

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

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0032

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

Worksheet S
Parts I-III
Date/Time Prepared:
11/30/2021 8:40 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2021	Time: 8:40 am
	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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ANTHONYS MEMORIAL HOSPITAL (14-0032) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)_____
Title_____
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	4,902	733,163	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	4,902	733,163	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: 14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 8:40 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 503 N MAPLE			PO Box:				1.00		
2.00	City: EFFINGHAM			State: IL		Zip Code: 62401		County: EFFINGHAM		
		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		ST. ANTHONYS MEMORIAL HOSPITAL	140032	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		ST. ANTHONYS MEMORIAL HOSPITAL SNF	14U032	99914		12/02/2020	N	P	O
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		ST. ANTHONYS MEMORIAL HOSPITAL HHA	147661	99914		02/17/1997	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ST. ANTHONY MEMORIAL HOSPITAL HOSPIC	141658	99914		10/14/2014			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 8:40 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	540	107	0	0	1,471	76	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					07/01/2020	06/30/2021	36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 8:40 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

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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			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)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 8:40 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			232,316	4,790,381	1,121,138	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
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 8:40 am	
		1.00		2.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62707		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 8:40 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 8:40 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	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	Date	Y/N
			1.00	2.00	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	09/27/2021	Y	09/27/2021
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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 8:40 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.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314.231.5544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 8:40 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGING DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 8:40 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	123	44,895	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)		123	44,895	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	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)		133	48,545	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						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	116.00	0	0			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)		133				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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 8:40 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)	5,109	289	8,944		1.00
2.00	HMO and other (see instructions)	1,104	1,578			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,109	289	8,944		7.00
8.00	INTENSIVE CARE UNIT	1,224	35	1,777		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		216	1,454		13.00
14.00	Total (see instructions)	6,333	540	12,175	0.00	353.15
15.00	CAH visits	0	0	0		14.00
16.00	SUBPROVIDER - IPF					15.00
17.00	SUBPROVIDER - IRF					16.00
18.00	SUBPROVIDER					17.00
19.00	SKILLED NURSING FACILITY					18.00
20.00	NURSING FACILITY					19.00
21.00	OTHER LONG TERM CARE					20.00
22.00	HOME HEALTH AGENCY	47,404	0	88,806	0.00	21.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					22.00
24.00	HOSPICE	0	0	0	0.00	23.00
24.10	HOSPICE (non-distinct part)			79		24.00
25.00	CMHC - CMHC					24.10
26.00	RURAL HEALTH CLINIC					25.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.00
27.00	Total (sum of lines 14-26)				0.00	0.00
28.00	Observation Bed Days		38	1,923		513.64
29.00	Ambulance Trips	0				26.25
30.00	Employee discount days (see instruction)			86		27.00
31.00	Employee discount days - IRF			0		28.00
32.00	Labor & delivery days (see instructions)	0	76	133		29.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		30.00
33.00	LTCH non-covered days	0				31.00
33.01	LTCH site neutral days and discharges	0				32.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 8:40 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	1,540	106	3,266	1.00
2.00 HMO and other (see instructions)			261	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,540	106	3,266	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						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	0.00					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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 8:40 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	38,775,156	0	38,775,156	1,068,496.38	36.29 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		11,621,475	3,020	11,624,495	293,762.50	39.57 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		897,567	0	897,567	9,437.00	95.11 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		43,515	0	43,515	337.50	128.93 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		6,449,349	0	6,449,349	170,193.49	37.89 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,706,255	0	11,706,255		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,705,471	0	4,705,471		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,516,798	0	2,516,798		
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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 8:40 am

