

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 7/28/2022 9:28 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KATHERINE SHAW BETHEA HOSPITAL (14-0012) 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	David Schreiner	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	David Schreiner		2
3	Signatory Title	CHIEF EXECUTIVE OFFICER		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	253,556	64,906	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
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	253,556	64,906	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: 14-0012		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/28/2022 9:28 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 403 EAST FIRST STREET			PO Box:				1.00		
2.00	City: DIXON			State: IL		Zip Code: 61021		County: LEE		
		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		KATHERINE SHAW BETHEA HOSPITAL	140012	99914	1	07/01/1966	N	P	N
4.00	Subprovider - IPF		KATHERINE SHAW BETHEA HOSPITAL	14S012	99914	4	11/01/1983	N	P	N
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		KATHERINE SHAW BETHEA HHA	147131	99914		07/07/1976	N	P	N
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.					1	N			

Worksheet S-2
Part I
Date/Time Prepared:
7/28/2022 9:28 am

MCRIF32 - 17.7.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0012		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/28/2022 9:28 am	
		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)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00		0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
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	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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	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	4.00	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	0.00	4.27	0.000000
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	
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
	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	
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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
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.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,771,821	0	0 118.01
		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
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0012		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/28/2022 9:28 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	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)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/28/2022 9:28 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/12/2022	Y 05/12/2022
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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
7/28/2022 9:28 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4300	KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
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		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.	SIGNING 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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/28/2022 9:28 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	60	21,900	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)		60	21,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	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)		66	24,090	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		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	101.00				0	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)		80			0	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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/28/2022 9:28 am

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)	3,127	201	8,087			1.00
2.00	HMO and other (see instructions)	1,626	1,571				2.00
3.00	HMO IPF Subprovider	127	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)	3,127	201	8,087			7.00
8.00	INTENSIVE CARE UNIT	658	0	930			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		6	478			13.00
14.00	Total (see instructions)	3,785	207	9,495	8.27	763.09	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	314	1,113	2,807	0.00	19.56	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	1,156	29	5,937	0.00	10.48	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				8.27	793.13	27.00
28.00	Observation Bed Days		470	1,794			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	70	180			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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/28/2022 9:28 am

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	985	117	2,750	1.00
2.00 HMO and other (see instructions)			322	354		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	985	117	2,750	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	49	198	481	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	0.00					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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/28/2022 9:28 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	67,031,527	0	67,031,527	1,649,702.41	40.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		68,054	0	68,054	411.00	165.58
4.01	Physicians - Part A - Teaching		0	508,491	508,491	4,350.00	116.89
5.00	Physician and Non Physician-Part B		24,642,644	0	24,642,644	139,030.15	177.25
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	333,684	0	333,684	12,735.70	26.20
7.01	Contracted interns and residents (in an approved programs)		192,867	0	192,867	8,881.60	21.72
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,724,157	0	2,724,157	74,411.21	36.61
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,769,479	0	1,769,479	23,411.05	75.58
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,038,150	0	17,038,150		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		893,615	0	893,615		
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		4,936	0	4,936		
22.01	Physician Part A - Teaching		52,240	0	52,240		
23.00	Physician Part B		1,669,634	0	1,669,634		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		152,945	0	152,945		
25.50	Home office wage-related (core)		0	0	0		
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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/28/2022 9:28 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	351,081	0	351,081	18,966.71	18.51	26.00
27.00	Administrative & General	5.00	9,567,708	29,882	9,597,590	294,223.92	32.62	27.00
28.00	Administrative & General under contract (see inst.)		102,731	0	102,731	579.67	177.22	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	736,290	15,551	751,841	36,003.34	20.88	30.00
31.00	Laundry & Linen Service	8.00	0	150,906	150,906	11,104.30	13.59	31.00
32.00	Housekeeping	9.00	754,529	-334,013	420,516	30,943.39	13.59	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,128,922	-814,520	314,402	19,616.67	16.03	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	814,520	814,520	50,820.93	16.03	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,273,398	-327,519	945,879	36,964.04	25.59	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	928,259	0	928,259	21,425.86	43.32	40.00
41.00	Medical Records & Medical Records Library	16.00	485,130	-52,044	433,086	22,651.34	19.12	41.00
42.00	Social Service	17.00	0	379,563	379,563	12,122.59	31.31	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
7/28/2022 9:28 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,965,063	-508,491	41,456,572	1,485,284.63	27.91	1.00
2.00	Excluded area salaries (see instructions)	2,724,157	0	2,724,157	74,411.21	36.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,240,906	-508,491	38,732,415	1,410,873.42	27.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,769,479	0	1,769,479	23,411.05	75.58	4.00
5.00	Subtotal wage-related costs (see inst.)	17,043,086	0	17,043,086	0.00	44.00	5.00
6.00	Total (sum of lines 3 thru 5)	58,053,471	-508,491	57,544,980	1,434,284.47	40.12	6.00
7.00	Total overhead cost (see instructions)	15,328,048	-137,674	15,190,374	555,422.76	27.35	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
7/28/2022 9:28 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,075,367	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,806,647	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,836,940	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	35,186	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)	361,748	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	220,433	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	3,805,082	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	328,597	22.00
23.00	Tuition Reimbursement	341,519	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,811,519	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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
7/28/2022 9:28 am

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	1,776,385	19,811,519	1.00
2.00	Hospital	1,769,479	19,189,097	2.00
3.00	SUBPROVIDER - IPF	6,906	371,314	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	0	251,108	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			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0012 Component CCN: 14-7131		Period: From 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 7/28/2022 9:28 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			LEE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	973	75	449	1,497	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	197.00	4.00	219.00	420.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			5.48	0.00	5.48	6.00
7.00	Nursing Supervisor			1.00	0.00	1.00	7.00
8.00	Physical Therapy Service			0.00	1.00	1.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.00	0.00	1.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	OTHER PERSONNEL (CLERK)			2.00	0.00	2.00	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					99914	20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	911	146	35	0	1,092	21.00
22.00	Skilled Nursing Visit Charges	175,958	28,324	6,402	0	210,684	22.00
23.00	Physical Therapy Visits	1,124	176	6	0	1,306	23.00
24.00	Physical Therapy Visit Charges	217,474	34,144	1,164	0	252,782	24.00
25.00	Occupational Therapy Visits	77	64	0	0	141	25.00
26.00	Occupational Therapy Visit Charges	14,938	12,416	0	0	27,354	26.00
27.00	Speech Pathology Visits	1	5	1	0	7	27.00
28.00	Speech Pathology Visit Charges	194	970	194	0	1,358	28.00
29.00	Medical Social Service Visits	1	1	0	0	2	29.00
30.00	Medical Social Service Visit Charges	194	194	0	0	388	30.00
31.00	Home Health Aide Visits	168	40	0	0	208	31.00
32.00	Home Health Aide Visit Charges	11,760	2,800	0	0	14,560	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,282	432	42	0	2,756	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	420,518	78,848	7,760	0	507,126	35.00
36.00	Total Number of Episodes (standard/non outlier)	243		20	0	263	36.00
37.00	Total Number of Outlier Episodes		17		0	17	37.00
38.00	Total Non-Routine Medical Supply Charges	24,367	3,010	1,179	0	28,556	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 7/28/2022 9:28 am
				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)			0.257267 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	7,230,264		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	2,931,573		5.00
6.00	Medicaid charges	86,203,118		6.00
7.00	Medicaid cost (line 1 times line 6)	22,177,218		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)	12,015,381		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	10,396		9.00
10.00	Stand-alone CHIP charges	31,114		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	8,005		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	12,015,381		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)	1,462,592	0	1,462,592 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	376,277	0	376,277 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)	376,277	0	376,277 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)	5,840,876		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	124,272		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	191,187		27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,649,689		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,520,394		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,896,671		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	13,912,052		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

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

Worksheet A

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,267,631	6,267,631	-273,546	5,994,085	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,325,101	1,325,101	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	351,081	16,470,770	16,821,851	222,074	17,043,925	4.00
5.01	00540	NONPATIENT TELEPHONES	327,587	110,328	437,915	-64	437,851	5.01
5.02	00590	DATA PROCESSING	1,113,864	5,366,874	6,480,738	1,006	6,481,744	5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	336,041	658,021	994,062	8,285	1,002,347	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,663,303	6,414,504	9,077,807	5,522	9,083,329	5.04
5.05	00592	OTHER ADMIN & GENERAL	5,126,913	11,315,414	16,442,327	-578,351	15,863,976	5.05
7.00	00700	OPERATION OF PLANT	736,290	3,446,076	4,182,366	-369,356	3,813,010	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	335,799	335,799	8.00
9.00	00900	HOUSEKEEPING	754,529	924,465	1,678,994	-532,918	1,146,076	9.00
10.00	01000	DIETARY	1,128,922	839,307	1,968,229	-1,422,728	545,501	10.00
11.00	01100	CAFETERIA	0	0	0	1,420,082	1,420,082	11.00
13.00	01300	NURSING ADMINISTRATION	1,273,398	304,492	1,577,890	-349,627	1,228,263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,011,527	3,011,527	-2,990,840	20,687	14.00
15.00	01500	PHARMACY	928,259	4,054,844	4,983,103	-3,337,880	1,645,223	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	485,130	1,690,878	2,176,008	-56,025	2,119,983	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	86,706	86,706	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	318,946	318,946	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	333,684	93,736	427,420	0	427,420	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	826,072	826,072	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,484,389	1,767,319	5,251,708	-142,122	5,109,586	30.00
31.00	03100	INTENSIVE CARE UNIT	949,431	865,209	1,814,640	-65	1,814,575	31.00
40.00	04000	SUBPROVIDER - IPF	1,256,326	921,756	2,178,082	667	2,178,749	40.00
43.00	04300	NURSERY	454,985	92,020	547,005	1,921	548,926	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,187,125	2,336,129	4,523,254	-1,076,766	3,446,488	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,600	3,600	127,505	131,105	52.00
53.00	05300	ANESTHESIOLOGY	8,086	866,245	874,331	-4,673	869,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,383,846	1,231,626	2,615,472	-3,512	2,611,960	54.00
54.01	05401	ULTRASOUND	366,053	177,007	543,060	139	543,199	54.01
57.00	05700	CT SCAN	182,366	213,112	395,478	-1,016	394,462	57.00
58.00	05800	MRI	191,531	189,913	381,444	-69	381,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	475,205	2,125,271	2,600,476	-1,724,484	875,992	59.00
60.00	06000	LABORATORY	2,361,590	3,618,426	5,980,016	-220,487	5,759,529	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,065,263	515,086	1,580,349	-303,033	1,277,316	65.00
66.00	06600	PHYSICAL THERAPY	1,493,101	220,538	1,713,639	-108,402	1,605,237	66.00
67.00	06700	OCCUPATIONAL THERAPY	285,725	30,691	316,416	57,498	373,914	67.00
68.00	06800	SPEECH PATHOLOGY	274,436	258,203	532,639	-215,567	317,072	68.00
69.00	06900	ELECTROCARDIOLOGY	115,304	246,959	362,263	302,255	664,518	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	301,752	40,791	342,543	1,208	343,751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	6,490,987	6,490,987	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,803,817	2,803,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,294,195	3,294,195	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	307,627	119,112	426,739	-772	425,967	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,483	2,483	9,183	11,666	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,039,633	7,138,702	34,178,335	-3,041,540	31,136,795	90.00
91.00	09100	EMERGENCY	5,820,921	823,747	6,644,668	-55,486	6,589,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	849,614	315,131	1,164,745	-15,081	1,149,664	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		814,542	814,542	-814,542	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,413,310	85,902,485	152,315,795	16	152,315,811	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	618,217	97,729	715,946	-16	715,930	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	67,031,527	86,000,214	153,031,741	0	153,031,741	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

