	76.00	0	33.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,378,657				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0002

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2022 3:34 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	5.00	ADMINISTRATIVE & GENERAL	BJC HEALTH SYSTEM	20,421,484	23,128,883	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	-4,143	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	51,606	59,826	3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	967,427	817,285	4.00
4.01	60.00	LABORATORY	CHILDRENS HOSPITAL LAB	41,674	75,659	4.01
4.02	60.00	LABORATORY	MISSOURI BAPTIST HOSPITAL LA	3,985	8,010	4.02
4.03	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIES	151,285	127,335	4.03
4.04	50.00	OPERATING ROOM	MIDWEST LITHOTRIPSY	558	7,301	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,633,876	24,224,299	5.00

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

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

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

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

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

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

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

Provider CCN: 14-0002

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2022 3:34 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	-2,707,399	0		1.00
2.00	-4,143	0		2.00
3.00	-8,220	0		3.00
4.00	150,142	0		4.00
4.01	-33,985	0		4.01
4.02	-4,025	0		4.02
4.03	23,950	0		4.03
4.04	-6,743	0		4.04
5.00	-2,590,423			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			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0002

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

Worksheet A-8-2

Date/Time Prepared:
7/26/2022 3:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	645,409	645,409	0	0	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	50,296	50,296	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	3,405,391	3,405,391	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	318,415	318,415	0	0	0	4.00
5.00	50.00	OPERATING ROOM	619,673	619,673	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	258,884	258,884	0	0	0	6.00
7.00	76.00	ONCOLOGY & PAIN MANAGEMENT	1,110,671	1,110,671	0	0	0	7.00
8.00	91.00	EMERGENCY	120,000	120,000	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,528,739	6,528,739	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	76.00	ONCOLOGY & PAIN MANAGEMENT	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	645,409		1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	50,296		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,405,391		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	318,415		4.00
5.00	50.00	OPERATING ROOM	0	0	0	619,673		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	258,884		6.00
7.00	76.00	ONCOLOGY & PAIN MANAGEMENT	0	0	0	1,110,671		7.00
8.00	91.00	EMERGENCY	0	0	0	120,000		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	6,528,739		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4.03
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,905,005	3,905,005			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,526,534		5,526,534		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	794,440	21,454	730	816,624	4.00
4.03	00401	ADMITTING	20,486	47,347	1,273	0	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	33,371,658	221,920	3,629,477	60,122	0
7.00	00700	OPERATION OF PLANT	3,761,931	1,532,365	8,055	15,476	0
8.00	00800	LAUNDRY & LINEN SERVICE	443,784	9,593	60	0	0
9.00	00900	HOUSEKEEPING	1,775,171	22,684	4,630	18,685	0
10.00	01000	DIETARY	3,256,667	94,145	7,572	0	0
11.00	01100	CAFETERIA	-379,017	40,711	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,443,159	4,317	48,674	17,619	0
14.00	01400	CENTRAL SERVICES & SUPPLY	512,169	38,862	24,061	4,231	0
15.00	01500	PHARMACY	14,509,937	24,158	2,775	32,386	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,318	60	0	0
17.00	01700	SOCIAL SERVICE	1,716,883	4,570	712	20,627	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	136,069	0	0	3,029	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	824,055	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,634,496	478,558	160,153	200,257	7,559
31.00	03100	INTENSIVE CARE UNIT	3,568,073	47,862	21,060	39,962	1,863
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	883,386	0	0	11,246	328
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,508,086	180,572	312,281	47,299	5,402
51.00	05100	RECOVERY ROOM	794,525	29,486	19,398	8,359	1,279
53.00	05300	ANESTHESIOLOGY	261,259	2,128	12,742	1,020	1,235
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,548,529	95,227	494,769	36,566	5,908
56.00	05600	RADIOISOTOPE	374,559	8,730	13,571	2,647	495
57.00	05700	CT SCAN	712,151	4,962	99,501	6,036	4,353
58.00	05800	MRI	323,352	41,923	352	3,635	1,221
59.00	05900	CARDIAC CATHETERIZATION	1,439,251	15,358	105,650	9,493	1,531
60.00	06000	LABORATORY	4,794,901	125,420	101,930	22,834	5,877
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,969,992	3,175	2,669	7,169	1,077
65.00	06500	RESPIRATORY THERAPY	2,064,089	13,448	56,082	22,780	1,656
66.00	06600	PHYSICAL THERAPY	2,092,869	47,313	4,560	24,475	1,227
67.00	06700	OCCUPATIONAL THERAPY	606,245	12,742	907	7,936	336
68.00	06800	SPEECH PATHOLOGY	396,551	4,361	0	4,880	166
69.00	06900	ELECTROCARDIOLOGY	1,407,977	44,060	85,420	15,805	4,438
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,090,564	0	0	0	1,405
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,888,972	0	0	0	2,185
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,628
74.00	07400	RENAL DIALYSIS	613,446	2,442	0	4	226
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,220,285	15,498	31,782	12,586	904
76.01	03340	GASTRO INTESTINAL SERVICES	1,501,868	29,844	12,480	13,805	1,023
76.02	03550	OP PSYCH	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	423,120	0	0	0	157
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	5,294,362	144,999	27,565	55,172	10,374
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,696,421	8,512	235,407	38,391	2,253
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	143,728,260	3,465,064	5,526,358	764,532	69,106
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	132,132	9,035	125	940	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0
192.02	19202	PHYSICIAN PRACTICES	10,376,241	0	0	36,722	0
193.00	19300	NONPAID WORKERS	139,088	13,919	0	1,381	0
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	362,305	9,079	51	2,170	0
193.02	19302	MEDICAL OFFICE BUILDING	846,534	0	0	2,515	0
193.03	19303	HOME CARE PHARMACY	1,639,425	4,195	0	5,175	0
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0
193.06	19306	VACANT SPACE	0	402,126	0	0	0
193.07	19307	POB 2	1,380,756	0	0	3,189	0
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4.03	
193.09	19309	COFFEE BAR	62,849	1,587	0	0	0	193.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	158,667,590	3,905,005	5,526,534	816,624	69,106	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A.03	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL	37,283,177	37,283,177				5.00
7.00	00700	OPERATION OF PLANT	5,317,827	1,628,829	6,946,656			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	453,437	138,886	32,010	624,333		8.00
9.00	00900	HOUSEKEEPING	1,821,170	557,817	75,688	0	2,454,675	9.00
10.00	01000	DIETARY	3,358,384	1,028,660	314,131	0	112,750	10.00
11.00	01100	CAFETERIA	-338,306	0	135,837	0	48,756	11.00
13.00	01300	NURSING ADMINISTRATION	1,513,769	463,661	14,404	0	5,170	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	579,323	177,444	129,668	12,817	46,541	14.00
15.00	01500	PHARMACY	14,569,256	4,462,505	80,606	0	28,932	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,378	14,205	154,549	0	55,471	16.00
17.00	01700	SOCIAL SERVICE	1,742,792	533,810	15,248	0	5,473	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	139,098	42,605	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	824,055	252,405	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,481,023	5,660,660	1,596,791	252,008	573,128	30.00
31.00	03100	INTENSIVE CARE UNIT	3,678,820	1,126,808	159,699	27,767	57,320	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	894,960	274,123	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,053,640	2,160,502	602,510	82,626	216,256	50.00
51.00	05100	RECOVERY ROOM	853,047	261,285	98,386	0	35,313	51.00
53.00	05300	ANESTHESIOLOGY	278,384	85,268	7,100	0	2,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,180,999	1,280,623	317,740	40,892	114,045	54.00
56.00	05600	RADIOISOTOPE	400,002	122,519	29,129	0	10,455	56.00
57.00	05700	CT SCAN	827,003	253,308	16,558	15,372	5,943	57.00
58.00	05800	MRI	370,483	113,477	139,882	2,245	50,207	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,571,283	481,278	51,245	3,418	18,393	59.00
60.00	06000	LABORATORY	5,050,962	1,547,089	418,483	0	150,204	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,984,082	607,716	10,592	0	3,802	63.00
65.00	06500	RESPIRATORY THERAPY	2,158,055	661,004	44,872	0	16,106	65.00
66.00	06600	PHYSICAL THERAPY	2,170,444	664,798	157,866	12,248	56,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	628,166	192,405	42,515	0	15,260	67.00
68.00	06800	SPEECH PATHOLOGY	405,958	124,343	14,550	0	5,222	68.00
69.00	06900	ELECTROCARDIOLOGY	1,557,700	477,117	147,012	12,493	52,766	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,091,969	1,253,354	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,891,157	1,804,438	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,628	1,418	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	616,118	188,714	8,148	0	2,924	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,281,055	392,382	51,710	0	18,560	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,559,020	477,522	99,579	33,835	35,742	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	423,277	129,648	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	5,532,472	1,694,574	483,812	103,242	173,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,980,984	1,219,359	28,401	25,370	10,194	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	143,236,051	32,556,559	5,478,721	624,333	1,927,795	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	142,232	43,565	30,147	0	10,821	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	10,412,963	3,189,449	0	0	0	192.02
193.00	19300	NONPAID WORKERS	154,388	47,288	46,443	0	16,670	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	373,605	114,434	30,293	0	10,873	193.01
193.02	19302	MEDICAL OFFICE BUILDING	849,049	260,060	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	1,648,795	505,019	13,997	0	5,024	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	402,126	123,170	1,341,759	0	481,591	193.06
193.07	19307	POB 2	1,383,945	423,897	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
193.09	19309	COFFEE BAR	64,436	19,736	5,296	0	1,901	193.09
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)	158,667,590	37,283,177	6,946,656	624,333	2,454,675	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,813,925					10.00
11.00	01100	CAFETERIA	2,578,453	2,424,740				11.00
13.00	01300	NURSING ADMINISTRATION	0	45,444	2,042,448			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,634	0	969,427		14.00
15.00	01500	PHARMACY	0	81,769	0	0	19,223,068	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	61,201	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,642	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	990,923	628,849	1,506,697	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	96,875	103,308	248,151	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	33,724	81,083	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	157,135	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	21,345	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	4,773	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,507	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	7,335	0	0	0	56.00
57.00	05700	CT SCAN	0	17,425	0	0	0	57.00
58.00	05800	MRI	0	10,866	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,273	0	0	0	59.00
60.00	06000	LABORATORY	0	104,743	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	23,673	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	60,929	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	62,326	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,431	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,604	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	59,726	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	424,822	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	544,605	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,223,068	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	46,453	111,614	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	39,468	94,903	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	160,744	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	197,340	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,666,251	2,162,667	2,042,448	969,427	19,223,068	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	5,899	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	195,826	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	5,278	0	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	3,881	0	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	15,058	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	0	15,873	0	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	913,741	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	0	20,258	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	233,933	0	0	0	0	193.08
193.09	19309	COFFEE BAR	0	0	0	0	0	193.09
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)	4,813,925	2,424,740	2,042,448	969,427	19,223,068	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
					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
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	270,603					16.00
17.00	01700	SOCIAL SERVICE	0	2,358,524				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	193,345			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		1,076,460		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,594	2,036,915	85,980	478,702	32,321,270	30.00
31.00	03100	INTENSIVE CARE UNIT	7,292	205,128	0	0	5,711,168	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,286	116,481	0	0	1,401,657	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,150	0	3,055	17,008	10,313,882	50.00
51.00	05100	RECOVERY ROOM	5,007	0	0	0	1,274,383	51.00
53.00	05300	ANESTHESIOLOGY	4,836	0	0	0	382,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,131	0	0	0	6,095,937	54.00
56.00	05600	RADIOISOTOPE	1,938	0	0	0	571,378	56.00
57.00	05700	CT SCAN	17,042	0	0	0	1,152,651	57.00
58.00	05800	MRI	4,780	0	0	0	691,940	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,993	0	0	0	2,157,883	59.00
60.00	06000	LABORATORY	23,008	0	0	0	7,294,489	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,218	0	0	0	2,634,083	63.00
65.00	06500	RESPIRATORY THERAPY	6,482	0	0	0	2,947,448	65.00
66.00	06600	PHYSICAL THERAPY	4,805	0	0	0	3,129,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,316	0	0	0	902,093	67.00
68.00	06800	SPEECH PATHOLOGY	648	0	0	0	562,325	68.00
69.00	06900	ELECTROCARDIOLOGY	17,376	0	0	0	2,324,190	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,502	0	0	0	5,775,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,554	0	0	0	8,248,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,119	0	0	0	19,247,233	73.00
74.00	07400	RENAL DIALYSIS	885	0	0	0	816,789	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	3,540	0	0	0	1,905,314	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,005	0	0	0	2,344,074	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	615	0	0	0	553,540	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	40,661	0	76,642	426,709	8,692,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,820	0	0	0	5,470,468	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	270,603	2,358,524	165,677	922,419	134,923,162	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	232,664	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	0	27,668	154,041	13,979,947	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	270,067	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	0	0	533,086	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	0	0	1,124,167	193.02
193.03	19303	HOME CARE PHARMACY	0	0	0	0	2,188,708	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	913,741	193.05
193.06	19306	VACANT SPACE	0	0	0	0	2,348,646	193.06
193.07	19307	POB 2	0	0	0	0	1,828,100	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	233,933	193.08
193.09	19309	COFFEE BAR	0	0	0	0	91,369	193.09
200.00		Cross Foot Adjustments			0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
201.00		Negative Cost Centers	16.00	17.00	21.00	22.00	24.00	
			0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	270,603	2,358,524	193,345	1,076,460	158,667,590	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.03	00401	ADMITTING			4.03
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	32,321,270	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,711,168	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	1,401,657	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	10,313,882	50.00
51.00	05100	RECOVERY ROOM	0	1,274,383	51.00
53.00	05300	ANESTHESIOLOGY	0	382,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,095,937	54.00
56.00	05600	RADIOISOTOPE	0	571,378	56.00
57.00	05700	CT SCAN	0	1,152,651	57.00
58.00	05800	MRI	0	691,940	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,157,883	59.00
60.00	06000	LABORATORY	0	7,294,489	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,634,083	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,947,448	65.00
66.00	06600	PHYSICAL THERAPY	0	3,129,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	902,093	67.00
68.00	06800	SPEECH PATHOLOGY	0	562,325	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,324,190	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,775,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,248,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,247,233	73.00
74.00	07400	RENAL DIALYSIS	0	816,789	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	1,905,314	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	2,344,074	76.01
76.02	03550	OP PSYCH	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	553,540	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	8,692,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	5,470,468	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	134,923,162	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	232,664	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	13,979,947	192.02
193.00	19300	NONPAID WORKERS	0	270,067	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	533,086	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	1,124,167	193.02
193.03	19303	HOME CARE PHARMACY	0	2,188,708	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	913,741	193.05
193.06	19306	VACANT SPACE	0	2,348,646	193.06
193.07	19307	POB 2	0	1,828,100	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	233,933	193.08
193.09	19309	COFFEE BAR	0	91,369	193.09
200.00		Cross Foot Adjustments	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
201.00	Negative Cost Centers	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	0	158,667,590		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/26/2022 3:34 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	4,119	21,454	730	26,303	4.00
4.03	00401	ADMITTING	5,475	47,347	1,273	54,095	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	625,511	221,920	3,629,477	4,476,908	5.00
7.00	00700	OPERATION OF PLANT	10,713	1,532,365	8,055	1,551,133	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,593	60	9,653	8.00
9.00	00900	HOUSEKEEPING	513	22,684	4,630	27,827	9.00
10.00	01000	DIETARY	5,228	94,145	7,572	106,945	10.00
11.00	01100	CAFETERIA	0	40,711	0	40,711	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,317	48,674	52,991	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,862	24,061	62,923	14.00
15.00	01500	PHARMACY	139,820	24,158	2,775	166,753	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,318	60	46,378	16.00
17.00	01700	SOCIAL SERVICE	2,883	4,570	712	8,165	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	245,405	478,558	160,153	884,116	30.00
31.00	03100	INTENSIVE CARE UNIT	2,398	47,862	21,060	71,320	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,686	180,572	312,281	506,539	50.00
51.00	05100	RECOVERY ROOM	464	29,486	19,398	49,348	51.00
53.00	05300	ANESTHESIOLOGY	0	2,128	12,742	14,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,457	95,227	494,769	594,453	54.00
56.00	05600	RADIOISOTOPE	0	8,730	13,571	22,301	56.00
57.00	05700	CT SCAN	0	4,962	99,501	104,463	57.00
58.00	05800	MRI	2,420	41,923	352	44,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,066	15,358	105,650	122,074	59.00
60.00	06000	LABORATORY	6,922	125,420	101,930	234,272	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,175	2,669	5,844	63.00
65.00	06500	RESPIRATORY THERAPY	32,855	13,448	56,082	102,385	65.00
66.00	06600	PHYSICAL THERAPY	3,510	47,313	4,560	55,383	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,742	907	13,649	67.00
68.00	06800	SPEECH PATHOLOGY	935	4,361	0	5,296	68.00
69.00	06900	ELECTROCARDIOLOGY	4,553	44,060	85,420	134,033	69.00
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	2,442	0	2,442	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	7,061	15,498	31,782	54,341	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	3,087	29,844	12,480	45,411	76.01
76.02	03550	OP PSYCH	3,771	0	0	3,771	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,172	144,999	27,565	176,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	402	8,512	235,407	244,321	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,131,426	3,465,064	5,526,358	10,122,848	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	9,035	125	9,160	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	13,919	0	13,919	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	611	9,079	51	9,741	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	538	4,195	0	4,733	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	402,126	0	402,126	193.06
193.07	19307	POB 2	0	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	193.08
193.09	19309	COFFEE BAR	0	1,587	0	1,587	193.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
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)	1,132,575	3,905,005	5,526,534	10,564,114	26,303	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMITTING	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.03	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING	54,095					4.03
5.00	00500	ADMINISTRATIVE & GENERAL	0	4,478,846				5.00
7.00	00700	OPERATION OF PLANT	0	195,669	1,747,301			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,684	8,051	34,388		8.00
9.00	00900	HOUSEKEEPING	0	67,010	19,038	0	114,477	9.00
10.00	01000	DIETARY	0	123,572	79,014	0	5,258	10.00
11.00	01100	CAFETERIA	0	0	34,167	0	2,274	11.00
13.00	01300	NURSING ADMINISTRATION	0	55,699	3,623	0	241	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,316	32,616	706	2,171	14.00
15.00	01500	PHARMACY	0	536,076	20,275	0	1,349	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,706	38,874	0	2,587	16.00
17.00	01700	SOCIAL SERVICE	0	64,126	3,835	0	255	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,118	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	30,321	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,919	680,072	401,641	13,880	26,727	30.00
31.00	03100	INTENSIVE CARE UNIT	1,458	135,362	40,169	1,529	2,673	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	257	32,930	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,230	259,539	151,550	4,551	10,085	50.00
51.00	05100	RECOVERY ROOM	1,001	31,388	24,747	0	1,647	51.00
53.00	05300	ANESTHESIOLOGY	967	10,243	1,786	0	119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,626	153,840	79,922	2,252	5,319	54.00
56.00	05600	RADIOISOTOPE	388	14,718	7,327	0	488	56.00
57.00	05700	CT SCAN	3,408	30,430	4,165	847	277	57.00
58.00	05800	MRI	956	13,632	35,185	124	2,341	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,199	57,815	12,890	188	858	59.00
60.00	06000	LABORATORY	4,602	185,850	105,262	0	7,005	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	844	73,004	2,664	0	177	63.00
65.00	06500	RESPIRATORY THERAPY	1,296	79,406	11,287	0	751	65.00
66.00	06600	PHYSICAL THERAPY	961	79,861	39,708	675	2,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	263	23,113	10,694	0	712	67.00
68.00	06800	SPEECH PATHOLOGY	130	14,937	3,660	0	244	68.00