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	56,713	-56,713	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,391,424	-185,787	2,205,637	60,406.05	36.51	27.00
28.00	Administrative & General under contract (see inst.)		276,673	0	276,673	1,532.35	180.55	28.00
29.00	Maintenance & Repairs	6.00	150,593	0	150,593	3,891.50	38.70	29.00
30.00	Operation of Plant	7.00	557,617	0	557,617	18,830.42	29.61	30.00
31.00	Laundry & Linen Service	8.00	0	22,256	22,256	661.00	33.67	31.00
32.00	Housekeeping	9.00	393,797	0	393,797	27,740.71	14.20	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	494,000	-335,132	158,868	7,425.83	21.39	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	343,992	343,992	21,098.34	16.30	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	807,946	505	808,451	17,157.67	47.12	38.00
39.00	Central Services and Supply	14.00	159,812	0	159,812	6,772.43	23.60	39.00
40.00	Pharmacy	15.00	1,205,166	0	1,205,166	20,793.44	57.96	40.00
41.00	Medical Records & Medical Records Library	16.00	1,062,293	16,655	1,078,948	21,527.33	50.12	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 8:40 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	39,051,829	0	39,051,829	1,070,028.73	36.50	1.00
2.00	Excluded area salaries (see instructions)	11,621,475	3,020	11,624,495	293,762.50	39.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27,430,354	-3,020	27,427,334	776,266.23	35.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,390,431	0	7,390,431	179,967.99	41.07	4.00
5.00	Subtotal wage-related costs (see inst.)	14,223,053	0	14,223,053	0.00	51.86	5.00
6.00	Total (sum of lines 3 thru 5)	49,043,838	-3,020	49,040,818	956,234.22	51.29	6.00
7.00	Total overhead cost (see instructions)	7,556,034	-194,224	7,361,810	207,837.07	35.42	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/30/2021 8:40 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	256,257	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)	4,802,875	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)	7,787,793	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	737,663	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	2,157,050	17.00
18.00	Medicare Taxes - Employers Portion Only	562,240	18.00
19.00	Unemployment Insurance	-35	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	107,882	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,411,725	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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/30/2021 8:40 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	897,567	16,411,725	1.00
2.00	Hospital	897,567	16,411,725	2.00
3.00	Subprovider - IPF			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	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ST. ANTHONYS MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0032 Component CCN: 14-7661	Period: From 07/01/2020 To 06/30/2021	Worksheet S-4 Date/Time Prepared: 11/30/2021 8:40 am	
				Home Health Agency I	PPS		
				1.00			
0.00	County						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	9,102	0	0	6,039	15,141	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,525.00	0.00	587.00	2,112.00	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		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			9.89	0.00	9.89	5.00
6.00	Direct Nursing Service			81.61	0.00	81.61	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			21.86	0.00	21.86	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			6.32	0.00	6.32	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.65	0.00	1.65	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.39	0.00	0.39	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			7.28	0.00	7.28	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16060			20.00
20.01				16580			20.01
20.02				19500			20.02
20.03				41180			20.03
20.04				44100			20.04
20.05				50001			20.05
20.06				99914			20.06
		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	22,158	4,650	493	77	27,378	21.00
22.00	Skilled Nursing Visit Charges	4,808,286	1,009,050	106,764	16,709	5,940,809	22.00
23.00	Physical Therapy Visits	8,831	3,306	160	54	12,351	23.00
24.00	Physical Therapy Visit Charges	2,039,961	763,686	36,729	12,474	2,852,850	24.00
25.00	Occupational Therapy Visits	1,638	1,309	25	17	2,989	25.00
26.00	Occupational Therapy Visit Charges	378,378	302,379	5,775	3,927	690,459	26.00
27.00	Speech Pathology Visits	295	361	19	1	676	27.00
28.00	Speech Pathology Visit Charges	68,145	83,391	4,389	231	156,156	28.00
29.00	Medical Social Service Visits	60	31	1	1	93	29.00
30.00	Medical Social Service Visit Charges	17,160	8,866	286	286	26,598	30.00
31.00	Home Health Aide Visits	2,697	1,205	7	8	3,917	31.00
32.00	Home Health Aide Visit Charges	283,185	126,525	735	840	411,285	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	35,679	10,862	705	158	47,404	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)	7,595,115	2,293,897	154,678	34,467	10,078,157	35.00
36.00	Total Number of Episodes (standard/non outlier)	3,971		380	19	4,370	36.00
37.00	Total Number of Outlier Episodes		532		2	534	37.00
38.00	Total Non-Routine Medical Supply Charges	259,697	58,473	3,357	474	322,001	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 14-0032 Hospice CCN: 14-1658		Period: From 07/01/2020 To 06/30/2021		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/30/2021 8:40 am	
						Hospice I			
		Unduplicated Days							
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)		
		1.00	2.00	3.00	4.00	5.00	6.00		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
1.00	Hospice Continuous Home Care							1.00	
2.00	Hospice Routine Home Care							2.00	
3.00	Hospice Inpatient Respite Care							3.00	
4.00	Hospice General Inpatient Care							4.00	
5.00	Total Hospice Days							5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
6.00	Number of patients receiving hospice care							6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00	
8.00	Average Length of Stay (line 5 / line 6)							8.00	
9.00	Unduplicated census count							9.00	
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.									
				Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
				1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
10.00	Hospice Continuous Home Care		0	0	0	0	10.00		
11.00	Hospice Routine Home Care		23,675	518	3,232	27,425	11.00		
12.00	Hospice Inpatient Respite Care		32	0	49	81	12.00		
13.00	Hospice General Inpatient Care		541	0	125	666	13.00		
14.00	Total Hospice Days		24,248	518	3,406	28,172	14.00		
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
15.00	Hospice Inpatient Respite Care		0	0	0	0	15.00		
16.00	Hospice General Inpatient Care		0	0	0	0	16.00		