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

Worksheet A

Date/Time Prepared:
7/28/2022 9:28 am

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	-176,385	5,817,700	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,325,101	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-15,192	17,028,733	4.00
5.01	00540	NONPATIENT TELEPHONES	-10,066	427,785	5.01
5.02	00590	DATA PROCESSING	-2,937	6,478,807	5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	-29	1,002,318	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-366	9,082,963	5.04
5.05	00592	OTHER ADMIN & GENERAL	-7,042,956	8,821,020	5.05
7.00	00700	OPERATION OF PLANT	-481,740	3,331,270	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	335,799	8.00
9.00	00900	HOUSEKEEPING	0	1,146,076	9.00
10.00	01000	DIETARY	-1,667	543,834	10.00
11.00	01100	CAFETERIA	-398,327	1,021,755	11.00
13.00	01300	NURSING ADMINISTRATION	-19,484	1,208,779	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,687	14.00
15.00	01500	PHARMACY	34,225	1,679,448	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-32,885	2,087,098	16.00
17.00	01700	SOCIAL SERVICE	0	86,706	17.00
17.01	01701	UTILIZATION REVIEW	0	318,946	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	427,420	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-17,331	808,741	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,870	5,107,716	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,814,575	31.00
40.00	04000	SUBPROVIDER - IPF	-271,018	1,907,731	40.00
43.00	04300	NURSERY	0	548,926	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,446,488	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	131,105	52.00
53.00	05300	ANESTHESIOLOGY	-648,701	220,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1	2,611,959	54.00
54.01	05401	ULTRASOUND	0	543,199	54.01
57.00	05700	CT SCAN	0	394,462	57.00
58.00	05800	MRI	0	381,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	875,992	59.00
60.00	06000	LABORATORY	-587,367	5,172,162	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,277,316	65.00
66.00	06600	PHYSICAL THERAPY	-45,461	1,559,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	373,914	67.00
68.00	06800	SPEECH PATHOLOGY	0	317,072	68.00
69.00	06900	ELECTROCARDIOLOGY	0	664,518	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-77	343,674	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	6,490,987	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,803,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,294,195	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-89,525	336,442	76.00
76.97	07697	CARDIAC REHABILITATION	0	11,666	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-19,629,339	11,507,456	90.00
91.00	09100	EMERGENCY	-3,181,853	3,407,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-6	1,149,658	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-32,620,358	119,695,453	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	715,930	192.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-32,620,358	120,411,383	200.00

RECLASSIFICATIONS

Provider CCN: 14-0012

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

Worksheet A-6

Date/Time Prepared:
7/28/2022 9:28 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY TO CAFETERIA					
1.00	CAFETERIA	11.00	814,520	605,562		1.00
	0		814,520	605,562		
	B - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	97,236	21,258		1.00
	0		97,236	21,258		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	901,827		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
	0		0	901,827		
	E - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	6,473,846		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,803,817		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
	0		0	9,277,663		
	F - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,294,195		1.00
	0		0	3,294,195		
	G - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	149,728		1.00
	0		0	149,728		
	H - PT DIRECTOR SALARY					
1.00	OCCUPATIONAL THERAPY	67.00	49,505	0		1.00
2.00	SPEECH PATHOLOGY	68.00	16,502	0		2.00
	0		66,007	0		
	I - BIO-MED COSTS					
1.00	OTHER ADMIN & GENERAL	5.05	0	630		1.00
2.00	PHARMACY	15.00	0	19,289		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	10,488		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	9,358		4.00
5.00	SUBPROVIDER - IPF	40.00	0	669		5.00
6.00	NURSERY	43.00	0	5,054		6.00
7.00	OPERATING ROOM	50.00	0	135,007		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,030		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	706		9.00
10.00	LABORATORY	60.00	0	6,006		10.00
11.00	RESPIRATORY THERAPY	65.00	0	27,249		11.00

RECLASSIFICATIONS

Provider CCN: 14-0012

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

Worksheet A-6

Date/Time Prepared:
7/28/2022 9:28 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	PHYSICAL THERAPY	66.00	0	5,501	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	5,998	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	17,141	14.00
15.00	CARDIAC REHABILITATION	76.97	0	2,936	15.00
16.00	CLINIC	90.00	0	57,345	16.00
17.00	EMERGENCY	91.00	0	12,290	17.00
	0		0	324,697	
J - HOUSEKEEPING					
1.00	DATA PROCESSING	5.02	955	73	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	15,390	1,177	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	5,240	401	3.00
4.00	OTHER ADMIN & GENERAL	5.05	8,297	635	4.00
5.00	OPERATION OF PLANT	7.00	15,551	1,190	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	3,566	273	6.00
7.00	ULTRASOUND	54.01	1,694	130	7.00
8.00	LABORATORY	60.00	1,545	118	8.00
9.00	PHYSICAL THERAPY	66.00	7,426	568	9.00
10.00	OCCUPATIONAL THERAPY	67.00	7,425	568	10.00
11.00	SPEECH PATHOLOGY	68.00	948	73	11.00
12.00	CARDIAC REHABILITATION	76.97	5,803	444	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	2,716	208	13.00
14.00	CLINIC	90.00	106,551	8,151	14.00
	0		183,107	14,009	
K - UTILIZATION REVIEW					
1.00	UTILIZATION REVIEW	17.01	299,019	19,927	1.00
2.00		0.00	0	0	2.00
	0		299,019	19,927	
O - RESIDENCY COSTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	508,491	317,581	1.00
	COSTS A				
	0		508,491	317,581	
R - EKG SALARIES					
1.00	ELECTROCARDIOLOGY	69.00	201,977	105,915	1.00
	0		201,977	105,915	
S - PATIENT ADVOCATE SALARIES					
1.00	SOCIAL SERVICE	17.00	80,544	6,162	1.00
	0		80,544	6,162	
T - MOVABLE EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,284,603	1.00
	0		0	1,284,603	
U - WORKERS COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	222,074	1.00
	0		0	222,074	
W - LAUNDRY EXPENSES					
1.00	LAUNDRY & LINEN SERVICE	8.00	150,906	184,893	1.00
	TOTALS		150,906	184,893	
500.00	Grand Total: Increases		2,401,807	16,730,094	500.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
7/28/2022 9:28 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY TO CAFETERIA						
1.00	DIETARY _____	10.00	814,520	605,562	0		1.00
	0		814,520	605,562			
	B - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS _____	30.00	97,236	21,258	0		1.00
	0		97,236	21,258			
	C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	814,542	11		1.00
2.00	OPERATION OF PLANT	7.00	0	47,500	0		2.00
3.00	PHARMACY	15.00	0	551	0		3.00
4.00	OPERATING ROOM	50.00	0	19,907	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	8,387	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	2,661	0		6.00
7.00	PURCHASING RECEIVING AND STORES	5.03	0	8,279	0		7.00
	0		0	901,827			
	E - BILLABLE SUPPLIES						
1.00	NONPATIENT TELEPHONES	5.01	0	64	0		1.00
2.00	DATA PROCESSING	5.02	0	22	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	3	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	119	0		4.00
5.00	OTHER ADMIN & GENERAL	5.05	0	216,111	0		5.00
6.00	OPERATION OF PLANT	7.00	0	13,900	0		6.00
7.00	HOUSEKEEPING	9.00	0	3	0		7.00
8.00	DIETARY	10.00	0	2,646	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,990,840	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	34,116	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	9,423	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	2	0		12.00
13.00	NURSERY	43.00	0	3,133	0		13.00
14.00	OPERATING ROOM	50.00	0	1,191,866	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	4,673	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,057	0		17.00
18.00	ULTRASOUND	54.01	0	1,685	0		18.00
19.00	CT SCAN	57.00	0	1,016	0		19.00
20.00	MRI	58.00	0	69	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	1,722,095	0		21.00
22.00	LABORATORY	60.00	0	228,156	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	22,390	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	55,890	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	233,090	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	2,976	0		26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	772	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,716	0		28.00
29.00	CLINIC	90.00	0	2,387,515	0		29.00
30.00	EMERGENCY	91.00	0	67,776	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	15,081	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16	0		32.00
33.00	PHARMACY _____	15.00	0	62,423	0		33.00
	0		0	9,277,663			
	F - BILLABLE DRUGS						
1.00	PHARMACY _____	15.00	0	3,294,195	0		1.00
	0		0	3,294,195			
	G - PROPERTY INSURANCE						
1.00	OTHER ADMIN & GENERAL _____	5.05	0	149,728	12		1.00
	0		0	149,728			
	H - PT DIRECTOR SALARY						
1.00	PHYSICAL THERAPY	66.00	66,007	0	0		1.00
2.00	_____	0.00	0	0	0		2.00
	0		66,007	0			
	I - BIO-MED COSTS						
1.00	OPERATION OF PLANT	7.00	0	324,697	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

RECLASSIFICATIONS

Provider CCN: 14-0012

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

Worksheet A-6

Date/Time Prepared:
7/28/2022 9:28 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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
0			0	324,697		
J - HOUSEKEEPING						
1.00	HOUSEKEEPING	9.00	183,107	14,009	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
0			183,107	14,009		
K - UTILIZATION REVIEW						
1.00	MEDICAL RECORDS & LIBRARY	16.00	52,044	3,981	0	1.00
2.00	NURSING ADMINISTRATION	13.00	246,975	15,946	0	2.00
0			299,019	19,927		
O - RESIDENCY COSTS						
1.00	CLINIC	90.00	508,491	317,581	0	1.00
0			508,491	317,581		
R - EKG SALARIES						
1.00	RESPIRATORY THERAPY	65.00	201,977	105,915	0	1.00
0			201,977	105,915		
S - PATIENT ADVOCATE SALARIES						
1.00	NURSING ADMINISTRATION	13.00	80,544	6,162	0	1.00
0			80,544	6,162		
T - MOVABLE EQUIPMENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,284,603	9	1.00
0			0	1,284,603		
U - WORKERS COMPENSATION						
1.00	OTHER ADMIN & GENERAL	5.05	0	222,074	0	1.00
0			0	222,074		
W - LAUNDRY EXPENSES						
1.00	HOUSEKEEPING	9.00	150,906	184,893	0	1.00
	TOTALS		150,906	184,893		
500.00	Grand Total: Decreases		2,401,807	16,730,094		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
7/28/2022 9:28 am