69.00	06900	ELECTROCARDIOLOGY	3,475	57,316	36,978	688	2,461	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,100	150,564	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,711	216,765	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,624	170	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	177	22,670	2,049	0	136	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	708	47,136	13,007	0	866	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	801	57,364	25,047	1,864	1,667	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	123	15,574	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	8,107	203,567	121,694	5,687	8,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,764	146,480	7,144	1,397	475	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,095	3,911,043	1,378,069	34,388	89,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	5,233	7,583	0	505	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	383,145	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	5,681	11,682	0	777	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	13,747	7,620	0	507	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	31,241	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	0	60,667	3,521	0	234	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	14,796	337,494	0	22,460	193.06
193.07	19307	POB 2	0	50,922	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
193.09	19309	COFFEE BAR	0	2,371	1,332	0	89	193.09
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)	54,095	4,478,846	1,747,301	34,388	114,477	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	314,789					10.00
11.00	01100	CAFETERIA	168,608	212,538				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,983	117,105			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,072	0	121,940		14.00
15.00	01500	PHARMACY	0	7,167	0	0	732,664	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,364	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,021	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,798	55,122	86,388	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,335	9,055	14,228	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	2,956	4,649	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,773	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,871	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	418	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,141	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	643	0	0	0	56.00
57.00	05700	CT SCAN	0	1,527	0	0	0	57.00
58.00	05800	MRI	0	952	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,303	0	0	0	59.00
60.00	06000	LABORATORY	0	9,181	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,075	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,341	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,463	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,966	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,017	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,235	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,437	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	68,503	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	732,664	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	4,072	6,399	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	3,460	5,441	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	14,090	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	17,298	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	239,741	189,566	117,105	121,940	732,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	517	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	17,165	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	463	0	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	340	0	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	1,320	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	0	1,391	0	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	59,751	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	0	1,776	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	15,297	0	0	0	0	193.08
193.09	19309	COFFEE BAR	0	0	0	0	0	193.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	33,222	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	314,789	245,760	117,105	121,940	732,664	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
			16.00	17.00	21.00	22.00	24.00	
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
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	89,545					16.00
17.00	01700	SOCIAL SERVICE	0	82,410				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,237			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		30,321		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,770	71,173			2,306,038	30.00
31.00	03100	INTENSIVE CARE UNIT	2,407	7,167			292,991	31.00
40.00	04000	SUBPROVIDER - IPF	0	0			0	40.00
43.00	04300	NURSERY	424	4,070			45,649	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,982	0			958,774	50.00
51.00	05100	RECOVERY ROOM	1,653	0			111,924	51.00
53.00	05300	ANESTHESIOLOGY	1,597	0			30,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,636	0			861,368	54.00
56.00	05600	RADIOISOTOPE	640	0			46,590	56.00
57.00	05700	CT SCAN	5,626	0			150,938	57.00
58.00	05800	MRI	1,578	0			99,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,978	0			199,611	59.00
60.00	06000	LABORATORY	7,595	0			554,503	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,392	0			86,231	63.00
65.00	06500	RESPIRATORY THERAPY	2,140	0			203,340	65.00
66.00	06600	PHYSICAL THERAPY	1,586	0			187,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	435	0			51,088	67.00
68.00	06800	SPEECH PATHOLOGY	214	0			25,655	68.00
69.00	06900	ELECTROCARDIOLOGY	5,736	0			246,432	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,816	0			206,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,824	0			289,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,981	0			742,439	73.00
74.00	07400	RENAL DIALYSIS	292	0			27,766	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,169	0			128,104	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,322	0			142,822	76.01
76.02	03550	OP PSYCH	0	0			3,771	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	203	0			15,900	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0			0	90.00
91.00	09100	EMERGENCY	13,637	0			553,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,912	0			423,029	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,545	82,410	0	0	8,991,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0			23,028	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0			0	192.00
192.01	19201	TWIN RIVERS MRI	0	0			0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	0			401,494	192.02
193.00	19300	NONPAID WORKERS	0	0			32,567	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0			32,025	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0			32,642	193.02
193.03	19303	HOME CARE PHARMACY	0	0			70,713	193.03
193.04	19304	MANAGEMENT SERVICES	0	0			0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0			59,751	193.05
193.06	19306	VACANT SPACE	0	0			776,876	193.06
193.07	19307	POB 2	0	0			52,801	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0			15,297	193.08
193.09	19309	COFFEE BAR	0	0			5,379	193.09
200.00		Cross Foot Adjustments			6,237	30,321	36,558	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
			16.00	17.00	21.00	22.00	24.00	
201.00		Negative Cost Centers	0	0	0	0	33,222	201.00
202.00		TOTAL (sum lines 118 through 201)	89,545	82,410	6,237	30,321	10,564,114	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
4.03	00401	ADMITTING		4.03
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 2,306,038	30.00
31.00	03100	INTENSIVE CARE UNIT	0 292,991	31.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
43.00	04300	NURSERY	0 45,649	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 958,774	50.00
51.00	05100	RECOVERY ROOM	0 111,924	51.00
53.00	05300	ANESTHESIOLOGY	0 30,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 861,368	54.00
56.00	05600	RADIOISOTOPE	0 46,590	56.00
57.00	05700	CT SCAN	0 150,938	57.00
58.00	05800	MRI	0 99,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 199,611	59.00
60.00	06000	LABORATORY	0 554,503	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0 86,231	63.00
65.00	06500	RESPIRATORY THERAPY	0 203,340	65.00
66.00	06600	PHYSICAL THERAPY	0 187,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 51,088	67.00
68.00	06800	SPEECH PATHOLOGY	0 25,655	68.00
69.00	06900	ELECTROCARDIOLOGY	0 246,432	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 206,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 289,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 742,439	73.00
74.00	07400	RENAL DIALYSIS	0 27,766	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0 128,104	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0 142,822	76.01
76.02	03550	OP PSYCH	0 3,771	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 15,900	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 0	90.00
91.00	09100	EMERGENCY	0 553,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0 423,029	95.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0 8,991,761	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0 23,028	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0 0	192.00
192.01	19201	TWIN RIVERS MRI	0 0	192.01
192.02	19202	PHYSICIAN PRACTICES	0 401,494	192.02
193.00	19300	NONPAID WORKERS	0 32,567	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0 32,025	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0 32,642	193.02
193.03	19303	HOME CARE PHARMACY	0 70,713	193.03
193.04	19304	MANAGEMENT SERVICES	0 0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0 59,751	193.05
193.06	19306	VACANT SPACE	0 776,876	193.06
193.07	19307	POB 2	0 52,801	193.07
193.08	19308	NON REIMBURSABLE MEALS	0 15,297	193.08
193.09	19309	COFFEE BAR	0 5,379	193.09
200.00		Cross Foot Adjustments	0 36,558	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
201.00	Negative Cost Centers	0	33,222	201.00
202.00	TOTAL (sum lines 118 through 201)	0	10,564,114	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	4.03	5A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	447,760					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,966,482				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,460	788	50,236,969			4.00
4.03	00401	ADMITTING	5,429	1,374	0	651,669,499		4.03
5.00	00500	ADMINISTRATIVE & GENERAL	25,446	3,918,409	3,698,693	0	-37,283,177	5.00
7.00	00700	OPERATION OF PLANT	175,706	8,696	952,101	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,100	65	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,601	4,999	1,149,475	0	0	9.00
10.00	01000	DIETARY	10,795	8,175	0	0	0	10.00
11.00	01100	CAFETERIA	4,668	0	0	0	338,306	11.00
13.00	01300	NURSING ADMINISTRATION	495	52,549	1,083,898	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,456	25,976	260,296	0	0	14.00
15.00	01500	PHARMACY	2,770	2,996	1,992,401	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,311	65	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	524	769	1,268,980	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	186,365	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,873	172,902	12,318,291	71,311,040	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,488	22,737	2,458,454	17,572,104	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	691,879	3,097,664	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,705	337,141	2,909,824	50,962,674	0	50.00
51.00	05100	RECOVERY ROOM	3,381	20,942	514,217	12,064,140	0	51.00
53.00	05300	ANESTHESIOLOGY	244	13,756	62,761	11,654,075	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,919	534,156	2,249,534	55,736,256	0	54.00
56.00	05600	RADIOISOTOPE	1,001	14,651	162,865	4,671,041	0	56.00
57.00	05700	CT SCAN	569	107,422	371,324	41,064,754	0	57.00
58.00	05800	MRI	4,807	380	223,612	11,518,974	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,761	114,060	583,997	14,441,217	0	59.00
60.00	06000	LABORATORY	14,381	110,044	1,404,731	55,440,269	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	364	2,881	441,061	10,163,469	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,542	60,546	1,401,393	15,619,660	0	65.00
66.00	06600	PHYSICAL THERAPY	5,425	4,923	1,505,720	11,577,738	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,461	979	488,198	3,172,213	0	67.00
68.00	06800	SPEECH PATHOLOGY	500	0	300,206	1,562,646	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,052	92,220	972,337	41,870,663	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,257,431	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,611,401	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,660,164	0	73.00
74.00	07400	RENAL DIALYSIS	280	0	241	2,132,341	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,777	34,312	774,298	8,530,619	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	3,422	13,473	849,260	9,650,166	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,480,920	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	16,626	29,759	3,394,134	97,591,789	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	976	254,147	2,361,768	21,254,071	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	397,315	5,966,292	47,032,314	651,669,499	-36,944,871	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,036	135	57,835	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	0	2,259,108	0	0	192.02
193.00	19300	NONPAID WORKERS	1,596	0	84,968	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	1,041	55	133,477	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	154,724	0	0	193.02
193.03	19303	HOME CARE PHARMACY	481	0	318,379	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	46,109	0	0	0	0	193.06
193.07	19307	POB 2	0	0	196,164	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliatio n	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	4.03	5A	
193.09	19309	COFFEE BAR	182	0	0	0	0	193.09
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)	3,905,005	5,526,534	816,624	69,106		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.721201	0.926263	0.016255	0.000106		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,303	54,095		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000524	0.000083		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.03	00401	ADMITTING					4.03
5.00	00500	ADMINISTRATIVE & GENERAL	121,722,719				5.00
7.00	00700	OPERATION OF PLANT	5,317,827	238,719			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	453,437	1,100	565,551		8.00
9.00	00900	HOUSEKEEPING	1,821,170	2,601	0	235,018	9.00
10.00	01000	DIETARY	3,358,384	10,795	0	10,795	374,976 10.00
11.00	01100	CAFETERIA	0	4,668	0	4,668	200,846 11.00
13.00	01300	NURSING ADMINISTRATION	1,513,769	495	0	495	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	579,323	4,456	11,610	4,456	0 14.00
15.00	01500	PHARMACY	14,569,256	2,770	0	2,770	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,378	5,311	0	5,311	0 16.00
17.00	01700	SOCIAL SERVICE	1,742,792	524	0	524	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	139,098	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	824,055	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,481,023	54,873	228,280	54,873	77,187 30.00
31.00	03100	INTENSIVE CARE UNIT	3,678,820	5,488	25,153	5,488	7,546 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	894,960	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,053,640	20,705	74,847	20,705	0 50.00
51.00	05100	RECOVERY ROOM	853,047	3,381	0	3,381	0 51.00
53.00	05300	ANESTHESIOLOGY	278,384	244	0	244	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,180,999	10,919	37,042	10,919	0 54.00
56.00	05600	RADIOISOTOPE	400,002	1,001	0	1,001	0 56.00
57.00	05700	CT SCAN	827,003	569	13,925	569	0 57.00
58.00	05800	MRI	370,483	4,807	2,034	4,807	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,571,283	1,761	3,096	1,761	0 59.00
60.00	06000	LABORATORY	5,050,962	14,381	0	14,381	0 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,984,082	364	0	364	0 63.00
65.00	06500	RESPIRATORY THERAPY	2,158,055	1,542	0	1,542	0 65.00
66.00	06600	PHYSICAL THERAPY	2,170,444	5,425	11,095	5,425	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	628,166	1,461	0	1,461	0 67.00
68.00	06800	SPEECH PATHOLOGY	405,958	500	0	500	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,557,700	5,052	11,317	5,052	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,091,969	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,891,157	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,628	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	616,118	280	0	280	0 74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,281,055	1,777	0	1,777	0 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,559,020	3,422	30,649	3,422	0 76.01
76.02	03550	OP PSYCH	0	0	0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	423,277	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	5,532,472	16,626	93,522	16,626	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,980,984	976	22,981	976	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	106,291,180	188,274	565,551	184,573	285,579 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	142,232	1,036	0	1,036	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0 192.01
192.02	19202	PHYSICIAN PRACTICES	10,412,963	0	0	0	0 192.02
193.00	19300	NONPAID WORKERS	154,388	1,596	0	1,596	0 193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	373,605	1,041	0	1,041	0 193.01
193.02	19302	MEDICAL OFFICE BUILDING	849,049	0	0	0	0 193.02
193.03	19303	HOME CARE PHARMACY	1,648,795	481	0	481	0 193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0 193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	71,175 193.05
193.06	19306	VACANT SPACE	402,126	46,109	0	46,109	0 193.06
193.07	19307	POB 2	1,383,945	0	0	0	0 193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	18,222 193.08
193.09	19309	COFFEE BAR	64,436	182	0	182	0 193.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	37,283,177	6,946,656	624,333	2,454,675	4,813,925	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.306296	29.099720	1.103938	10.444626	12.837955	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,478,846	1,747,301	34,388	114,477	314,789	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.036795	7.319489	0.060804	0.487099	0.839491	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATIO N (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIONS)	PHARMACY (COSTED REQ UISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	62,480					11.00
13.00	01300	NURSING ADMINISTRATION	1,171	455,502				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	609	0	10,210,166			14.00
15.00	01500	PHARMACY	2,107	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	651,669,499	16.00
17.00	01700	SOCIAL SERVICE	1,577	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	300	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,204	336,020	0	0	71,311,040	30.00
31.00	03100	INTENSIVE CARE UNIT	2,662	55,342	0	0	17,572,104	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	869	18,083	0	0	3,097,664	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,049	0	0	0	50,962,674	50.00
51.00	05100	RECOVERY ROOM	550	0	0	0	12,064,140	51.00
53.00	05300	ANESTHESIOLOGY	123	0	0	0	11,654,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,569	0	0	0	55,736,256	54.00
56.00	05600	RADIOISOTOPE	189	0	0	0	4,671,041	56.00
57.00	05700	CT SCAN	449	0	0	0	41,064,754	57.00
58.00	05800	MRI	280	0	0	0	11,518,974	58.00
59.00	05900	CARDIAC CATHETERIZATION	677	0	0	0	14,441,217	59.00
60.00	06000	LABORATORY	2,699	0	0	0	55,440,269	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	610	0	0	0	10,163,469	63.00
65.00	06500	RESPIRATORY THERAPY	1,570	0	0	0	15,619,660	65.00
66.00	06600	PHYSICAL THERAPY	1,606	0	0	0	11,577,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	578	0	0	0	3,172,213	67.00
68.00	06800	SPEECH PATHOLOGY	299	0	0	0	1,562,646	68.00
69.00	06900	ELECTROCARDIOLOGY	1,539	0	0	0	41,870,663	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,474,304	0	13,257,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,735,862	0	20,611,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	43,660,164	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,132,341	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,197	24,892	0	0	8,530,619	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,017	21,165	0	0	9,650,166	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,480,920	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,142	0	0	0	97,591,789	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,085	0	0	0	21,254,071	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,727	455,502	10,210,166	100	651,669,499	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	152	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	5,046	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	136	0	0	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	100	0	0	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	388	0	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	409	0	0	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	522	0	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
193.09	19309	COFFEE BAR	0	0	0	0	0	193.09
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATIO N (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIONS)	PHARMACY (COSTED REQ UISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,424,740	2,042,448	969,427	19,223,068	270,603	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.808259	4.483950	0.094947	192,230.68000 0	0.000415	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	245,760	117,105	121,940	732,664	89,545	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.401697	0.257090	0.011943	7,326.640000	0.000137	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM. COSTS (ASSIGNED TIME)		
			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
4.03	00401	ADMITTING				4.03
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	28,894			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	10,000		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		10,000	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,954	4,447	4,447	30.00
31.00	03100	INTENSIVE CARE UNIT	2,513	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	1,427	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	158	158	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	3,964	3,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,894	8,569	8,569	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	192.01
192.02	19202	PHYSICIAN PRACTICES	0	1,431	1,431	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	0	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	193.06
193.07	19307	POB 2	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	193.08
193.09	19309	COFFEE BAR	0	0	0	193.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM. COSTS (ASSIGNED TIME)		
			21.00	22.00		
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,358,524	193,345	1,076,460		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	81.626774	19.334500	107.646000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	82,410	6,237	30,321		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.852149	0.623700	3.032100		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,321,270	32,321,270	0	32,321,270 30.00
31.00	03100	INTENSIVE CARE UNIT	5,711,168	5,711,168	0	5,711,168 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0 40.00
43.00	04300	NURSERY	1,401,657	1,401,657	0	1,401,657 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,313,882	10,313,882	0	10,313,882 50.00
51.00	05100	RECOVERY ROOM	1,274,383	1,274,383	0	1,274,383 51.00
53.00	05300	ANESTHESIOLOGY	382,909	382,909	0	382,909 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,095,937	6,095,937	0	6,095,937 54.00
56.00	05600	RADIOISOTOPE	571,378	571,378	0	571,378 56.00
57.00	05700	CT SCAN	1,152,651	1,152,651	0	1,152,651 57.00
58.00	05800	MRI	691,940	691,940	0	691,940 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,157,883	2,157,883	0	2,157,883 59.00
60.00	06000	LABORATORY	7,294,489	7,294,489	0	7,294,489 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,634,083	2,634,083	0	2,634,083 63.00
65.00	06500	RESPIRATORY THERAPY	2,947,448	2,947,448	0	2,947,448 65.00
66.00	06600	PHYSICAL THERAPY	3,129,149	3,129,149	0	3,129,149 66.00
67.00	06700	OCCUPATIONAL THERAPY	902,093	902,093	0	902,093 67.00
68.00	06800	SPEECH PATHOLOGY	562,325	562,325	0	562,325 68.00
69.00	06900	ELECTROCARDIOLOGY	2,324,190	2,324,190	0	2,324,190 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,775,647	5,775,647	0	5,775,647 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,248,754	8,248,754	0	8,248,754 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,247,233	19,247,233	0	19,247,233 73.00
74.00	07400	RENAL DIALYSIS	816,789	816,789	0	816,789 74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,905,314	1,905,314	0	1,905,314 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,344,074	2,344,074	0	2,344,074 76.01
76.02	03550	OP PSYCH	0	0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	553,540	553,540	0	553,540 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0 90.00
91.00	09100	EMERGENCY	8,692,508	8,692,508	0	8,692,508 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,093,724	1,093,724	0	1,093,724 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	5,470,468	5,470,468	0	5,470,468 95.00
200.00		Subtotal (see instructions)	136,016,886	136,016,886	0	136,016,886 200.00
201.00		Less Observation Beds	1,093,724	1,093,724	0	1,093,724 201.00
202.00		Total (see instructions)	134,923,162	134,923,162	0	134,923,162 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0002