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0032

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

Worksheet S-10

Date/Time Prepared:
11/30/2021 8:40 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)		0.278038	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		14,318,349	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?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		84,092,482	6.00
7.00	Medicaid cost (line 1 times line 6)		23,380,906	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)		9,062,557	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		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)		9,062,557	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,650,270	1,797,837	6,448,107
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,292,952	1,797,837	3,090,789
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,292,952	1,797,837	3,090,789
			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)		6,742,692	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,408,080	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,166,278	27.01
28.00	Non-Medicare bad debt expense (see instructions)		4,576,414	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,030,615	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,121,404	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,183,961	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

Period:

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

Worksheet A

Date/Time Prepared:
11/30/2021 8:40 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,773,525	4,773,525	-1,878,832	2,894,693	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,263,004	2,263,004	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	56,713	14,387,134	14,443,847	-56,713	14,387,134	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,391,424	32,210,431	34,601,855	-352,830	34,249,025	5.00
6.00	00600	MAINTENANCE & REPAIRS	150,593	11,725	162,318	0	162,318	6.00
7.00	00700	OPERATION OF PLANT	557,617	1,608,856	2,166,473	0	2,166,473	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	410,522	410,522	22,238	432,760	8.00
9.00	00900	HOUSEKEEPING	393,797	287,683	681,480	33	681,513	9.00
10.00	01000	DIETARY	494,000	474,273	968,273	-713,380	254,893	10.00
11.00	01100	CAFETERIA	0	0	0	722,240	722,240	11.00
13.00	01300	NURSING ADMINISTRATION	807,946	236,322	1,044,268	505	1,044,773	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	159,812	347,479	507,291	-325,958	181,333	14.00
15.00	01500	PHARMACY	1,205,166	5,916,482	7,121,648	-5,525,628	1,596,020	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,062,293	1,198,003	2,260,296	16,635	2,276,931	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,476,714	989,325	6,466,039	-1,798,975	4,667,064	30.00
31.00	03100	INTENSIVE CARE UNIT	1,468,825	174,405	1,643,230	-81,291	1,561,939	31.00
43.00	04300	NURSERY	0	38,019	38,019	507,481	545,500	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,238,467	5,367,423	7,605,890	-3,547,846	4,058,044	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	111,319	111,319	959,699	1,071,018	52.00
53.00	05300	ANESTHESIOLOGY	1,141,805	2,838,823	3,980,628	-140,548	3,840,080	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,753,474	1,613,835	3,367,309	-181,217	3,186,092	54.00
54.01	03630	ULTRA SOUND	200,115	104,840	304,955	-35,532	269,423	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	118,297	257,039	375,336	-8,637	366,699	54.02
54.06	05404	PET SCAN	0	108,750	108,750	0	108,750	54.06
57.00	05700	CT SCAN	390,828	459,946	850,774	-6,831	843,943	57.00
58.00	05800	MRI	171,975	203,223	375,198	-20,125	355,073	58.00
59.00	05900	CARDIAC CATHETERIZATION	115,218	468,411	583,629	-404,733	178,896	59.00
60.00	06000	LABORATORY	1,266,152	3,632,214	4,898,366	-1,660,734	3,237,632	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	457,293	143,948	601,241	-10,872	590,369	65.00
66.00	06600	PHYSICAL THERAPY	1,217,410	226,035	1,443,445	-11,365	1,432,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	367,232	31,871	399,103	-23,911	375,192	67.00
68.00	06800	SPEECH PATHOLOGY	244,974	161	245,135	0	245,135	68.00
69.00	06900	ELECTROCARDIOLOGY	501,143	251,243	752,386	-24,403	727,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157,388	19,719	177,107	-19,329	157,778	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,349,601	7,349,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,055,518	1,055,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,075,428	6,075,428	73.00
74.00	07400	RENAL DIALYSIS	0	26,761	26,761	0	26,761	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	207,414	12,539	219,953	-13	219,940	76.01
76.02	03952	TELEMEDICINE	179,914	119,614	299,528	-700	298,828	76.02
76.03	03950	WOUND CARE	405,170	1,061,054	1,466,224	-196,357	1,269,867	76.03
76.97	07697	CARDIAC REHABILITATION	59,900	9,048	68,948	-563	68,385	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	159,044	14,808	173,852	10,604	184,456	90.00
91.00	09100	EMERGENCY	1,575,568	1,960,726	3,536,294	-293,538	3,242,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	9,072,322	2,819,507	11,891,829	-774,091	11,117,738	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		240,164	240,164	-240,164	0	113.00
116.00	11600	HOSPICE	2,451,337	2,754,175	5,205,512	-646,628	4,558,884	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,677,340	87,921,380	126,598,720	1,242	126,599,962	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,997	1,997	0	1,997	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	97,816	3,656,232	3,754,048	-1,242	3,752,806	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	38,775,156	91,579,609	130,354,765	0	130,354,765	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