		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	2,343,039	0	0	0	54,000	1.00
2.00	Land Improvements	5,545,610	75,145	0	75,145	0	2.00
3.00	Buildings and Fixtures	50,347,180	594,092	0	594,092	396,000	3.00
4.00	Building Improvements	5,756,102	1,084,852	0	1,084,852	81,206	4.00
5.00	Fixed Equipment	47,503,517	2,329,351	0	2,329,351	83,118	5.00
6.00	Movable Equipment	39,875,602	3,299,802	0	3,299,802	551,890	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	151,371,050	7,383,242	0	7,383,242	1,166,214	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	151,371,050	7,383,242	0	7,383,242	1,166,214	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,289,039	0				1.00
2.00	Land Improvements	5,620,755	0				2.00
3.00	Buildings and Fixtures	50,545,272	0				3.00
4.00	Building Improvements	6,759,748	0				4.00
5.00	Fixed Equipment	49,749,750	0				5.00
6.00	Movable Equipment	42,623,514	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	157,588,078	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	157,588,078	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
7/28/2022 9:28 am

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	6,267,631	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)	6,267,631	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	6,267,631				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,267,631				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
7/28/2022 9:28 am

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	114,964,564	0	114,964,564	0.729526	109,230	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,623,514	0	42,623,514	0.270474	40,498	2.00
3.00	Total (sum of lines 1-2)	157,588,078	0	157,588,078	1.000000	149,728	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	109,230	4,983,028	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	40,498	1,284,603	0	2.00
3.00	Total (sum of lines 1-2)	0	0	149,728	6,267,631	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	725,442	109,230	0	0	5,817,700	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	40,498	0	0	1,325,101	2.00
3.00	Total (sum of lines 1-2)	725,442	149,728	0	0	7,142,801	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

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

Worksheet A-8

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-176,385	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-446,672	OPERATION OF PLANT	7.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-10,066	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-28,733	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	-25,363,410			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-398,327	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	B	-32,885	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-154,293	OTHER ADMIN & GENERAL	5.05	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

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

Worksheet A-8

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISCELLANEOUS INCOME	B	-6,335	OPERATION OF PLANT	7.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-5,101	CLINIC	90.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-29	PURCHASING RECEIVING AND STORES	5.03	0	33.03
33.04	MISCELLANEOUS INCOME	B	-2,937	DATA PROCESSING	5.02	0	33.04
33.05	MISCELLANEOUS INCOME	B	-476	EMERGENCY	91.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-1,001	ADULTS & PEDIATRICS	30.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-36,159	SUBPROVIDER - IPF	40.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-45,461	PHYSICAL THERAPY	66.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-6	HOME HEALTH AGENCY	101.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-67	DIETARY	10.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-17,331	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-19,475	NURSING ADMINISTRATION	13.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-1	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
34.00	RETAIL RX 340B REVERSE NEGATIVE	A	34,225	PHARMACY	15.00	0	34.00
35.00	DONATIONS & SCHOLARSHIPS	A	-56,417	OTHER ADMIN & GENERAL	5.05	0	35.00
36.00	ADVERTISING	A	-41,014	OTHER ADMIN & GENERAL	5.05	0	36.00
37.00	FINES & PENALTIES	A	-816,029	OTHER ADMIN & GENERAL	5.05	0	37.00
38.00	FINES & PENALTIES	A	-15,192	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
40.00	FINES & PENALTIES	A	-366	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	40.00
40.01	FINES & PENALTIES	A	-869	ADULTS & PEDIATRICS	30.00	0	40.01
40.02	COMMUNITY DONATIONS	A	-1,600	DIETARY	10.00	0	40.02
40.03	SCHOLARSHIPS	A	-9	NURSING ADMINISTRATION	13.00	0	40.03
41.00	PHYSICIAN RECRUITMENT COSTS	A	-59,225	OTHER ADMIN & GENERAL	5.05	0	41.00
42.00	IPA TAX	A	-4,887,606	OTHER ADMIN & GENERAL	5.05	0	42.00
43.00	AHA & IHA LOBBYING	A	-31,106	OTHER ADMIN & GENERAL	5.05	0	43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,620,358				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0012