Period:
From 01/01/2021
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Part I
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	69,821,602		69,821,602		30.00
31.00	03100	INTENSIVE CARE UNIT	17,572,104		17,572,104		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	3,097,664		3,097,664		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,971,131	41,991,543	50,962,674	0.202381	50.00
51.00	05100	RECOVERY ROOM	1,541,720	10,522,420	12,064,140	0.105634	51.00
53.00	05300	ANESTHESIOLOGY	2,424,305	9,229,770	11,654,075	0.032856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,815,887	49,920,369	55,736,256	0.109371	54.00
56.00	05600	RADIOISOTOPE	816,886	3,854,155	4,671,041	0.122323	56.00
57.00	05700	CT SCAN	11,608,878	29,455,876	41,064,754	0.028069	57.00
58.00	05800	MRI	1,575,577	9,943,397	11,518,974	0.060070	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,580,427	8,860,790	14,441,217	0.149425	59.00
60.00	06000	LABORATORY	23,939,827	31,500,442	55,440,269	0.131574	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,081,477	6,081,992	10,163,469	0.259172	63.00
65.00	06500	RESPIRATORY THERAPY	13,833,540	1,786,120	15,619,660	0.188701	65.00
66.00	06600	PHYSICAL THERAPY	1,524,021	10,053,717	11,577,738	0.270273	66.00
67.00	06700	OCCUPATIONAL THERAPY	821,779	2,350,434	3,172,213	0.284373	67.00
68.00	06800	SPEECH PATHOLOGY	204,900	1,357,746	1,562,646	0.359854	68.00
69.00	06900	ELECTROCARDIOLOGY	11,069,510	30,801,153	41,870,663	0.055509	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,152,531	9,104,900	13,257,431	0.435654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,036,084	16,575,317	20,611,401	0.400203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,493,669	31,166,495	43,660,164	0.440842	73.00
74.00	07400	RENAL DIALYSIS	2,077,957	54,384	2,132,341	0.383048	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	15,897	8,514,722	8,530,619	0.223350	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,378,679	8,271,487	9,650,166	0.242905	76.01
76.02	03550	OP PSYCH	0	0	0	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,480,920	1,480,920	0.373781	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	20,823,247	76,768,542	97,591,789	0.089070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,489,438	1,489,438	0.734320	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,561	21,246,510	21,254,071	0.257384	95.00
200.00		Subtotal (see instructions)	229,286,860	422,382,639	651,669,499		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	229,286,860	422,382,639	651,669,499		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 3:34 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
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.202381			50.00
51.00	05100	RECOVERY ROOM	0.105634			51.00
53.00	05300	ANESTHESIOLOGY	0.032856			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109371			54.00
56.00	05600	RADIOISOTOPE	0.122323			56.00
57.00	05700	CT SCAN	0.028069			57.00
58.00	05800	MRI	0.060070			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149425			59.00
60.00	06000	LABORATORY	0.131574			60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.259172			63.00
65.00	06500	RESPIRATORY THERAPY	0.188701			65.00
66.00	06600	PHYSICAL THERAPY	0.270273			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284373			67.00
68.00	06800	SPEECH PATHOLOGY	0.359854			68.00
69.00	06900	ELECTROCARDIOLOGY	0.055509			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435654			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.400203			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.440842			73.00
74.00	07400	RENAL DIALYSIS	0.383048			74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0.223350			76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.242905			76.01
76.02	03550	OP PSYCH	0.000000			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.373781			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.089070			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.734320			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.257384			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: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