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

Worksheet A

Date/Time Prepared:
11/30/2021 8:40 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	-1,806,761	1,087,932	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,308,473	954,531	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,070,753	12,316,381	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,711,106	26,537,919	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	162,318	6.00
7.00	00700	OPERATION OF PLANT	-31,211	2,135,262	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-95,258	337,502	8.00
9.00	00900	HOUSEKEEPING	0	681,513	9.00
10.00	01000	DIETARY	0	254,893	10.00
11.00	01100	CAFETERIA	0	722,240	11.00
13.00	01300	NURSING ADMINISTRATION	-53	1,044,720	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	181,333	14.00
15.00	01500	PHARMACY	0	1,596,020	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,374,177	3,651,108	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,667,064	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,561,939	31.00
43.00	04300	NURSERY	0	545,500	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,358	4,056,686	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,071,018	52.00
53.00	05300	ANESTHESIOLOGY	-3,439,555	400,525	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-353,009	2,833,083	54.00
54.01	03630	ULTRA SOUND	0	269,423	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	366,699	54.02
54.06	05404	PET SCAN	0	108,750	54.06
57.00	05700	CT SCAN	0	843,943	57.00
58.00	05800	MRI	0	355,073	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	178,896	59.00
60.00	06000	LABORATORY	-97,712	3,139,920	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	590,369	65.00
66.00	06600	PHYSICAL THERAPY	0	1,432,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	375,192	67.00
68.00	06800	SPEECH PATHOLOGY	0	245,135	68.00
69.00	06900	ELECTROCARDIOLOGY	-100,531	627,452	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	157,778	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,349,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,055,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,000	6,073,428	73.00
74.00	07400	RENAL DIALYSIS	0	26,761	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03650	VASCULAR LAB	0	219,940	76.01
76.02	03952	TELEMEDICINE	-105,750	193,078	76.02
76.03	03950	WOUND CARE	-272,564	997,303	76.03
76.97	07697	CARDIAC REHABILITATION	0	68,385	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	184,456	90.00
91.00	09100	EMERGENCY	-1,046,756	2,196,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-58	11,117,680	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	4,558,884	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,068,731	109,531,231	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,997	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	3,752,806	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,068,731	113,286,034	200.00