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

Worksheet A-8-2

Date/Time Prepared:
7/28/2022 9:28 am

	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	5.05	OTHER ADMIN & GENERAL	997,266	997,266	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	234,859	234,859	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	648,701	648,701	0	0	0	3.00
4.00	60.00	LABORATORY	587,367	587,367	0	0	0	4.00
5.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	89,525	89,525	0	0	0	5.00
6.00	90.00	CLINIC	19,659,217	19,599,805	59,412	211,500	344	6.00
7.00	91.00	EMERGENCY	3,188,190	3,179,549	8,641	211,500	67	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	77	77	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			25,405,202	25,337,149	68,053		411	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	5.05	OTHER ADMIN & GENERAL	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	5.00
6.00	90.00	CLINIC	34,979	1,749	0	0	0	6.00
7.00	91.00	EMERGENCY	6,813	341	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	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			41,792	2,090	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	5.05	OTHER ADMIN & GENERAL	0	0	0	997,266		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	234,859		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	648,701		3.00
4.00	60.00	LABORATORY	0	0	0	587,367		4.00
5.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	89,525		5.00
6.00	90.00	CLINIC	0	34,979	24,433	19,624,238		6.00
7.00	91.00	EMERGENCY	0	6,813	1,828	3,181,377		7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	77		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	41,792	26,261	25,363,410		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,817,700	5,817,700			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,325,101		1,325,101		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,028,733	58,349	490	17,087,572	4.00
5.01	00540	NONPATIENT TELEPHONES	427,785	28,204	0	83,948	539,937 5.01
5.02	00590	DATA PROCESSING	6,478,807	117,385	135,829	285,685	19,774 5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	1,002,318	157,200	934	90,058	7,141 5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,082,963	76,975	2,142	683,843	21,971 5.04
5.05	00592	OTHER ADMIN & GENERAL	8,821,020	129,591	16,959	1,315,954	24,168 5.05
7.00	00700	OPERATION OF PLANT	3,331,270	1,916,919	84,047	192,668	22,520 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	335,799	2,338	0	38,671	0 8.00
9.00	00900	HOUSEKEEPING	1,146,076	51,519	0	107,762	1,648 9.00
10.00	01000	DIETARY	543,834	71,533	9,546	80,569	9,887 10.00
11.00	01100	CAFETERIA	1,021,755	36,737	24,731	208,730	0 11.00
13.00	01300	NURSING ADMINISTRATION	1,208,779	33,950	3,641	242,392	25,267 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,687	28,679	0	0	0 14.00
15.00	01500	PHARMACY	1,679,448	33,897	42,410	237,877	5,493 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,087,098	31,255	3,163	110,983	8,239 16.00
17.00	01700	SOCIAL SERVICE	86,706	0	0	20,640	549 17.00
17.01	01701	UTILIZATION REVIEW	318,946	1,836	0	76,627	2,746 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	427,420	0	0	85,510	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	808,741	0	0	130,306	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,107,716	570,848	74,263	867,995	37,900 30.00
31.00	03100	INTENSIVE CARE UNIT	1,814,575	58,626	23,603	243,302	7,690 31.00
40.00	04000	SUBPROVIDER - IPF	1,907,731	82,418	3,879	321,947	10,985 40.00
43.00	04300	NURSERY	548,926	5,495	6,871	116,595	1,099 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,446,488	358,760	180,396	560,475	28,013 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,105	16,460	2,363	24,918	1,099 52.00
53.00	05300	ANESTHESIOLOGY	220,957	1,123	11,050	2,072	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,611,959	93,673	65,289	355,540	15,380 54.00
54.01	05401	ULTRASOUND	543,199	3,752	1,900	94,239	0 54.01
57.00	05700	CT SCAN	394,462	7,490	28,964	46,733	0 57.00
58.00	05800	MRI	381,375	6,552	644	49,082	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	875,992	66,447	295,628	121,777	0 59.00
60.00	06000	LABORATORY	5,172,162	73,527	104,155	605,579	15,929 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	1,277,316	16,645	14,314	221,227	6,591 65.00
66.00	06600	PHYSICAL THERAPY	1,559,776	117,702	13,156	367,612	15,380 66.00
67.00	06700	OCCUPATIONAL THERAPY	373,914	0	0	87,809	0 67.00
68.00	06800	SPEECH PATHOLOGY	317,072	23,118	6,118	74,799	0 68.00
69.00	06900	ELECTROCARDIOLOGY	664,518	3,355	0	81,307	2,197 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	343,674	15,363	3,840	78,023	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,490,987	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,803,817	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,294,195	0	0	0	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	336,442	37,675	177	78,833	0 76.00
76.97	07697	CARDIAC REHABILITATION	11,666	0	0	1,487	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,507,456	1,232,462	131,033	6,826,175	223,005 90.00
91.00	09100	EMERGENCY	3,407,329	185,324	33,566	1,491,675	18,126 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,149,658	48,415	0	217,723	6,591 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,695,453	5,801,597	1,325,101	16,929,147	539,388 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,103	0	0	549 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	715,930	0	0	158,425	0 192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	120,411,383	5,817,700	1,325,101	17,087,572	539,937 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING	7,037,480					5.02
5.03	00591	PURCHASING RECEIVING AND STORES	140,419	1,398,070				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	181,719	4,988	10,054,601			5.04
5.05	00592	OTHER ADMIN & GENERAL	710,356	10,707	0	11,028,755	11,028,755	5.05
7.00	00700	OPERATION OF PLANT	74,340	386	0	5,622,150	566,865	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	376,808	37,992	8.00
9.00	00900	HOUSEKEEPING	0	2,924	0	1,309,929	132,076	9.00
10.00	01000	DIETARY	66,080	708	0	782,157	78,863	10.00
11.00	01100	CAFETERIA	0	1,836	0	1,293,789	130,449	11.00
13.00	01300	NURSING ADMINISTRATION	57,820	14	0	1,571,863	158,486	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,300	146,971	0	237,637	23,960	14.00
15.00	01500	PHARMACY	123,899	58,600	0	2,181,624	219,967	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	181,719	13	0	2,422,470	244,250	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	107,895	10,879	17.00
17.01	01701	UTILIZATION REVIEW	41,300	0	0	441,455	44,511	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	512,930	51,717	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	41,300	0	0	980,347	98,845	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	330,398	187,613	523,174	7,699,907	776,359	30.00
31.00	03100	INTENSIVE CARE UNIT	74,340	79,261	198,430	2,499,827	252,050	31.00
40.00	04000	SUBPROVIDER - IPF	66,080	3,316	154,404	2,550,760	257,185	40.00
43.00	04300	NURSERY	0	11,409	22,731	713,126	71,902	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	214,759	423,221	1,165,234	6,377,346	643,009	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	407	28,688	205,040	20,674	52.00
53.00	05300	ANESTHESIOLOGY	0	4,343	191,986	431,531	43,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,679	39,729	338,120	3,668,369	369,871	54.00
54.01	05401	ULTRASOUND	0	1,870	221,754	866,714	87,388	54.01
57.00	05700	CT SCAN	16,520	8,725	571,786	1,074,680	108,357	57.00
58.00	05800	MRI	24,780	1,038	193,736	657,207	66,264	58.00
59.00	05900	CARDIAC CATHETERIZATION	90,859	87,928	452,316	1,990,947	200,741	59.00
60.00	06000	LABORATORY	223,019	52,313	1,168,861	7,415,545	747,687	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	49,560	28,856	187,186	1,801,695	181,660	65.00
66.00	06600	PHYSICAL THERAPY	206,499	13,578	305,615	2,599,318	262,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	44,362	506,085	51,027	67.00
68.00	06800	SPEECH PATHOLOGY	74,340	82	23,751	519,280	52,357	68.00
69.00	06900	ELECTROCARDIOLOGY	24,780	2,086	213,978	992,221	100,043	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,300	384	62,609	545,193	54,970	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	515,198	7,006,185	706,413	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	237,965	3,041,782	306,694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,076,592	4,370,787	440,693	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	90,859	3,006	21,337	568,329	57,303	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	11,517	24,670	2,487	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,353,538	39,721	1,376,726	24,690,116	2,489,463	90.00
91.00	09100	EMERGENCY	181,719	174,623	709,419	6,201,781	625,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	165,199	7,321	28,911	1,623,818	163,725	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,037,480	1,397,977	10,046,386	119,512,068	10,938,080	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	16,652	1,679	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	93	8,215	882,663	88,996	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,037,480	1,398,070	10,054,601	120,411,383	11,028,755	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCAHSING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00592	OTHER ADMIN & GENERAL					5.05
7.00	00700	OPERATION OF PLANT	6,189,015				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,342	419,142			8.00
9.00	00900	HOUSEKEEPING	95,664	0	1,537,669		9.00
10.00	01000	DIETARY	132,825	0	8,238	1,002,083	10.00
11.00	01100	CAFETERIA	68,215	0	10,983	0	11.00
13.00	01300	NURSING ADMINISTRATION	63,040	0	6,865	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,253	13,811	13,729	0	14.00
15.00	01500	PHARMACY	62,942	0	17,848	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,036	0	30,891	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	8,924	0	17.00
17.01	01701	UTILIZATION REVIEW	3,410	0	686	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,059,977	126,143	320,576	467,129	30.00
31.00	03100	INTENSIVE CARE UNIT	108,860	22,773	39,815	68,300	31.00
40.00	04000	SUBPROVIDER - IPF	153,037	15,510	30,204	152,658	40.00
43.00	04300	NURSERY	10,204	6,339	8,238	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	666,162	70,079	274,584	32,151	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,563	3,700	18,534	0	52.00
53.00	05300	ANESTHESIOLOGY	2,085	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,936	24,477	53,544	0	54.00
54.01	05401	ULTRASOUND	6,966	7,553	2,746	0	54.01
57.00	05700	CT SCAN	13,908	12,773	16,475	0	57.00
58.00	05800	MRI	12,166	1,775	4,805	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	123,381	7,041	8,924	0	59.00
60.00	06000	LABORATORY	136,529	0	46,679	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,907	0	67,273	0	65.00
66.00	06600	PHYSICAL THERAPY	218,554	15,412	57,663	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,534	0	67.00
68.00	06800	SPEECH PATHOLOGY	42,926	0	8,924	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,230	0	10,297	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,527	0	23,340	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	69,957	0	13,729	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,288,494	0	209,370	0	90.00
91.00	09100	EMERGENCY	344,119	91,756	181,225	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	89,899	0	13,729	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,159,114	419,142	1,527,372	720,238	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	29,901	0	10,297	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	281,845	194.00
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)	6,189,015	419,142	1,537,669	1,002,083	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	1,860,999					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	342,390				14.00
15.00	01500	PHARMACY	0	0	2,527,940			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,786,019		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	127,698	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	265,095	0	39	458,917	84,577	30.00
31.00	03100	INTENSIVE CARE UNIT	82,742	0	5	211,377	9,514	31.00
40.00	04000	SUBPROVIDER - IPF	95,132	0	1	164,477	28,717	40.00
43.00	04300	NURSERY	25,888	0	0	24,214	4,890	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	161,018	0	673	175,484	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,475	0	0	29,912	0	52.00
53.00	05300	ANESTHESIOLOGY	380	0	0	33,355	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,662	27,336	0	54.00
54.01	05401	ULTRASOUND	0	0	0	16,554	0	54.01
57.00	05700	CT SCAN	0	0	0	130,043	0	57.00
58.00	05800	MRI	0	0	0	11,220	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,791	0	39	123,627	0	59.00
60.00	06000	LABORATORY	0	0	12	286,067	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	55,369	0	5,187	109,290	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,598	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,610	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1	2,980	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,585	0	0	69,142	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,488	0	0	172	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	238,915	0	200,186	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,475	0	39,439	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,899,285	481,143	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,510	0	0	19,637	0	76.00
76.97	07697	CARDIAC REHABILITATION	35,724	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	826,030	0	615,035	561	0	90.00
91.00	09100	EMERGENCY	162,013	0	5,001	135,678	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	51,759	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,860,999	342,390	2,527,940	2,786,019	127,698	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,860,999	342,390	2,527,940	2,786,019	127,698	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A			
			17.01	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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
17.01	01701	UTILIZATION REVIEW	490,062					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	564,647				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		1,079,192			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	324,575	482,474	922,138	13,151,158	-1,404,612	30.00
31.00	03100	INTENSIVE CARE UNIT	36,513	54,276	103,736	3,535,347	-158,012	31.00
40.00	04000	SUBPROVIDER - IPF	110,207	0	0	3,618,633	0	40.00
43.00	04300	NURSERY	18,767	27,897	53,318	972,376	-81,215	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,544,775	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	313,898	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	510,861	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,396,126	0	54.00
54.01	05401	ULTRASOUND	0	0	0	1,006,904	0	54.01
57.00	05700	CT SCAN	0	0	0	1,363,829	0	57.00
58.00	05800	MRI	0	0	0	764,827	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,525,067	0	59.00
60.00	06000	LABORATORY	0	0	0	8,735,026	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,274,160	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,246,964	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	600,442	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	637,858	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,186,315	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	683,283	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,151,699	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,491,390	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,191,908	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	770,448	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	89,457	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	31,456,961	0	90.00
91.00	09100	EMERGENCY	0	0	0	7,891,149	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,988,489	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	490,062	564,647	1,079,192	119,099,350	-1,643,839	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	58,529	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	971,659	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	281,845	0	194.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	490,062	564,647	1,079,192	120,411,383	-1,643,839	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00590	DATA PROCESSING	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
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