			Title XIX	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		32,321,270	0	32,321,270 30.00
31.00	03100	INTENSIVE CARE UNIT		5,711,168	0	5,711,168 31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0 40.00
43.00	04300	NURSERY		1,401,657	0	1,401,657 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		10,313,882	0	10,313,882 50.00
51.00	05100	RECOVERY ROOM		1,274,383	0	1,274,383 51.00
53.00	05300	ANESTHESIOLOGY		382,909	0	382,909 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,095,937	0	6,095,937 54.00
56.00	05600	RADIOISOTOPE		571,378	0	571,378 56.00
57.00	05700	CT SCAN		1,152,651	0	1,152,651 57.00
58.00	05800	MRI		691,940	0	691,940 58.00
59.00	05900	CARDIAC CATHETERIZATION		2,157,883	0	2,157,883 59.00
60.00	06000	LABORATORY		7,294,489	0	7,294,489 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		2,634,083	0	2,634,083 63.00
65.00	06500	RESPIRATORY THERAPY	0	2,947,448	0	2,947,448 65.00
66.00	06600	PHYSICAL THERAPY	0	3,129,149	0	3,129,149 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	902,093	0	902,093 67.00
68.00	06800	SPEECH PATHOLOGY	0	562,325	0	562,325 68.00
69.00	06900	ELECTROCARDIOLOGY		2,324,190	0	2,324,190 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		5,775,647	0	5,775,647 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		8,248,754	0	8,248,754 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		19,247,233	0	19,247,233 73.00
74.00	07400	RENAL DIALYSIS		816,789	0	816,789 74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT		1,905,314	0	1,905,314 76.00
76.01	03340	GASTRO INTESTINAL SERVICES		2,344,074	0	2,344,074 76.01
76.02	03550	OP PSYCH		0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		553,540	0	553,540 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		0	0	0 90.00
91.00	09100	EMERGENCY		8,692,508	0	8,692,508 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		1,093,724	0	1,093,724 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		5,470,468	0	5,470,468 95.00
200.00		Subtotal (see instructions)	0	136,016,886	0	136,016,886 200.00
201.00		Less Observation Beds		1,093,724	0	1,093,724 201.00
202.00		Total (see instructions)	0	134,923,162	0	134,923,162 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