RECLASSIFICATIONS

Provider CCN: 14-0032

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 8:40 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	343,992	378,248		1.00
	0		343,992	378,248		
	C - PHARMACY DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,075,113		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	0		0	6,075,113		
	D - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,347,836		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	5		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
	0		0	7,347,841		
	E - PROPERTY INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	84,677		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	59,331		2.00
	0		0	144,008		
	F - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	240,164		1.00
	0		0	240,164		
	G - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,203,673		1.00
	0		0	2,203,673		
	H - LABOR & DELIVERY					
1.00	NURSERY	43.00	540,752	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,063,911	0		2.00
	0		1,604,663	0		

RECLASSIFICATIONS

Provider CCN: 14-0032

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 8:40 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,055,518		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	242		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
	0		0	1,055,760		
	J - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	22,256	0		1.00
	0		22,256	0		
	K - COVID EXPENSE RECLASS					
1.00	HOUSEKEEPING	9.00	0	33		1.00
2.00	DIETARY	10.00	8,860	0		2.00
3.00	NURSING ADMINISTRATION	13.00	505	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	16,655	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	30,087	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	7,337	0		6.00
7.00	OPERATING ROOM	50.00	22,618	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	718	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	712	0		9.00
10.00	MRI	58.00	23	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	1,148	0		11.00
12.00	LABORATORY	60.00	65	21,497		12.00
13.00	RESPIRATORY THERAPY	65.00	26,866	0		13.00
14.00	PHYSICAL THERAPY	66.00	210	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	1,934	0		15.00
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,765		16.00
17.00	DRUGS CHARGED TO PATIENTS	73.00	315	0		17.00
18.00	TELEMEDICINE	76.02	44	0		18.00
19.00	WOUND CARE	76.03	79	0		19.00
20.00	CARDIAC REHABILITATION	76.97	391	0		20.00
21.00	CLINIC	90.00	20,714	0		21.00
22.00	EMERGENCY	91.00	75,466	0		22.00
23.00	HOME HEALTH AGENCY	101.00	1,414	0		23.00
24.00	HOSPICE	116.00	534	0		24.00
	0		216,695	23,295		
	L - EMPLOYEE BENEFITS SALARY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	53,164	0		1.00
2.00	OPERATING ROOM	50.00	1,111	0		2.00
3.00	RESPIRATORY THERAPY	65.00	1,366	0		3.00
4.00	HOME HEALTH AGENCY	101.00	1,072	0		4.00
	TOTALS		56,713	0		
500.00	Grand Total: Increases		2,244,319	17,468,102		500.00

RECLASSIFICATIONS

Provider CCN: 14-0032

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 8:40 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - CAFETERIA COSTS						
1.00	DIETARY	10.00	343,992	378,248	0		1.00
	0		343,992	378,248			
	C - PHARMACY DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,821	0		1.00
2.00	PHARMACY	15.00	0	5,379,693	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	25	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	7,809	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	2,432	0		5.00
6.00	NURSERY	43.00	0	182	0		6.00
7.00	OPERATING ROOM	50.00	0	32,630	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,933	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	25,488	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,249	0		10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	8,061	0		11.00
12.00	MRI	58.00	0	313	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	130	0		13.00
14.00	LABORATORY	60.00	0	30	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	155	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	29	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	74	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	846	0		18.00
19.00	WOUND CARE	76.03	0	13,161	0		19.00
20.00	CLINIC	90.00	0	114	0		20.00
21.00	EMERGENCY	91.00	0	8,164	0		21.00
22.00	HOME HEALTH AGENCY	101.00	0	4,250	0		22.00
23.00	HOSPICE	116.00	0	579,524	0		23.00
	0		0	6,075,113			
	D - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	319,137	0		1.00
2.00	PHARMACY	15.00	0	145,935	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	216,590	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	86,196	0		4.00
5.00	NURSERY	43.00	0	33,089	0		5.00
6.00	OPERATING ROOM	50.00	0	2,737,191	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	101,279	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	115,060	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	179,686	0		9.00
10.00	ULTRA SOUND	54.01	0	35,532	0		10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,288	0		11.00
12.00	CT SCAN	57.00	0	6,831	0		12.00
13.00	MRI	58.00	0	19,835	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	250,773	0		14.00
15.00	LABORATORY	60.00	0	1,682,148	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	38,949	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	11,546	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	23,837	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	25,491	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,329	0		20.00
21.00	VASCULAR LAB	76.01	0	13	0		21.00
22.00	TELEMEDICINE	76.02	0	744	0		22.00
23.00	WOUND CARE	76.03	0	84,567	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	954	0		24.00
25.00	CLINIC	90.00	0	9,996	0		25.00
26.00	EMERGENCY	91.00	0	360,638	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	772,327	0		27.00
28.00	HOSPICE	116.00	0	67,638	0		28.00
29.00	PHILANTHROPY DEVELOPMENT	194.00	0	1,242	0		29.00
	0		0	7,347,841			
	E - PROPERTY INSURANCE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	144,008	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	144,008			
	F - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	240,164	11		1.00
	0		0	240,164			
	G - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,203,673	9		1.00
	0		0	2,203,673			