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	58,349	490	58,839	4.00
5.01	00540	NONPATIENT TELEPHONES	0	28,204	0	28,204	5.01
5.02	00590	DATA PROCESSING	0	117,385	135,829	253,214	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	33,164	157,200	934	191,298	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	76,975	2,142	79,117	5.04
5.05	00592	OTHER ADMIN & GENERAL	1,200	129,591	16,959	147,750	5.05
7.00	00700	OPERATION OF PLANT	175,411	1,916,919	84,047	2,176,377	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,338	0	2,338	8.00
9.00	00900	HOUSEKEEPING	0	51,519	0	51,519	9.00
10.00	01000	DIETARY	0	71,533	9,546	81,079	10.00
11.00	01100	CAFETERIA	0	36,737	24,731	61,468	11.00
13.00	01300	NURSING ADMINISTRATION	0	33,950	3,641	37,591	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	141	28,679	0	28,820	14.00
15.00	01500	PHARMACY	75,575	33,897	42,410	151,882	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,255	3,163	34,418	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	1,836	0	1,836	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,263	570,848	74,263	647,374	30.00
31.00	03100	INTENSIVE CARE UNIT	0	58,626	23,603	82,229	31.00
40.00	04000	SUBPROVIDER - IPF	0	82,418	3,879	86,297	40.00
43.00	04300	NURSERY	0	5,495	6,871	12,366	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,261	358,760	180,396	565,417	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,460	2,363	18,823	52.00
53.00	05300	ANESTHESIOLOGY	0	1,123	11,050	12,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	93,673	65,289	158,962	54.00
54.01	05401	ULTRASOUND	80,947	3,752	1,900	86,599	54.01
57.00	05700	CT SCAN	128,317	7,490	28,964	164,771	57.00
58.00	05800	MRI	0	6,552	644	7,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	-15,603	66,447	295,628	346,472	59.00
60.00	06000	LABORATORY	13	73,527	104,155	177,695	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,304	16,645	14,314	60,263	65.00
66.00	06600	PHYSICAL THERAPY	21,772	117,702	13,156	152,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	23,118	6,118	29,236	68.00
69.00	06900	ELECTROCARDIOLOGY	-431	3,355	0	2,924	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53	15,363	3,840	19,256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	37,675	177	37,852	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	804,557	1,232,462	131,033	2,168,052	90.00
91.00	09100	EMERGENCY	0	185,324	33,566	218,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	266	48,415	0	48,681	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,363,210	5,801,597	1,325,101	8,489,908	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,103	0	16,103	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,363,210	5,817,700	1,325,101	8,506,011	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	28,493					5.01
5.02	00590	DATA PROCESSING	1,043	255,240				5.02
5.03	00591	PURCHASING RECEIVING AND STORES	377	5,093	197,078			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,159	6,591	703	89,924		5.04
5.05	00592	OTHER ADMIN & GENERAL	1,275	25,764	1,509	0	180,827	5.05
7.00	00700	OPERATION OF PLANT	1,188	2,696	54	0	9,293	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	623	8.00
9.00	00900	HOUSEKEEPING	87	0	412	0	2,165	9.00
10.00	01000	DIETARY	522	2,397	100	0	1,293	10.00
11.00	01100	CAFETERIA	0	0	259	0	2,139	11.00
13.00	01300	NURSING ADMINISTRATION	1,333	2,097	2	0	2,598	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,498	20,718	0	393	14.00
15.00	01500	PHARMACY	290	4,494	8,260	0	3,606	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	435	6,591	2	0	4,004	16.00
17.00	01700	SOCIAL SERVICE	29	0	0	0	178	17.00
17.01	01701	UTILIZATION REVIEW	145	1,498	0	0	730	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	848	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	1,498	0	0	1,621	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,000	11,983	26,447	4,679	12,728	30.00
31.00	03100	INTENSIVE CARE UNIT	406	2,696	11,173	1,775	4,132	31.00
40.00	04000	SUBPROVIDER - IPF	580	2,397	467	1,381	4,216	40.00
43.00	04300	NURSERY	58	0	1,608	203	1,179	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,478	7,789	59,661	10,420	10,542	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58	0	57	257	339	52.00
53.00	05300	ANESTHESIOLOGY	0	0	612	1,717	713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	812	5,392	5,600	3,024	6,064	54.00
54.01	05401	ULTRASOUND	0	0	264	1,983	1,433	54.01
57.00	05700	CT SCAN	0	599	1,230	5,113	1,776	57.00
58.00	05800	MRI	0	899	146	1,733	1,086	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,295	12,395	4,045	3,291	59.00
60.00	06000	LABORATORY	841	8,089	7,374	10,453	12,258	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	348	1,797	4,068	1,674	2,978	65.00
66.00	06600	PHYSICAL THERAPY	812	7,489	1,914	2,733	4,297	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	397	837	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,696	11	212	858	68.00
69.00	06900	ELECTROCARDIOLOGY	116	899	294	1,914	1,640	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,498	54	560	901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	4,607	11,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,128	5,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,628	7,225	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,295	424	191	939	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	103	41	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,767	121,627	5,599	12,318	40,831	90.00
91.00	09100	EMERGENCY	957	6,591	24,616	6,344	10,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	348	5,992	1,032	259	2,684	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,464	255,240	197,065	89,851	179,340	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	29	0	0	0	28	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13	73	1,459	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	28,493	255,240	197,078	89,924	180,827	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT	2,190,271					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,536	4,630				8.00
9.00	00900	HOUSEKEEPING	33,855	0	88,409			9.00
10.00	01000	DIETARY	47,006	0	474	133,148		10.00
11.00	01100	CAFETERIA	24,141	0	631	0	89,356	11.00
13.00	01300	NURSING ADMINISTRATION	22,310	0	395	0	3,610	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,846	153	789	0	0	14.00
15.00	01500	PHARMACY	22,275	0	1,026	0	2,708	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,539	0	1,776	0	1,805	16.00
17.00	01700	SOCIAL SERVICE	0	0	513	0	0	17.00
17.01	01701	UTILIZATION REVIEW	1,207	0	39	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	375,122	1,393	18,432	62,068	9,703	30.00
31.00	03100	INTENSIVE CARE UNIT	38,525	252	2,289	9,075	2,708	31.00
40.00	04000	SUBPROVIDER - IPF	54,159	171	1,737	20,284	3,610	40.00
43.00	04300	NURSERY	3,611	70	474	0	451	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	235,752	774	15,787	4,272	8,575	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,816	41	1,066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	738	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,555	270	3,079	0	4,513	54.00
54.01	05401	ULTRASOUND	2,465	83	158	0	1,128	54.01
57.00	05700	CT SCAN	4,922	141	947	0	451	57.00
58.00	05800	MRI	4,306	20	276	0	677	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,664	78	513	0	1,580	59.00
60.00	06000	LABORATORY	48,317	0	2,684	0	6,092	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,938	0	3,868	0	1,354	65.00
66.00	06600	PHYSICAL THERAPY	77,346	170	3,315	0	4,062	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,066	0	903	67.00
68.00	06800	SPEECH PATHOLOGY	15,191	0	513	0	677	68.00
69.00	06900	ELECTROCARDIOLOGY	2,205	0	592	0	226	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,096	0	1,342	0	451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,758	0	789	0	1,128	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,580	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	809,890	0	12,038	0	20,081	90.00
91.00	09100	EMERGENCY	121,783	1,014	10,420	0	8,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	31,815	0	789	0	2,708	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,179,689	4,630	87,817	95,699	89,356	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	10,582	0	592	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	37,449	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,190,271	4,630	88,409	133,148	89,356	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	70,770					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	71,217				14.00
15.00	01500	PHARMACY	0	0	195,360			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	69,952		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	791	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,081	0	3	11,516	524	30.00
31.00	03100	INTENSIVE CARE UNIT	3,147	0	0	5,304	59	31.00
40.00	04000	SUBPROVIDER - IPF	3,618	0	0	4,128	178	40.00
43.00	04300	NURSERY	984	0	0	608	30	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,123	0	52	4,404	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	208	0	0	751	0	52.00
53.00	05300	ANESTHESIOLOGY	14	0	0	837	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	206	686	0	54.00
54.01	05401	ULTRASOUND	0	0	0	415	0	54.01
57.00	05700	CT SCAN	0	0	0	3,263	0	57.00
58.00	05800	MRI	0	0	0	282	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,665	0	3	3,102	0	59.00
60.00	06000	LABORATORY	0	0	1	7,179	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,106	0	401	2,743	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	642	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	241	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	75	0	68.00
69.00	06900	ELECTROCARDIOLOGY	174	0	0	1,735	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	893	0	0	4	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	49,695	0	5,024	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,522	0	990	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	146,778	12,111	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	856	0	0	493	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,359	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	31,413	0	47,530	14	0	90.00
91.00	09100	EMERGENCY	6,161	0	386	3,405	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,968	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,770	71,217	195,360	69,952	791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	70,770	71,217	195,360	69,952	791	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A			
			17.01	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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
17.01	01701	UTILIZATION REVIEW	5,719					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	1,142				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		3,567			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,788			1,200,828	0	30.00
31.00	03100	INTENSIVE CARE UNIT	426			165,033	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,286			185,617	0	40.00
43.00	04300	NURSERY	219			22,262	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0			932,975	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			32,502	0	52.00
53.00	05300	ANESTHESIOLOGY	0			16,811	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			251,387	0	54.00
54.01	05401	ULTRASOUND	0			94,852	0	54.01
57.00	05700	CT SCAN	0			183,374	0	57.00
58.00	05800	MRI	0			16,790	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			420,522	0	59.00
60.00	06000	LABORATORY	0			283,067	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0			93,299	0	65.00
66.00	06600	PHYSICAL THERAPY	0			256,675	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			3,746	0	67.00
68.00	06800	SPEECH PATHOLOGY	0			49,726	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0			12,999	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			35,324	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0			70,907	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			29,668	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			175,742	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0			70,996	0	76.00
76.97	07697	CARDIAC REHABILITATION	0			3,088	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0			3,304,686	0	90.00
91.00	09100	EMERGENCY	0			424,528	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0			97,025	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,719	0	0	8,434,429	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0			27,334	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			2,090	0	192.00
194.00	07950	MEALS ON WHEELS	0			37,449	0	194.00
200.00		Cross Foot Adjustments		1,142	3,567	4,709	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,719	1,142	3,567	8,506,011	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00590	DATA PROCESSING	5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
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
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	440,398				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,284,603			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,417	475	66,680,446		4.00
5.01	00540	NONPATIENT TELEPHONES	2,135	0	327,587	983	5.01
5.02	00590	DATA PROCESSING	8,886	131,678	1,114,819	36	852 5.02
5.03	00591	PURCHASING RECEIVING AND STORES	11,900	905	351,431	13	17 5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,827	2,077	2,668,543	40	22 5.04
5.05	00592	OTHER ADMIN & GENERAL	9,810	16,441	5,135,210	44	86 5.05
7.00	00700	OPERATION OF PLANT	145,110	81,478	751,841	41	9 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177	0	150,906	0	0 8.00
9.00	00900	HOUSEKEEPING	3,900	0	420,516	3	0 9.00
10.00	01000	DIETARY	5,415	9,254	314,402	18	8 10.00
11.00	01100	CAFETERIA	2,781	23,975	814,520	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	2,570	3,530	945,879	46	7 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,171	0	0	0	5 14.00
15.00	01500	PHARMACY	2,566	41,114	928,259	10	15 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,366	3,066	433,086	15	22 16.00
17.00	01700	SOCIAL SERVICE	0	0	80,544	1	0 17.00
17.01	01701	UTILIZATION REVIEW	139	0	299,019	5	5 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	333,684	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	508,491	0	5 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,213	71,993	3,387,153	69	40 30.00
31.00	03100	INTENSIVE CARE UNIT	4,438	22,882	949,431	14	9 31.00
40.00	04000	SUBPROVIDER - IPF	6,239	3,760	1,256,326	20	8 40.00
43.00	04300	NURSERY	416	6,661	454,985	2	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,158	174,883	2,187,125	51	26 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,246	2,291	97,236	2	0 52.00
53.00	05300	ANESTHESIOLOGY	85	10,712	8,086	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,091	63,294	1,387,412	28	18 54.00
54.01	05401	ULTRASOUND	284	1,842	367,747	0	0 54.01
57.00	05700	CT SCAN	567	28,079	182,366	0	2 57.00
58.00	05800	MRI	496	624	191,531	0	3 58.00
59.00	05900	CARDIAC CATHETERIZATION	5,030	286,592	475,205	0	11 59.00
60.00	06000	LABORATORY	5,566	100,972	2,363,135	29	27 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	1,260	13,877	863,286	12	6 65.00
66.00	06600	PHYSICAL THERAPY	8,910	12,754	1,434,520	28	25 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	342,655	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	1,750	5,931	291,886	0	9 68.00
69.00	06900	ELECTROCARDIOLOGY	254	0	317,281	4	3 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,163	3,723	304,468	0	5 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	172	307,627	0	11 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	5,803	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	93,297	127,028	26,637,693	406	406 90.00
91.00	09100	EMERGENCY	14,029	32,540	5,820,921	33	22 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,665	0	849,614	12	20 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	439,179	1,284,603	66,062,229	982	852 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,219	0	0	1	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	618,217	0	0 192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0 194.00
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)	5,817,700	1,325,101	17,087,572	539,937	7,037,480 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.210096	1.031526	0.256261	549.274669	8,259.953052 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			58,839	28,493	255,240 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000882	28.985758	299.577465	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: 14-0012