			Title XIX		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	69,821,602		69,821,602		30.00
31.00	03100	INTENSIVE CARE UNIT	17,572,104		17,572,104		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	3,097,664		3,097,664		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,971,131	41,991,543	50,962,674	0.202381	50.00
51.00	05100	RECOVERY ROOM	1,541,720	10,522,420	12,064,140	0.105634	51.00
53.00	05300	ANESTHESIOLOGY	2,424,305	9,229,770	11,654,075	0.032856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,815,887	49,920,369	55,736,256	0.109371	54.00
56.00	05600	RADIOISOTOPE	816,886	3,854,155	4,671,041	0.122323	56.00
57.00	05700	CT SCAN	11,608,878	29,455,876	41,064,754	0.028069	57.00
58.00	05800	MRI	1,575,577	9,943,397	11,518,974	0.060070	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,580,427	8,860,790	14,441,217	0.149425	59.00
60.00	06000	LABORATORY	23,939,827	31,500,442	55,440,269	0.131574	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,081,477	6,081,992	10,163,469	0.259172	63.00
65.00	06500	RESPIRATORY THERAPY	13,833,540	1,786,120	15,619,660	0.188701	65.00
66.00	06600	PHYSICAL THERAPY	1,524,021	10,053,717	11,577,738	0.270273	66.00
67.00	06700	OCCUPATIONAL THERAPY	821,779	2,350,434	3,172,213	0.284373	67.00
68.00	06800	SPEECH PATHOLOGY	204,900	1,357,746	1,562,646	0.359854	68.00
69.00	06900	ELECTROCARDIOLOGY	11,069,510	30,801,153	41,870,663	0.055509	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,152,531	9,104,900	13,257,431	0.435654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,036,084	16,575,317	20,611,401	0.400203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,493,669	31,166,495	43,660,164	0.440842	73.00
74.00	07400	RENAL DIALYSIS	2,077,957	54,384	2,132,341	0.383048	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	15,897	8,514,722	8,530,619	0.223350	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,378,679	8,271,487	9,650,166	0.242905	76.01
76.02	03550	OP PSYCH	0	0	0	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,480,920	1,480,920	0.373781	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	20,823,247	76,768,542	97,591,789	0.089070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,489,438	1,489,438	0.734320	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,561	21,246,510	21,254,071	0.257384	95.00
200.00		Subtotal (see instructions)	229,286,860	422,382,639	651,669,499		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	229,286,860	422,382,639	651,669,499		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.202381		50.00
51.00	05100	RECOVERY ROOM	0.105634		51.00
53.00	05300	ANESTHESIOLOGY	0.032856		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109371		54.00
56.00	05600	RADIOISOTOPE	0.122323		56.00
57.00	05700	CT SCAN	0.028069		57.00
58.00	05800	MRI	0.060070		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149425		59.00
60.00	06000	LABORATORY	0.131574		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.259172		63.00
65.00	06500	RESPIRATORY THERAPY	0.188701		65.00
66.00	06600	PHYSICAL THERAPY	0.270273		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284373		67.00
68.00	06800	SPEECH PATHOLOGY	0.359854		68.00
69.00	06900	ELECTROCARDIOLOGY	0.055509		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435654		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.400203		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.440842		73.00
74.00	07400	RENAL DIALYSIS	0.383048		74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0.223350		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.242905		76.01
76.02	03550	OP PSYCH	0.000000		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.373781		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.089070		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.734320		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.257384		95.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,313,882	958,774	9,355,108	0	0	50.00
51.00	05100 RECOVERY ROOM	1,274,383	111,924	1,162,459	0	0	51.00
53.00	05300 ANESTHESIOLOGY	382,909	30,033	352,876	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,095,937	861,368	5,234,569	0	0	54.00
56.00	05600 RADIOISOTOPE	571,378	46,590	524,788	0	0	56.00
57.00	05700 CT SCAN	1,152,651	150,938	1,001,713	0	0	57.00
58.00	05800 MRI	691,940	99,580	592,360	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,157,883	199,611	1,958,272	0	0	59.00
60.00	06000 LABORATORY	7,294,489	554,503	6,739,986	0	0	60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	2,634,083	86,231	2,547,852	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,947,448	203,340	2,744,108	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,129,149	187,069	2,942,080	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	902,093	51,088	851,005	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	562,325	25,655	536,670	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,324,190	246,432	2,077,758	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,775,647	206,917	5,568,730	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,248,754	289,803	7,958,951	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,247,233	742,439	18,504,794	0	0	73.00
74.00	07400 RENAL DIALYSIS	816,789	27,766	789,023	0	0	74.00
76.00	03020 ONCOLOGY & PAIN MANAGEMENT	1,905,314	128,104	1,777,210	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	2,344,074	142,822	2,201,252	0	0	76.01
76.02	03550 OP PSYCH	0	3,771	-3,771	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	553,540	15,900	537,640	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	8,692,508	553,396	8,139,112	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,093,724	78,034	1,015,690	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,470,468	423,029	5,047,439	0	0	95.00
200.00	Subtotal (sum of lines 50 thru 199)	96,582,791	6,425,117	90,157,674	0	0	200.00
201.00	Less Observation Beds	1,093,724	78,034	1,015,690	0	0	201.00
202.00	Total (line 200 minus line 201)	95,489,067	6,347,083	89,141,984	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,313,882	50,962,674	0.202381	50.00
51.00	05100	RECOVERY ROOM	1,274,383	12,064,140	0.105634	51.00
53.00	05300	ANESTHESIOLOGY	382,909	11,654,075	0.032856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,095,937	55,736,256	0.109371	54.00
56.00	05600	RADIOISOTOPE	571,378	4,671,041	0.122323	56.00
57.00	05700	CT SCAN	1,152,651	41,064,754	0.028069	57.00
58.00	05800	MRI	691,940	11,518,974	0.060070	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,157,883	14,441,217	0.149425	59.00
60.00	06000	LABORATORY	7,294,489	55,440,269	0.131574	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,634,083	10,163,469	0.259172	63.00
65.00	06500	RESPIRATORY THERAPY	2,947,448	15,619,660	0.188701	65.00
66.00	06600	PHYSICAL THERAPY	3,129,149	11,577,738	0.270273	66.00
67.00	06700	OCCUPATIONAL THERAPY	902,093	3,172,213	0.284373	67.00
68.00	06800	SPEECH PATHOLOGY	562,325	1,562,646	0.359854	68.00
69.00	06900	ELECTROCARDIOLOGY	2,324,190	41,870,663	0.055509	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,775,647	13,257,431	0.435654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,248,754	20,611,401	0.400203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,247,233	43,660,164	0.440842	73.00
74.00	07400	RENAL DIALYSIS	816,789	2,132,341	0.383048	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	1,905,314	8,530,619	0.223350	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,344,074	9,650,166	0.242905	76.01
76.02	03550	OP PSYCH	0	0	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	553,540	1,480,920	0.373781	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	90.00
91.00	09100	EMERGENCY	8,692,508	97,591,789	0.089070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,093,724	1,489,438	0.734320	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	5,470,468	21,254,071	0.257384	95.00
200.00		Subtotal (sum of lines 50 thru 199)	96,582,791	561,178,129		200.00
201.00		Less Observation Beds	1,093,724	0		201.00
202.00		Total (line 200 minus line 201)	95,489,067	561,178,129		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS 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	2,306,038	0	2,306,038	25,828	89.28	30.00	
31.00	INTENSIVE CARE UNIT	292,991		292,991	2,513	116.59	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	45,649		45,649	1,427	31.99	43.00	
200.00	Total (lines 30 through 199)	2,644,678		2,644,678	29,768		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	9,275	828,072					30.00
31.00	INTENSIVE CARE UNIT	829	96,653					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	10,104	924,725					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 7/26/2022 3:34 pm			
				Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	958,774	50,962,674	0.018813	4,243,171	79,827	50.00	
51.00	05100	RECOVERY ROOM	111,924	12,064,140	0.009277	647,177	6,004	51.00	
53.00	05300	ANESTHESIOLOGY	30,033	11,654,075	0.002577	1,033,681	2,664	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	861,368	55,736,256	0.015454	1,597,008	24,680	54.00	
56.00	05600	RADIOISOTOPE	46,590	4,671,041	0.009974	356,332	3,554	56.00	
57.00	05700	CT SCAN	150,938	41,064,754	0.003676	4,429,736	16,284	57.00	
58.00	05800	MRI	99,580	11,518,974	0.008645	567,709	4,908	58.00	
59.00	05900	CARDIAC CATHETERIZATION	199,611	14,441,217	0.013822	1,493,903	20,649	59.00	
60.00	06000	LABORATORY	554,503	55,440,269	0.010002	9,538,695	95,406	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	86,231	10,163,469	0.008484	593,169	5,032	63.00	
65.00	06500	RESPIRATORY THERAPY	203,340	15,619,660	0.013018	5,347,433	69,613	65.00	
66.00	06600	PHYSICAL THERAPY	187,069	11,577,738	0.016158	700,587	11,320	66.00	
67.00	06700	OCCUPATIONAL THERAPY	51,088	3,172,213	0.016105	371,708	5,986	67.00	
68.00	06800	SPEECH PATHOLOGY	25,655	1,562,646	0.016418	97,663	1,603	68.00	
69.00	06900	ELECTROCARDIOLOGY	246,432	41,870,663	0.005886	5,472,434	32,211	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206,917	13,257,431	0.015608	1,363,111	21,275	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	289,803	20,611,401	0.014060	1,683,922	23,676	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	742,439	43,660,164	0.017005	6,335,371	107,733	73.00	
74.00	07400	RENAL DIALYSIS	27,766	2,132,341	0.013021	965,093	12,566	74.00	
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	128,104	8,530,619	0.015017	5,137	77	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	142,822	9,650,166	0.014800	489,873	7,250	76.01	
76.02	03550	OP PSYCH	3,771	0	0.000000	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	15,900	1,480,920	0.010737	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00	
91.00	09100	EMERGENCY	553,396	97,591,789	0.005671	7,008,797	39,747	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	78,034	1,489,438	0.052392	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	6,002,088	539,924,058		54,341,710	592,065	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 7/26/2022 3:34 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	564,682	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	564,682	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	564,682	25,828	21.86	9,275	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,513	0.00	829	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY	0	0	1,427	0.00	0	43.00		
200.00		Total (lines 30 through 199)		564,682	29,768		10,104	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	202,752						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	202,752						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/26/2022 3:34 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
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
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	0	0	0	0 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0 76.01
76.02	03550	OP PSYCH	0	0	0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0 92.00
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: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 3:34 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	20,063	20,063	20,063	50,962,674	0.000394	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,064,140	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,654,075	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,736,256	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	4,671,041	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	41,064,754	0.000000	57.00
58.00	05800	MRI	0	0	0	11,518,974	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,441,217	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	55,440,269	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	10,163,469	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,619,660	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,577,738	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,172,213	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,562,646	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,870,663	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,257,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,611,401	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,660,164	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,132,341	0.000000	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	0	0	8,530,619	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	9,650,166	0.000000	76.01
76.02	03550	OP PSYCH	0	0	0	0	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,480,920	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	503,351	503,351	503,351	97,591,789	0.005158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,108	19,108	19,108	1,489,438	0.012829	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	542,522	542,522	542,522	539,924,058		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/26/2022 3:34 pm

				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000394	4,243,171	1,672	13,922,854	5,486	50.00	
51.00	05100	RECOVERY ROOM	0.000000	647,177	0	2,653,317	0	51.00	
53.00	05300	ANESTHESIOLOGY	0.000000	1,033,681	0	2,299,680	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,597,008	0	12,475,011	0	54.00	
56.00	05600	RADIOISOTOPE	0.000000	356,332	0	1,395,881	0	56.00	
57.00	05700	CT SCAN	0.000000	4,429,736	0	7,585,962	0	57.00	
58.00	05800	MRI	0.000000	567,709	0	2,459,850	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,493,903	0	1,913,790	0	59.00	
60.00	06000	LABORATORY	0.000000	9,538,695	0	3,893,716	0	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	593,169	0	243,028	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	5,347,433	0	460,812	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	700,587	0	1,215	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	371,708	0	481	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	97,663	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,472,434	0	11,268,470	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,363,111	0	2,411,273	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,683,922	0	5,564,688	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,335,371	0	16,406,334	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	965,093	0	0	0	74.00	
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0.000000	5,137	0	3,026,248	0	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	489,873	0	1,864,264	0	76.01	
76.02	03550	OP PSYCH	0.000000	0	0	0	0	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	765,240	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.005158	7,008,797	36,151	10,266,294	52,954	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.012829	0	0	277,414	3,559	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		54,341,710	37,823	101,155,822	61,999	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/26/2022 3:34 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		0.202381	13,922,854	0	0	2,817,721	50.00
51.00	05100	RECOVERY ROOM		0.105634	2,653,317	0	0	280,280	51.00
53.00	05300	ANESTHESIOLOGY		0.032856	2,299,680	0	0	75,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.109371	12,475,011	0	0	1,364,404	54.00
56.00	05600	RADIOISOTOPE		0.122323	1,395,881	0	0	170,748	56.00
57.00	05700	CT SCAN		0.028069	7,585,962	0	0	212,930	57.00
58.00	05800	MRI		0.060070	2,459,850	0	0	147,763	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.149425	1,913,790	0	0	285,968	59.00
60.00	06000	LABORATORY		0.131574	3,893,716	0	0	512,312	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.259172	243,028	0	0	62,986	63.00
65.00	06500	RESPIRATORY THERAPY		0.188701	460,812	0	0	86,956	65.00
66.00	06600	PHYSICAL THERAPY		0.270273	1,215	0	0	328	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.284373	481	0	0	137	67.00
68.00	06800	SPEECH PATHOLOGY		0.359854	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.055509	11,268,470	0	0	625,502	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.435654	2,411,273	0	0	1,050,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.400203	5,564,688	0	0	2,227,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.440842	16,406,334	0	18,706	7,232,601	73.00
74.00	07400	RENAL DIALYSIS		0.383048	0	0	0	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT		0.223350	3,026,248	0	0	675,912	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.242905	1,864,264	0	0	452,839	76.01
76.02	03550	OP PSYCH		0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.373781	765,240	0	0	286,032	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.089070	10,266,294	0	0	914,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.734320	277,414	0	0	203,711	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.257384		0			95.00
200.00		Subtotal (see instructions)			101,155,822	0	18,706	19,686,593	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			101,155,822	0	18,706	19,686,593	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/26/2022 3:34 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					
51.00	05100	RECOVERY ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
56.00	05600	RADIOISOTOPE	0	0					
57.00	05700	CT SCAN	0	0					
58.00	05800	MRI	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,246					
74.00	07400	RENAL DIALYSIS	0	0					
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	0					
76.01	03340	GASTRO INTESTINAL SERVICES	0	0					
76.02	03550	OP PSYCH	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						
200.00		Subtotal (see instructions)	0	8,246					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	8,246					

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
7/26/2022 3:34 pm

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		2,306,038	0	2,306,038	25,828	89.28	30.00
31.00	INTENSIVE CARE UNIT		292,991		292,991	2,513	116.59	31.00
40.00	SUBPROVIDER - IPF		0	0	0	0	0.00	40.00
43.00	NURSERY		45,649		45,649	1,427	31.99	43.00
200.00	Total (lines 30 through 199)		2,644,678		2,644,678	29,768		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		1,172	104,636				
31.00	INTENSIVE CARE UNIT		78	9,094				
40.00	SUBPROVIDER - IPF		0	0				
43.00	NURSERY		193	6,174				
200.00	Total (lines 30 through 199)		1,443	119,904				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 7/26/2022 3:34 pm	
				Title XIX		Hospital	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	958,774	50,962,674	0.018813	150,908	2,839
51.00	05100	RECOVERY ROOM	111,924	12,064,140	0.009277	24,480	227
53.00	05300	ANESTHESIOLOGY	30,033	11,654,075	0.002577	37,100	96
54.00	05400	RADIOLOGY-DIAGNOSTIC	861,368	55,736,256	0.015454	95,412	1,474
56.00	05600	RADIOISOTOPE	46,590	4,671,041	0.009974	12,978	129
57.00	05700	CT SCAN	150,938	41,064,754	0.003676	213,128	783
58.00	05800	MRI	99,580	11,518,974	0.008645	40,563	351
59.00	05900	CARDIAC CATHETERIZATION	199,611	14,441,217	0.013822	106,489	1,472
60.00	06000	LABORATORY	554,503	55,440,269	0.010002	452,456	4,525
63.00	06300	BLOOD STORING PROCESSING & TRANS.	86,231	10,163,469	0.008484	81,522	692
65.00	06500	RESPIRATORY THERAPY	203,340	15,619,660	0.013018	148,533	1,934
66.00	06600	PHYSICAL THERAPY	187,069	11,577,738	0.016158	10,976	177
67.00	06700	OCCUPATIONAL THERAPY	51,088	3,172,213	0.016105	5,618	90
68.00	06800	SPEECH PATHOLOGY	25,655	1,562,646	0.016418	914	15
69.00	06900	ELECTROCARDIOLOGY	246,432	41,870,663	0.005886	166,181	978
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206,917	13,257,431	0.015608	16,221	253
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	289,803	20,611,401	0.014060	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	742,439	43,660,164	0.017005	197,976	3,367
74.00	07400	RENAL DIALYSIS	27,766	2,132,341	0.013021	0	0
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	128,104	8,530,619	0.015017	0	0
76.01	03340	GASTRO INTESTINAL SERVICES	142,822	9,650,166	0.014800	21,147	313
76.02	03550	OP PSYCH	3,771	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	15,900	1,480,920	0.010737	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0
91.00	09100	EMERGENCY	553,396	97,591,789	0.005671	463,778	2,630
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	78,034	1,489,438	0.052392	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	6,002,088	539,924,058		2,246,380	22,345