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

Worksheet B-1

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCHASING RECEIVING AND STORES	2,210,848				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,888	483,426,298			5.04
5.05	00592	OTHER ADMIN & GENERAL	16,931	0	-11,028,755	109,382,628	5.05
7.00	00700	OPERATION OF PLANT	610	0	0	5,622,150	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	376,808	8.00
9.00	00900	HOUSEKEEPING	4,624	0	0	1,309,929	9.00
10.00	01000	DIETARY	1,120	0	0	782,157	10.00
11.00	01100	CAFETERIA	2,903	0	0	1,293,789	11.00
13.00	01300	NURSING ADMINISTRATION	22	0	0	1,571,863	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	232,414	0	0	237,637	14.00
15.00	01500	PHARMACY	92,667	0	0	2,181,624	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20	0	0	2,422,470	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	107,895	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	441,455	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	512,930	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	980,347	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	296,683	25,153,812	0	7,699,907	30.00
31.00	03100	INTENSIVE CARE UNIT	125,340	9,540,374	0	2,499,827	31.00
40.00	04000	SUBPROVIDER - IPF	5,243	7,423,603	0	2,550,760	40.00
43.00	04300	NURSERY	18,041	1,092,903	0	713,126	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	669,267	56,023,567	0	6,377,346	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	643	1,379,289	0	205,040	52.00
53.00	05300	ANESTHESIOLOGY	6,868	9,230,519	0	431,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,825	16,256,545	0	3,668,369	54.00
54.01	05401	ULTRASOUND	2,957	10,661,769	0	866,714	54.01
57.00	05700	CT SCAN	13,798	27,491,035	0	1,074,680	57.00
58.00	05800	MRI	1,642	9,314,696	0	657,207	58.00
59.00	05900	CARDIAC CATHETERIZATION	139,046	21,746,990	0	1,990,947	59.00
60.00	06000	LABORATORY	82,726	56,197,945	0	7,415,545	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	45,631	8,999,741	0	1,801,695	65.00
66.00	06600	PHYSICAL THERAPY	21,471	14,693,717	0	2,599,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,132,881	0	506,085	67.00
68.00	06800	SPEECH PATHOLOGY	129	1,141,950	0	519,280	68.00
69.00	06900	ELECTROCARDIOLOGY	3,298	10,287,901	0	992,221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	608	3,010,213	0	545,193	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	24,770,305	0	7,006,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,441,197	0	3,041,782	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,761,717	0	4,370,787	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,754	1,025,862	0	568,329	76.00
76.97	07697	CARDIAC REHABILITATION	0	553,705	0	24,670	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	62,813	66,200,782	0	24,690,116	90.00
91.00	09100	EMERGENCY	276,142	34,108,301	0	6,201,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	11,577	1,390,015	0	1,623,818	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,210,701	483,031,334	-11,028,755	108,483,313	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	16,652	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	147	394,964	0	882,663	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	194.00
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)	1,398,070	10,054,601		11,028,755	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.632368	0.020799		0.100827	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	197,078	89,924		180,827	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.089141	0.000186		0.001653	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

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

Worksheet B-1

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
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: 14-0012

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

Worksheet B-1

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	442,649					8.00
9.00	00900	HOUSEKEEPING	0	2,240				9.00
10.00	01000	DIETARY	0	12	56,912			10.00
11.00	01100	CAFETERIA	0	16	0	396		11.00
13.00	01300	NURSING ADMINISTRATION	0	10	0	16	783,430	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,586	20	0	0	0	14.00
15.00	01500	PHARMACY	0	26	0	12	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	45	0	8	0	16.00
17.00	01700	SOCIAL SERVICE	0	13	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	1	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,218	467	26,530	43	111,598	30.00
31.00	03100	INTENSIVE CARE UNIT	24,050	58	3,879	12	34,832	31.00
40.00	04000	SUBPROVIDER - IPF	16,380	44	8,670	16	40,048	40.00
43.00	04300	NURSERY	6,694	12	0	2	10,898	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,009	400	1,826	38	67,784	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,907	27	0	0	2,305	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,850	78	0	20	0	54.00
54.01	05401	ULTRASOUND	7,977	4	0	5	0	54.01
57.00	05700	CT SCAN	13,489	24	0	2	0	57.00
58.00	05800	MRI	1,875	7	0	3	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,436	13	0	7	18,435	59.00
60.00	06000	LABORATORY	0	68	0	27	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	98	0	6	23,309	65.00
66.00	06600	PHYSICAL THERAPY	16,276	84	0	18	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27	0	4	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13	0	3	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15	0	1	1,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34	0	2	9,888	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20	0	5	9,476	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	7	15,039	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	305	0	89	347,736	90.00
91.00	09100	EMERGENCY	96,902	264	0	38	68,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20	0	12	21,789	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	442,649	2,225	40,905	396	783,430	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	15	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	16,007	0	0	194.00
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)	419,142	1,537,669	1,002,083	1,503,436	1,860,999	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.946895	686.459375	17.607587	3,796.555556	2.375450	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,630	88,409	133,148	89,356	70,770	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.010460	39.468304	2.339542	225.646465	0.090334	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

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

Worksheet B-1

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	8.00	9.00	10.00	11.00	13.00	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

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

Worksheet B-1

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQ UTILITIES)	PHARMACY (COSTED REQ UTILITIES)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	9,277,663					14.00
15.00	01500	PHARMACY	0	4,384,554				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	125,744,360			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	12,482		17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	12,482	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	68	20,712,985	8,267	8,267	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8	9,540,374	930	930	31.00
40.00	04000	SUBPROVIDER - IPF	0	1	7,423,603	2,807	2,807	40.00
43.00	04300	NURSERY	0	0	1,092,903	478	478	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,167	7,920,373	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,350,047	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,505,456	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,617	1,233,812	0	0	54.00
54.01	05401	ULTRASOUND	0	0	747,153	0	0	54.01
57.00	05700	CT SCAN	0	0	5,869,407	0	0	57.00
58.00	05800	MRI	0	0	506,410	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	67	5,579,836	0	0	59.00
60.00	06000	LABORATORY	0	21	12,911,508	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,996	4,932,731	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,155,372	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	433,721	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1	134,505	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,120,682	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,759	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,473,846	0	9,035,295	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,803,817	0	1,780,045	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,294,195	21,714,951	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	886,321	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,066,739	25,339	0	0	90.00
91.00	09100	EMERGENCY	0	8,674	6,123,772	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,277,663	4,384,554	125,744,360	12,482	12,482	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	342,390	2,527,940	2,786,019	127,698	490,062	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.036905	0.576556	0.022156	10.230572	39.261497	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	71,217	195,360	69,952	791	5,719	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007676	0.044556	0.000556	0.063371	0.458180	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

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

Worksheet B-1

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQ VISITIONS)	PHARMACY (COSTED REQ VISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	
		14.00	15.00	16.00	17.00	17.01	
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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet B-1
Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALAR	SERVICES-OTHER	
			Y & FRINGES A	PRGM COSTS A	
			(PATIENT DA	(PATIENT DA	
			YS)	YS)	
			21.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00590	DATA PROCESSING			5.02
5.03	00591	PURCAHSING RECEIVING AND STORES			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.05	00592	OTHER ADMIN & GENERAL			5.05
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
17.01	01701	UTILIZATION REVIEW			17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	9,675		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		9,675	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	8,267	8,267	30.00
31.00	03100	INTENSIVE CARE UNIT	930	930	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	478	478	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,675	9,675	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
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)	564,647	1,079,192	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	58.361447	111.544393	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,142	3,567	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

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

Worksheet B-1

Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES A (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS A (PATIENT DA YS)		
			21.00	22.00		
205.00		Unit cost multiplier (Wkst. B, Part II)	0.118036	0.368682		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: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 7/28/2022 9:28 am
					Title XVIII	Hospital	PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,746,546		11,746,546	0	11,746,546
31.00	03100	INTENSIVE CARE UNIT	3,377,335		3,377,335	0	3,377,335
40.00	04000	SUBPROVIDER - IPF	3,618,633		3,618,633	0	3,618,633
43.00	04300	NURSERY	891,161		891,161	0	891,161
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,544,775		8,544,775	0	8,544,775
52.00	05200	DELIVERY ROOM & LABOR ROOM	313,898		313,898	0	313,898
53.00	05300	ANESTHESIOLOGY	510,861		510,861	0	510,861
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,396,126		4,396,126	0	4,396,126
54.01	05401	ULTRASOUND	1,006,904		1,006,904	0	1,006,904
57.00	05700	CT SCAN	1,363,829		1,363,829	0	1,363,829
58.00	05800	MRI	764,827		764,827	0	764,827
59.00	05900	CARDIAC CATHETERIZATION	2,525,067		2,525,067	0	2,525,067
60.00	06000	LABORATORY	8,735,026		8,735,026	0	8,735,026
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	2,274,160	0	2,274,160	0	2,274,160
66.00	06600	PHYSICAL THERAPY	3,246,964	0	3,246,964	0	3,246,964
67.00	06700	OCCUPATIONAL THERAPY	600,442	0	600,442	0	600,442
68.00	06800	SPEECH PATHOLOGY	637,858	0	637,858	0	637,858
69.00	06900	ELECTROCARDIOLOGY	1,186,315		1,186,315	0	1,186,315
70.00	07000	ELECTROENCEPHALOGRAPHY	683,283		683,283	0	683,283
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,151,699		8,151,699	0	8,151,699
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,491,390		3,491,390	0	3,491,390
73.00	07300	DRUGS CHARGED TO PATIENTS	7,191,908		7,191,908	0	7,191,908
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	770,448		770,448	0	770,448
76.97	07697	CARDIAC REHABILITATION	89,457		89,457	0	89,457
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	31,456,961		31,456,961	24,433	31,481,394
91.00	09100	EMERGENCY	7,891,149		7,891,149	1,828	7,892,977
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,132,707		2,132,707		2,132,707
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,988,489		1,988,489		1,988,489
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	119,588,218	0	119,588,218	26,261	119,614,479
201.00		Less Observation Beds	2,132,707		2,132,707		2,132,707
202.00		Total (see instructions)	117,455,511	0	117,455,511	26,261	117,481,772

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/28/2022 9:28 am

			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	20,138,274		20,138,274			30.00
31.00	03100	INTENSIVE CARE UNIT	9,540,374		9,540,374			31.00
40.00	04000	SUBPROVIDER - IPF	7,423,603		7,423,603			40.00
43.00	04300	NURSERY	1,092,903		1,092,903			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,920,373	48,103,194	56,023,567	0.152521	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,350,047	29,242	1,379,289	0.227580	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,505,456	7,725,063	9,230,519	0.055345	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,233,812	15,022,733	16,256,545	0.270422	0.000000	54.00
54.01	05401	ULTRASOUND	747,153	9,914,616	10,661,769	0.094441	0.000000	54.01
57.00	05700	CT SCAN	5,869,407	21,621,628	27,491,035	0.049610	0.000000	57.00
58.00	05800	MRI	506,410	8,808,286	9,314,696	0.082110	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,579,836	16,167,154	21,746,990	0.116111	0.000000	59.00
60.00	06000	LABORATORY	12,911,508	43,286,437	56,197,945	0.155433	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,932,731	4,067,010	8,999,741	0.252692	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,155,372	13,538,345	14,693,717	0.220976	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	433,721	1,699,160	2,132,881	0.281517	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	134,505	1,007,445	1,141,950	0.558569	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,120,682	7,167,219	10,287,901	0.115312	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,759	3,002,454	3,010,213	0.226988	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	9,035,295	15,735,010	24,770,305	0.329092	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,780,045	9,661,152	11,441,197	0.305160	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,714,951	30,046,766	51,761,717	0.138943	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	886,321	139,541	1,025,862	0.751025	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	553,705	553,705	0.161561	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	25,339	39,695,130	39,720,469	0.791958	0.000000	90.00
91.00	09100	EMERGENCY	6,123,772	27,984,529	34,108,301	0.231356	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	574,711	4,440,827	5,015,538	0.425220	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,390,015	1,390,015			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	125,744,360	330,806,661	456,551,021			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	125,744,360	330,806,661	456,551,021			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 7/28/2022 9:28 am
			Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio			
		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	0.152521		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.227580		52.00
53.00	05300	ANESTHESIOLOGY	0.055345		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.270422		54.00
54.01	05401	ULTRASOUND	0.094441		54.01
57.00	05700	CT SCAN	0.049610		57.00
58.00	05800	MRI	0.082110		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.116111		59.00
60.00	06000	LABORATORY	0.155433		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.252692		65.00
66.00	06600	PHYSICAL THERAPY	0.220976		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.281517		67.00
68.00	06800	SPEECH PATHOLOGY	0.558569		68.00
69.00	06900	ELECTROCARDIOLOGY	0.115312		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226988		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.329092		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.305160		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138943		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.751025		76.00
76.97	07697	CARDIAC REHABILITATION	0.161561		76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.792574		90.00
91.00	09100	EMERGENCY	0.231409		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.425220		92.00
	OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
7/28/2022 9:28 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,200,828	0	1,200,828	9,881	121.53	30.00
31.00	INTENSIVE CARE UNIT	165,033		165,033	930	177.45	31.00
40.00	SUBPROVIDER - IPF	185,617	0	185,617	2,807	66.13	40.00
43.00	NURSERY	22,262		22,262	478	46.57	43.00
200.00	Total (lines 30 through 199)	1,573,740		1,573,740	14,096		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,127	380,024				
31.00	INTENSIVE CARE UNIT	658	116,762				
40.00	SUBPROVIDER - IPF	314	20,765				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,099	517,551				