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 7/26/2022 3:34 pm	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	564,682	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	564,682	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	564,682	25,828	21.86	1,172	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,513	0.00	78	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY	0	0	1,427	0.00	193	43.00		
200.00		Total (lines 30 through 199)	0	564,682	29,768		1,443	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	25,620						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	25,620						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description			Title XIX		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
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
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	0	0	0	0 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0 76.01
76.02	03550	OP PSYCH	0	0	0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0 92.00
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: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/26/2022 3:34 pm

			Title XIX		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	20,063	20,063	20,063	50,962,674	0.000394	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,064,140	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,654,075	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,736,256	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	4,671,041	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	41,064,754	0.000000	57.00
58.00	05800	MRI	0	0	0	11,518,974	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,441,217	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	55,440,269	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	10,163,469	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,619,660	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,577,738	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,172,213	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,562,646	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,870,663	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,257,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,611,401	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,660,164	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,132,341	0.000000	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0	0	0	8,530,619	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	9,650,166	0.000000	76.01
76.02	03550	OP PSYCH	0	0	0	0	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,480,920	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	503,351	503,351	503,351	97,591,789	0.005158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,108	19,108	19,108	1,489,438	0.012829	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	542,522	542,522	542,522	539,924,058		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/26/2022 3:34 pm

				Title XIX		Hospital	PPS		
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000394	150,908	59	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	24,480	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	37,100	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	95,412	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	12,978	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	213,128	0	0	0	0	57.00
58.00	05800	MRI	0.000000	40,563	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	106,489	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	452,456	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	81,522	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	148,533	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	10,976	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	5,618	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	914	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	166,181	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,221	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	197,976	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0.000000	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	21,147	0	0	0	0	76.01
76.02	03550	OP PSYCH	0.000000	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.005158	463,778	2,392	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.012829	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		2,246,380	2,451	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/26/2022 3:34 pm	
				Title XIX		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		0.202381	0	401,895	0	0	50.00
51.00	05100	RECOVERY ROOM		0.105634	0	68,920	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.032856	0	66,020	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.109371	0	389,223	0	0	54.00
56.00	05600	RADIOISOTOPE		0.122323	0	19,565	0	0	56.00
57.00	05700	CT SCAN		0.028069	0	437,181	0	0	57.00
58.00	05800	MRI		0.060070	0	74,870	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.149425	0	93,905	0	0	59.00
60.00	06000	LABORATORY		0.131574	0	474,701	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.259172	0	122,882	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.188701	0	22,899	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.270273	0	126,997	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.284373	0	10,353	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.359854	0	24,048	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.055509	0	255,712	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.435654	0	892	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.400203	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.440842	0	300,393	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.383048	0	0	0	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT		0.223350	0	36,035	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.242905	0	32,124	0	0	76.01
76.02	03550	OP PSYCH		0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.373781	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.089070	0	2,313,783	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.734320	0	72,270	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.257384	0	537,967	0	0	95.00
200.00		Subtotal (see instructions)			0	5,882,635	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	5,882,635	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
7/26/2022 3:34 pm

			Title XIX		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	81,336	0		50.00
51.00	05100	RECOVERY ROOM	7,280	0		51.00
53.00	05300	ANESTHESIOLOGY	2,169	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,570	0		54.00
56.00	05600	RADIOISOTOPE	2,393	0		56.00
57.00	05700	CT SCAN	12,271	0		57.00
58.00	05800	MRI	4,497	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,032	0		59.00
60.00	06000	LABORATORY	62,458	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	31,848	0		63.00
65.00	06500	RESPIRATORY THERAPY	4,321	0		65.00
66.00	06600	PHYSICAL THERAPY	34,324	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,944	0		67.00
68.00	06800	SPEECH PATHOLOGY	8,654	0		68.00
69.00	06900	ELECTROCARDIOLOGY	14,194	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	389	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	132,426	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	8,048	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	7,803	0		76.01
76.02	03550	OP PSYCH	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	206,089	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	53,069	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	138,464			95.00
200.00		Subtotal (see instructions)	871,579	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	871,579	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0002

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

Worksheet D-1

Date/Time Prepared:
7/26/2022 3:34 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)	25,828	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,828	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)	24,954	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)	9,275	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)	32,321,270	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)	32,321,270	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)	32,321,270	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,251.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,606,735	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)	11,606,735	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0002

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

Worksheet D-1

Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,711,168	2,513	2,272.65	829	1,884,027	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,787,539	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,278,301	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)					1,127,477	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					629,888	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,757,365	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,520,936	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)					874	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,251.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,093,724	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 7/26/2022 3:34 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	2,306,038	32,321,270	0.071347	1,093,724	78,034	90.00		
91.00	Nursing Program cost	0	32,321,270	0.000000	1,093,724	0	91.00		
92.00	Allied health cost	0	32,321,270	0.000000	1,093,724	0	92.00		
93.00	All other Medical Education	564,682	32,321,270	0.017471	1,093,724	19,108	93.00		

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0002

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

Worksheet D-1

Date/Time Prepared:
7/26/2022 3:34 pm

Title XIX		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)	25,828	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,828	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)	24,954	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)	1,172	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)	1,427	15.00
16.00	Nursery days (title V or XIX only)	193	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)	32,321,270	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)	32,321,270	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)	32,321,270	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,251.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,466,641	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)	1,466,641	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0002

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		PPS	
		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)	1,401,657	1,427	982.24	193	189,572	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,711,168	2,513	2,272.65	78	177,267	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					334,295	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,167,775	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)					145,524	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,796	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					170,320	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,997,455	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)					874	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,251.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,093,724	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0002

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

Worksheet D-1

Date/Time Prepared:
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		Title XIX		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,306,038	32,321,270	0.071347	1,093,724	78,034	90.00
91.00 Nursing Program cost	0	32,321,270	0.000000	1,093,724	0	91.00
92.00 Allied health cost	0	32,321,270	0.000000	1,093,724	0	92.00
93.00 All other Medical Education	564,682	32,321,270	0.017471	1,093,724	19,108	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/26/2022 3:34 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			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		24,481,221		30.00
31.00	03100	INTENSIVE CARE UNIT		6,128,168		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.202381	4,243,171	858,737	50.00
51.00	05100	RECOVERY ROOM	0.105634	647,177	68,364	51.00
53.00	05300	ANESTHESIOLOGY	0.032856	1,033,681	33,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109371	1,597,008	174,666	54.00
56.00	05600	RADIOISOTOPE	0.122323	356,332	43,588	56.00
57.00	05700	CT SCAN	0.028069	4,429,736	124,338	57.00
58.00	05800	MRI	0.060070	567,709	34,102	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149425	1,493,903	223,226	59.00
60.00	06000	LABORATORY	0.131574	9,538,695	1,255,044	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.259172	593,169	153,733	63.00
65.00	06500	RESPIRATORY THERAPY	0.188701	5,347,433	1,009,066	65.00
66.00	06600	PHYSICAL THERAPY	0.270273	700,587	189,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284373	371,708	105,704	67.00
68.00	06800	SPEECH PATHOLOGY	0.359854	97,663	35,144	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055509	5,472,434	303,769	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435654	1,363,111	593,845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.400203	1,683,922	673,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.440842	6,335,371	2,792,898	73.00
74.00	07400	RENAL DIALYSIS	0.383048	965,093	369,677	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0.223350	5,137	1,147	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.242905	489,873	118,993	76.01
76.02	03550	OP PSYCH	0.000000	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.373781	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
91.00	09100	EMERGENCY	0.089070	7,008,797	624,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.734320	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		54,341,710	9,787,539	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)		54,341,710		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/26/2022 3:34 pm	
Cost Center Description			Title XIX	Hospital	PPS	
			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		1,280,646		30.00
31.00	03100	INTENSIVE CARE UNIT		325,600		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.202381	150,908	30,541	50.00
51.00	05100	RECOVERY ROOM	0.105634	24,480	2,586	51.00
53.00	05300	ANESTHESIOLOGY	0.032856	37,100	1,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109371	95,412	10,435	54.00
56.00	05600	RADIOISOTOPE	0.122323	12,978	1,588	56.00
57.00	05700	CT SCAN	0.028069	213,128	5,982	57.00
58.00	05800	MRI	0.060070	40,563	2,437	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.149425	106,489	15,912	59.00
60.00	06000	LABORATORY	0.131574	452,456	59,531	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.259172	81,522	21,128	63.00
65.00	06500	RESPIRATORY THERAPY	0.188701	148,533	28,028	65.00
66.00	06600	PHYSICAL THERAPY	0.270273	10,976	2,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.284373	5,618	1,598	67.00
68.00	06800	SPEECH PATHOLOGY	0.359854	914	329	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055509	166,181	9,225	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435654	16,221	7,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.400203	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.440842	197,976	87,276	73.00
74.00	07400	RENAL DIALYSIS	0.383048	0	0	74.00
76.00	03020	ONCOLOGY & PAIN MANAGEMENT	0.223350	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.242905	21,147	5,137	76.01
76.02	03550	OP PSYCH	0.000000	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.373781	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
91.00	09100	EMERGENCY	0.089070	463,778	41,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.734320	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,246,380	334,295	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)		2,246,380		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/26/2022 3:34 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)		13,777,393	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,592,464	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)		459,386	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		153,129	2.04
3.00	Managed Care Simulated Payments		13,606,802	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		118.61	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		2.42	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		2.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.020403	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.020403	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.020403	21.00
22.00	IME payment adjustment (see instructions)		203,703	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		150,886	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		203,703	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		150,886	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.29	31.00
32.00	Sum of lines 30 and 31		24.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.68	33.00
34.00	Disproportionate share adjustment (see instructions)		444,551	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/26/2022 3:34 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)	1,318,831	1,251,204		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	986,413	315,372		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,301,785			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	20,932,411			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)			21,083,297	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,545,938	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			348,520	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 intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			202,752	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			37,823	58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,218,330	59.00
60.00	Primary payer payments			11,912	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			23,206,418	61.00
62.00	Deductibles billed to program beneficiaries			2,110,936	62.00
63.00	Coinsurance billed to program beneficiaries			61,957	63.00
64.00	Allowable bad debts (see instructions)			471,435	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			306,433	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			283,726	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,339,958	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENT PSR			1,618	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)			45,020	70.93
70.94	HRR adjustment amount (see instructions)			-408,888	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/26/2022 3:34 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)		20,977,708	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		20,083,387	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)		894,321	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		1,096,543	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/26/2022 3:34 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,777,393	0	13,777,393		13,777,393
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,592,464	0		4,592,464	4,592,464
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	459,386	0	459,386		459,386
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	153,129	0		153,129	153,129
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	13,606,802	0	0	13,606,802	13,606,802
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.020403	0.020403	0.020403	0.020403	
6.00	IME payment adjustment (see instructions)	22.00	203,703	0	152,777	50,926	203,703
6.01	IME payment adjustment for managed care (see instructions)	22.01	150,886	0	0	150,886	150,886
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	203,703	0	152,777	50,926	203,703
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	150,886	0	0	150,886	150,886
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0968	0.0968	0.0968	0.0968	
11.00	Disproportionate share adjustment (see instructions)	34.00	444,551	0	333,413	111,138	444,551
11.01	Uncompensated care payments	36.00	1,301,785	0	986,413	315,372	1,301,785
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	20,932,411	0	15,709,382	5,223,029	20,932,411
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,083,297	0	15,709,382	5,373,915	21,083,297

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/26/2022 3:34 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,545,938	0	0	1,545,938	1,545,938	16.00
17.00	Special add-on payments for new technologies	54.00	348,520	0	0	348,520	348,520	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	15,709,382	7,268,373	22,977,755	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,392,280	0	0	1,392,280	1,392,280	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	69,704	0	0	69,704	69,704	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0088	0.0088	0.0088	0.0088		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	12,252	0	0	12,252	12,252	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0515	0.0515	0.0515	0.0515		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	71,702	0	0	71,702	71,702	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,545,938	0	0	1,545,938	1,545,938	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/26/2022 3:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,777,393	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,592,464		18,369,859	18,369,859	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	459,386	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	153,129		612,515	612,515	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	13,606,802	0	13,606,802	13,606,802	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.020403	0.020403	0.020403		5.00
6.00	IME payment adjustment (see instructions)	22.00	203,703	0	203,703	203,703	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	150,886	0	150,886	150,886	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	203,703	0	203,703	203,703	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	150,886	0	150,886	150,886	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0968	0.0968	0.0968		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	444,551	0	444,551	444,551	11.00
11.01	Uncompensated care payments	36.00	1,301,785	986,413	315,372	1,301,785	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,932,411	986,413	19,945,998	20,932,411	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,083,297	986,413	20,096,884	21,083,297	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,545,938	0	1,545,938	1,545,938	16.00
17.00	Special add-on payments for new technologies	54.00	348,520	0	348,520	348,520	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			986,413	21,991,342	22,977,755	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/26/2022 3:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,392,280	0	1,392,280	1,392,280	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	69,704	0	69,704	69,704	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0088	0.0088	0.0088		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	12,252	0	12,252	12,252	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0515	0.0515	0.0515		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	71,702	0	71,702	71,702	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,545,938	0	1,545,938	1,545,938	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	45,020	0	45,020	45,020	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-408,888	0	-408,888	-408,888	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/26/2022 3:34 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,246	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,624,594	2.00
3.00	OPPS payments		17,679,933	3.00
4.00	Outlier payment (see instructions)		23,721	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		61,999	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,246	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		18,706	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)		18,706	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)		18,706	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,460	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)		8,246	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)		17,765,653	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)		3,151,467	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)		14,622,432	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)		14,622,432	30.00
31.00	Primary payer payments		10,185	31.00
32.00	Subtotal (line 30 minus line 31)		14,612,247	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)		465,300	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		302,445	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		338,255	36.00
37.00	Subtotal (see instructions)		14,914,692	37.00
38.00	MSP-LCC reconciliation amount from PS&R		171	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,914,521	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		14,848,189	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)		66,332	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		113,782	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: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/26/2022 3:34 pm
		Title XVIII	Hospital	PPS
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
7/26/2022 3:34 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		20,083,387		14,848,189	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)		20,083,387		14,848,189	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		894,321		66,332	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		20,977,708		14,914,521	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 7/26/2022 3:34 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/26/2022 3:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	10,104	7,984		26.00
27.00	Total Inpatient Days (see instructions)	28,217	28,217		27.00
28.00	Ratio of inpatient days to total inpatient days	0.358082	0.282950		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/26/2022 3:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,132,341		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)		23,278,301		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)		11,912		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		23,266,389		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		19,694,839		42.00
43.00	Primary payer payments (see instructions)		10,185		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,684,654		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		42,951,043		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.541696		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.458304		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		0		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0		50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0002		Period: From 01/01/2021 To 12/31/2021		Worksheet E-4 Date/Time Prepared: 7/26/2022 3:34 pm	
		Title XIX		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					0.00	6.00
7.00	Enter the lesser of line 5 or line 6					0.00	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00		0.00		0.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00		0.00		0.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	0.00		0.00		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00		0.00		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00		0.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00		0.00		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	0.00		0.00		17.00	
18.00	Per resident amount	0.00		0.00		18.00	
19.00	Approved amount for resident costs	0		0		0	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					0	25.00
		Inpatient Part A		Managed Care		Total	
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	1,250		4,572		26.00	
27.00	Total Inpatient Days (see instructions)	28,217		28,217		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.044300		0.162030		28.00	
29.00	Program direct GME amount	0		0		0	
29.01	Percent reduction for MA DGME					29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			0		0	
31.00	Net Program direct GME amount					0	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/26/2022 3:34 pm
		Title XIX	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			0 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 14-0002

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

Worksheet G

Date/Time Prepared:
7/26/2022 3:34 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	425,731	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,097,321	0	0	0	4.00
5.00	Other receivable	1,689,739	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,042,506	0	0	0	6.00
7.00	Inventory	1,917,220	0	0	0	7.00
8.00	Prepaid expenses	202,385	0	0	0	8.00
9.00	Other current assets	536,051	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)	28,825,941	0	0	0	11.00
FIXED ASSETS						
12.00	Land	177,168	0	0	0	12.00
13.00	Land improvements	6,570,282	0	0	0	13.00
14.00	Accumulated depreciation	-5,360,519	0	0	0	14.00
15.00	Buildings	134,659,322	0	0	0	15.00
16.00	Accumulated depreciation	-93,198,398	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	4,383,841	0	0	0	19.00
20.00	Accumulated depreciation	-3,826,950	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	54,111,681	0	0	0	23.00
24.00	Accumulated depreciation	-45,655,741	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	7,771,021	0	0	0	27.00
28.00	Accumulated depreciation	-4,329,912	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)	55,301,795	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,457,455	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,457,455	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	96,585,191	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,999,145	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,913,088	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	20,254,643	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,166,876	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,607,769	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,607,769	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	31,774,645	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	64,810,546				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)	64,810,546	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	96,585,191	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0002

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

Worksheet G-1

Date/Time Prepared:
7/26/2022 3:34 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		53,929,588		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-148,460				2.00
3.00	Total (sum of line 1 and line 2)		53,781,128		0		3.00
4.00	CHANGE IN RESTRICTED ASSETS	2,949,213		0		0	4.00
5.00	TRANSFER TO BJC	8,080,205		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)		11,029,418		0		10.00
11.00	Subtotal (line 3 plus line 10)		64,810,546		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)		64,810,546		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	CHANGE IN RESTRICTED ASSETS		0				4.00
5.00	TRANSFER TO BJC		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0002

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
7/26/2022 3:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,821,602		69,821,602	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	69,821,602		69,821,602	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,572,104		17,572,104	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,572,104		17,572,104	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	87,393,706		87,393,706	17.00
18.00	Ancillary services	138,616,335	404,405,387	543,021,722	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	7,561	21,246,510	21,254,071	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	226,017,602	425,651,897	651,669,499	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		170,046,247		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	NON OPERATING EXPENSES	14,988,460			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)		14,988,460		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		155,057,787		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0002

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

Worksheet G-3

Date/Time Prepared:
7/26/2022 3:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	651,669,499	1.00
2.00	Less contractual allowances and discounts on patients' accounts	489,711,354	2.00
3.00	Net patient revenues (line 1 minus line 2)	161,958,145	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	155,057,787	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,900,358	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	828,660	6.00
7.00	Income from investments	78,320	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	594,576	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,347,468	24.00
24.01	ACO REVENUE	753,080	24.01
24.50	COVID-19 PHE Funding	1,492,871	24.50
25.00	Total other income (sum of lines 6-24)	7,094,975	25.00
26.00	Total (line 5 plus line 25)	13,995,333	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	13,655,224	27.00
27.01	POB NET LOSS	134,593	27.01
27.02	ACO EXPENSES	353,976	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	14,143,793	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-148,460	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0002	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 7/26/2022 3:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,392,280	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		69,704	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)		77.31	3.00
4.00	Number of interns & residents (see instructions)		2.42	4.00
5.00	Indirect medical education percentage (see instructions)		0.88	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)		12,252	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.29	8.00
9.00	Sum of lines 7 and 8		24.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.15	10.00
11.00	Disproportionate share adjustment (see instructions)		71,702	11.00
12.00	Total prospective capital payments (see instructions)		1,545,938	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