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	9,881	0.00	3,127	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	930	0.00	658	31.00	
40.00	04000	SUBPROVIDER - IPF		0	0	2,807	0.00	314	40.00	
43.00	04300	NURSERY			0	478	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	14,096		4,099	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
40.00	04000	SUBPROVIDER - IPF		0						40.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/28/2022 9:28 am	
		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)			6,328,686	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,101,402	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)			195,954	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			36,827	2.04
3.00	Managed Care Simulated Payments			3,112,328	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			61.08	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)			6.00	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)			6.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			4.27	10.00
11.00	FTE count for residents in dental and podiatric programs.			4.00	11.00
12.00	Current year allowable FTE (see instructions)			8.27	12.00
13.00	Total allowable FTE count for the prior year.			8.16	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.			8.69	14.00
15.00	Sum of lines 12 through 14 divided by 3.			8.37	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			8.37	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.137033	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.131634	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.131634	21.00
22.00	IME payment adjustment (see instructions)			584,500	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			215,793	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)			-1.73	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)			584,500	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			215,793	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.10	31.00
32.00	Sum of lines 30 and 31			23.19	32.00
33.00	Allowable disproportionate share percentage (see instructions)			8.35	33.00
34.00	Disproportionate share adjustment (see instructions)			175,978	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/28/2022 9:28 am
		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)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.000114255	0.000070135
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		947,176	504,413
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		708,436	127,140
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		835,576	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		10,258,923	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		10,474,716	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		718,111	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).		169,337	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		169,215	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,531,379	59.00
60.00	Primary payer payments		22,016	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,509,363	61.00
62.00	Deductibles billed to program beneficiaries		1,033,360	62.00
63.00	Coinsurance billed to program beneficiaries		3,691	63.00
64.00	Allowable bad debts (see instructions)		85,124	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		55,331	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,408	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,527,643	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		21,008	70.93
70.94	HRR adjustment amount (see instructions)		-215	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/28/2022 9:28 am	
		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)			113,828	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			10,434,608	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			10,181,052	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)			253,556	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/28/2022 9:28 am

		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	6,328,686	6,328,686		6,328,686	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,101,402		2,101,402	2,101,402	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	195,954	195,954		195,954	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	36,827		36,827	36,827	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,112,328	2,071,376	1,040,952	3,112,328	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.131634	0.131634	0.131634		5.00
6.00	IME payment adjustment (see instructions)	22.00	584,500	438,799	145,701	584,500	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	215,793	143,619	72,174	215,793	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	584,500	438,799	145,701	584,500	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	215,793	143,619	72,174	215,793	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0835	0.0835	0.0835		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	175,978	132,111	43,867	175,978	11.00
11.01	Uncompensated care payments	36.00	835,576	708,436	127,140	835,576	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	10,258,923	7,803,986	2,454,937	10,258,923	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	10,474,716	7,947,605	2,527,111	10,474,716	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	718,111	543,764	174,347	718,111	16.00
17.00	Special add-on payments for new technologies	54.00	169,215	123,918	45,297	169,215	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			8,615,287	2,746,755	11,362,042	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/28/2022 9:28 am

		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	637,290	480,589	156,701	637,290	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	18,239	15,981	2,258	18,239	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	0.0982	0.0982	0.0982		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	62,582	47,194	15,388	62,582	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	718,111	543,764	174,347	718,111	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	21,008	21,008	0	21,008	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	-215	0	-215	-215	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		86,363	27,465	113,828	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/28/2022 9:28 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,920	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,023,583	2.00
3.00	OPPS payments		12,337,620	3.00
4.00	Outlier payment (see instructions)		140,180	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23,920	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		155,288	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)		155,288	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)		155,288	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		131,368	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)		23,920	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)		12,477,800	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)		2,496,115	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)		10,005,605	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		202,472	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)		10,208,077	30.00
31.00	Primary payer payments		1,202	31.00
32.00	Subtotal (line 30 minus line 31)		10,206,875	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)		106,063	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		68,941	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		5,746	36.00
37.00	Subtotal (see instructions)		10,275,816	37.00
38.00	MSP-LCC reconciliation amount from PS&R		219	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)		10,275,597	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		10,210,691	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)		64,906	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part B
Date/Time Prepared:
7/28/2022 9:28 am

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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
7/28/2022 9:28 am

		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		10,379,142		10,289,369	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	09/30/2021	198,090	09/30/2021	78,678	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)		-198,090		-78,678	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)		10,181,052		10,210,691	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		253,556		64,906	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,434,608		10,275,597	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0012

Period:

Worksheet E-1

Component CCN: 14-S012

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/28/2022 9:28 am

Title XVIII

Subprovider -
IPF

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		271,609		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		271,609		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		271,609		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 7/28/2022 9:28 am
		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012 Component CCN: 14-S012	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 7/28/2022 9:28 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			301,499 1.00
2.00	Net IPF PPS Outlier Payments			25,608 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.690411 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			327,107 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			327,107 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			327,107 18.00
19.00	Deductibles			54,756 19.00
20.00	Subtotal (line 18 minus line 19)			272,351 20.00
21.00	Coinsurance			742 21.00
22.00	Subtotal (line 20 minus line 21)			271,609 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			271,609 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			271,609 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			271,609 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			0 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			25,608 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/28/2022 9:28 am	
		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)			6.00	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)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.27	6.00
7.00	Enter the lesser of line 5 or line 6			4.27	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.	2.73	0.00	2.73	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.	2.73	0.00	2.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.25		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.25		10.01
11.00	Total weighted FTE count	2.73	3.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	3.66	3.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	3.72	4.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.37	3.58		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	3.37	3.58		17.00
18.00	Per resident amount	111,092.39	111,092.39		18.00
19.00	Approved amount for resident costs	374,381	397,711	772,092	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)			772,092	25.00
		Inpatient Part	Managed Care	Total	
		A			
		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)	4,099	1,753		26.00
27.00	Total Inpatient Days (see instructions)	12,004	12,004		27.00
28.00	Ratio of inpatient days to total inpatient days	0.341470	0.146035		28.00
29.00	Program direct GME amount	263,646	112,752	376,398	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		4,589	4,589	30.00
31.00	Net Program direct GME amount			371,809	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/28/2022 9:28 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			12,606,016	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)			22,016	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			12,584,000	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			15,047,503	42.00
43.00	Primary payer payments (see instructions)			1,202	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			15,046,301	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			27,630,301	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.455442	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.544558	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			371,809	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			169,337	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			202,472	50.00

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

Provider CCN: 14-0012

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

Worksheet G

Date/Time Prepared:
7/28/2022 9:28 am

		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	19,357,576	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	21,276,585	0	0	0	4.00
5.00	Other receivable	2,796,135	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,905,297	0	0	0	7.00
8.00	Prepaid expenses	1,647,567	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,983,160	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,289,039	0	0	0	12.00
13.00	Land improvements	5,620,755	0	0	0	13.00
14.00	Accumulated depreciation	-4,323,412	0	0	0	14.00
15.00	Buildings	57,286,020	0	0	0	15.00
16.00	Accumulated depreciation	-35,652,406	0	0	0	16.00
17.00	Leasehold improvements	19,000	0	0	0	17.00
18.00	Accumulated depreciation	-19,000	0	0	0	18.00
19.00	Fixed equipment	48,663,275	0	0	0	19.00
20.00	Accumulated depreciation	-30,325,152	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	42,623,514	0	0	0	23.00
24.00	Accumulated depreciation	-37,567,553	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,086,475	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	49,700,555	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	34,343,500	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	1,160,407	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	35,503,907	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	132,187,622	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,098,747	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,529,477	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,093,861	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	6,287,141	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,545,937	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,555,163	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	3,918,763	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	23,515,099	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,433,862	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	76,989,025	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	55,198,597				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)	55,198,597	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	132,187,622	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0012

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

Worksheet G-1

Date/Time Prepared:
7/28/2022 9:28 am

		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		58,900,108		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-3,701,511				2.00
3.00	Total (sum of line 1 and line 2)		55,198,597		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		55,198,597		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)		55,198,597		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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: 14-0012

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
7/28/2022 9:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	21,231,177		21,231,177	1.00
2.00	SUBPROVIDER - IPF	7,423,603		7,423,603	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)	28,654,780		28,654,780	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,540,374		9,540,374	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)	9,540,374		9,540,374	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,195,154		38,195,154	17.00
18.00	Ancillary services	80,802,956	257,217,662	338,020,618	18.00
19.00	Outpatient services	6,746,250	72,158,614	78,904,864	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		1,390,015	1,390,015	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	47,452,267	47,452,267	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	125,744,360	378,218,558	503,962,918	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		153,031,741		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		153,031,741		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0012

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

Worksheet G-3

Date/Time Prepared:
7/28/2022 9:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	503,962,918	1.00
2.00	Less contractual allowances and discounts on patients' accounts	364,975,670	2.00
3.00	Net patient revenues (line 1 minus line 2)	138,987,248	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	153,031,741	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-14,044,493	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	891,846	6.00
7.00	Income from investments	1,726,660	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	398,327	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	446,672	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	484,029	24.00
24.01	CORPORATE HEALTH SERVICES INCOME	496,531	24.01
24.50	COVID-19 PHE Funding	6,563,387	24.50
25.00	Total other income (sum of lines 6-24)	11,007,452	25.00
26.00	Total (line 5 plus line 25)	-3,037,041	26.00
27.00	GAIN/LOSS FROM JOINT VENTURES	488,372	27.00
27.01	CERNER UNALIGNED INCOME	22,896	27.01
27.02	GAIN/LOSS ON DISPOSAL OF ASSETS	153,202	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	664,470	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,701,511	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0012

Period:

Worksheet H

HHA CCN: 14-7131

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

7/28/2022 9:28 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	260,303	18,649	0	65,953	130,134	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	386,729	27,708	16,686	0	431,123	6.00
7.00	Physical Therapy	0	0	20,177	0	20,177	7.00
8.00	Occupational Therapy	0	0	2,722	0	2,722	8.00
9.00	Speech Pathology	0	0	283	0	283	9.00
10.00	Medical Social Services	187,440	13,430	44	0	200,914	10.00
11.00	Home Health Aide	15,142	1,085	3,179	0	19,406	11.00
12.00	Supplies (see instructions)	0	0	0	0	15,081	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	849,614	60,872	43,091	65,953	145,215	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	475,039	-6	475,033		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	431,123	0	431,123		6.00
7.00	Physical Therapy	0	20,177	0	20,177		7.00
8.00	Occupational Therapy	0	2,722	0	2,722		8.00
9.00	Speech Pathology	0	283	0	283		9.00
10.00	Medical Social Services	0	200,914	0	200,914		10.00
11.00	Home Health Aide	0	19,406	0	19,406		11.00
12.00	Supplies (see instructions)	-15,081	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-15,081	1,149,664	-6	1,149,658		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/28/2022 9:28 amHome Health
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PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	475,033	0	0	0	0	475,033	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	431,123	0	0	0	0	431,123	6.00
7.00	Physical Therapy	20,177	0	0	0	0	20,177	7.00
8.00	Occupational Therapy	2,722	0	0	0	0	2,722	8.00
9.00	Speech Pathology	283	0	0	0	0	283	9.00
10.00	Medical Social Services	200,914	0	0	0	0	200,914	10.00
11.00	Home Health Aide	19,406	0	0	0	0	19,406	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,149,658	0	0	0	0	1,149,658	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	475,033						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	303,572	734,695					6.00
7.00	Physical Therapy	14,208	34,385					7.00
8.00	Occupational Therapy	1,917	4,639					8.00
9.00	Speech Pathology	199	482					9.00
10.00	Medical Social Services	141,472	342,386					10.00
11.00	Home Health Aide	13,665	33,071					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,149,658					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2021

Part II

To 12/31/2021

Date/Time Prepared:

7/28/2022 9:28 am

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	100			4.00	
5.00	Administrative and General	0	0	0	100	-475,033	674,625	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	431,123	6.00	
7.00	Physical Therapy	0	0	0	0	0	20,177	7.00	
8.00	Occupational Therapy	0	0	0	0	0	2,722	8.00	
9.00	Speech Pathology	0	0	0	0	0	283	9.00	
10.00	Medical Social Services	0	0	0	0	0	200,914	10.00	
11.00	Home Health Aide	0	0	0	0	0	19,406	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	100	-475,033	674,625	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		475,033	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.704144	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/28/2022 9:28 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	19,353	0	66,706	2,746	66,080	1.00
2.00	Skilled Nursing Care	734,695	24,214	0	99,103	3,296	82,599	2.00
3.00	Physical Therapy	34,385	0	0	0	0	0	3.00
4.00	Occupational Therapy	4,639	0	0	0	0	0	4.00
5.00	Speech Pathology	482	0	0	0	0	0	5.00
6.00	Medical Social Services	342,386	0	0	48,034	0	0	6.00
7.00	Home Health Aide	33,071	4,848	0	3,880	549	16,520	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,149,658	48,415	0	217,723	6,591	165,199	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCAHSING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	5.04	5A.04	5.05	7.00	8.00	
1.00	Administrative and General	7,321	28,911	191,117	19,270	35,935	0	1.00
2.00	Skilled Nursing Care	0	0	943,907	95,171	44,962	0	2.00
3.00	Physical Therapy	0	0	34,385	3,467	0	0	3.00
4.00	Occupational Therapy	0	0	4,639	468	0	0	4.00
5.00	Speech Pathology	0	0	482	49	0	0	5.00
6.00	Medical Social Services	0	0	390,420	39,365	0	0	6.00
7.00	Home Health Aide	0	0	58,868	5,935	9,002	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,321	28,911	1,623,818	163,725	89,899	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

7/28/2022 9:28 am

Home Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	5,492	0	22,780	51,759	0	0	1.00
2.00	Skilled Nursing Care	6,864	0	22,779	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	1,373	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	13,729	0	45,559	51,759	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A	Subtotal	
		16.00	17.00	17.01	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	326,353	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,113,683	2.00
3.00	Physical Therapy	0	0	0	0	0	37,852	3.00
4.00	Occupational Therapy	0	0	0	0	0	5,107	4.00
5.00	Speech Pathology	0	0	0	0	0	531	5.00
6.00	Medical Social Services	0	0	0	0	0	429,785	6.00
7.00	Home Health Aide	0	0	0	0	0	75,178	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	1,988,489	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/28/2022 9:28 amHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	326,353				1.00
2.00	Skilled Nursing Care	0	1,113,683	218,666	1,332,349		2.00
3.00	Physical Therapy	0	37,852	7,432	45,284		3.00
4.00	Occupational Therapy	0	5,107	1,003	6,110		4.00
5.00	Speech Pathology	0	531	104	635		5.00
6.00	Medical Social Services	0	429,785	84,387	514,172		6.00
7.00	Home Health Aide	0	75,178	14,761	89,939		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	1,988,489	326,353	1,988,489		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.196346			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0012
HHA CCN: 14-7131Period:
From 01/01/2021
To 12/31/2021Worksheet H-2
Part II
Date/Time Prepared:
7/28/2022 9:28 am

						Home Health Agency I	1/28/2022 9:28 am PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
				1.00	2.00	4.00		5.01
1.00	Administrative and General	1,465	0	260,303	5	8	11,577	1.00
2.00	Skilled Nursing Care	1,833	0	386,729	6	10	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	187,440	0	0	0	6.00
7.00	Home Health Aide	367	0	15,142	1	2	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,665	0	849,614	12	20	11,577	20.00
21.00	Total cost to be allocated	48,415	0	217,723	6,591	165,199	7,321	21.00
22.00	Unit cost multiplier	13.210095	0.000000	0.256261	549.250000	8,259.950000	0.632375	22.00
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.04	5A.05	5.05	7.00	8.00	9.00	
1.00	Administrative and General	1,390,015	0	191,117	1,465	0	8	1.00
2.00	Skilled Nursing Care	0	0	943,907	1,833	0	10	2.00
3.00	Physical Therapy	0	0	34,385	0	0	0	3.00
4.00	Occupational Therapy	0	0	4,639	0	0	0	4.00
5.00	Speech Pathology	0	0	482	0	0	0	5.00
6.00	Medical Social Services	0	0	390,420	0	0	0	6.00
7.00	Home Health Aide	0	0	58,868	367	0	2	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,390,015		1,623,818	3,665	0	20	20.00
21.00	Total cost to be allocated	28,911		163,725	89,899	0	13,729	21.00
22.00	Unit cost multiplier	0.020799		0.100827	24.529059	0.000000	686.450000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
7/28/2022 9:28 am

					Home Health Agency I		PPS	
Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIONS)	PHARMACY (COSTED REQ UISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	6	21,789	0	0	0	1.00
2.00	Skilled Nursing Care	0	6	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	12	21,789	0	0	0	20.00
21.00	Total cost to be allocated	0	45,559	51,759	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	3,796.583333	2.375465	0.000000	0.000000	0.000000	22.00
Cost Center Description		SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES A (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS A (PATIENT DA YS)			
		17.00	17.01	21.00	22.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/28/2022 9:28 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,332,349		1,332,349	2,299	579.53	1.00
2.00	Physical Therapy	3.00	45,284	119,177	164,461	2,780	59.16	2.00
3.00	Occupational Therapy	4.00	6,110	20,480	26,590	375	70.91	3.00
4.00	Speech Pathology	5.00	635	4,226	4,861	39	124.64	4.00
5.00	Medical Social Services	6.00	514,172		514,172	6	85,695.33	5.00
6.00	Home Health Aide	7.00	89,939		89,939	438	205.34	6.00
7.00	Total (sum of lines 1-6)		1,988,489	143,883	2,132,372	5,937		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	0	1,092			8.00
9.00	Physical Therapy		99914	0	1,306			9.00
10.00	Occupational Therapy		99914	0	141			10.00
11.00	Speech Pathology		99914	0	7			11.00
12.00	Medical Social Services		99914	0	2			12.00
13.00	Home Health Aide		99914	0	208			13.00
14.00	Total (sum of lines 8-13)			0	2,756			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	9,398	9,398	28,556	0.329108	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Part A	Program Visits		Cost of Services			
			Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,092		0	632,847		1.00
2.00	Physical Therapy	0	1,306		0	77,263		2.00
3.00	Occupational Therapy	0	141		0	9,998		3.00
4.00	Speech Pathology	0	7		0	872		4.00
5.00	Medical Social Services	0	2		0	171,391		5.00
6.00	Home Health Aide	0	208		0	42,711		6.00
7.00	Total (sum of lines 1-6)	0	2,756		0	935,082		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/28/2022 9:28 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	6,042	0	0	1,988	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	632,847						1.00
2.00	Physical Therapy	77,263						2.00
3.00	Occupational Therapy	9,998						3.00
4.00	Speech Pathology	872						4.00
5.00	Medical Social Services	171,391						5.00
6.00	Home Health Aide	42,711						6.00
7.00	Total (sum of lines 1-6)	935,082						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
7/28/2022 9:28 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.220976	539,320	119,177	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.281517	72,750	20,480	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.558569	7,566	4,226	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.329092	28,556	9,398	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.138943	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012 HHA CCN: 14-7131	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 7/28/2022 9:28 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	405,494
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	40,375
13.00	Total PPS Reimbursement - LUPA Episodes		0	6,586
14.00	Total PPS Reimbursement - PEP Episodes		0	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	9,727
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	462,182
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	462,182
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	462,182
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	462,182
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	462,182
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	462,182
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0012

Period:

Worksheet H-5

HHA CCN: 14-7131

From 01/01/2021
To 12/31/2021Date/Time Prepared:
7/28/2022 9:28 amHome Health
Agency I

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		0		462,182	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			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			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. H-4, Part II, column as appropriate, line 32)		0		462,182	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		462,182	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0012	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 7/28/2022 9:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		637,290	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,239	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)		25.20	3.00
4.00	Number of interns & residents (see instructions)		8.37	4.00
5.00	Indirect medical education percentage (see instructions)		9.82	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)		62,582	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		718,111	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