RECLASSIFICATIONS

Provider CCN: 14-0032

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 8:40 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	H - LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	1,604,663	0	0	1.00
2.00		0.00	0	0	0	2.00
	0		1,604,663	0		
	I - IMPLANT RECLASS					
1.00	OPERATING ROOM	50.00	0	801,754	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	154,978	0	2.00
3.00	LABORATORY	60.00	0	118	0	3.00
4.00	WOUND CARE	76.00	0	98,708	0	4.00
5.00	EMERGENCY	91.00	0	202	0	5.00
6.00	EMERGENCY				0	6.00
	0		0	1,055,760		
	J - LAUNDRY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	22,256	0	0	1.00
	0		22,256	0		
	K - COVID EXPENSE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	216,695	23,277	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	18	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
	0		216,695	23,295		
	L - EMPLOYEE BENEFITS SALARY RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	56,713	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		56,713	0		
500.00	Grand Total: Decreases		2,244,319	17,468,102		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 8:40 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	2,699,574	0	0	0	0	1.00
2.00	Land Improvements	3,381,484	0	0	0	0	2.00
3.00	Buildings and Fixtures	118,464,997	27,160,453	0	27,160,453	26,612,027	3.00
4.00	Building Improvements	576,265	625,686	0	625,686	32,850	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	85,536,085	2,957,909	0	2,957,909	30,504	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	210,658,405	30,744,048	0	30,744,048	26,675,381	8.00
9.00	Reconciling Items	10,213,817	3,102,259	0	3,102,259	5,997,690	9.00
10.00	Total (line 8 minus line 9)	200,444,588	27,641,789	0	27,641,789	20,677,691	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,699,574	0				1.00
2.00	Land Improvements	3,381,484	0				2.00
3.00	Buildings and Fixtures	119,013,423	0				3.00
4.00	Building Improvements	1,169,101	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	88,463,490	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	214,727,072	0				8.00
9.00	Reconciling Items	7,318,386	0				9.00
10.00	Total (line 8 minus line 9)	207,408,686	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 8:40 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	4,533,361	0	240,164	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)	4,533,361	0	240,164	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed 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	4,773,525				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,773,525				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/30/2021 8:40 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	126,263,582	0	126,263,582	0.588019	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	88,463,490	0	88,463,490	0.411981	0	2.00
3.00	Total (sum of lines 1-2)	214,727,072	0	214,727,072	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,096,963	-34,709	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	895,200	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,992,163	-34,709	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	240,164	84,677	0	-299,163	1,087,932	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	59,331	0	0	954,531	2.00
3.00	Total (sum of lines 1-2)	240,164	144,008	0	-299,163	2,042,463	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 8:40 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		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-240,164	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)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-178	CAP REL COSTS-MVBLE EQUIP	2.00	9	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,243,508			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	-679,571			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 8:40 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 #		
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	MISC INCOME	B	-299,163	CAP REL COSTS-BLDG & FIXT	1.00	14	33.00
33.01	MISC INCOME	B	-608,138	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MISC INCOME	B	-695	MEDICAL RECORDS & LIBRARY	16.00	0	33.02
33.03	MISC INCOME	B	-844,022	ANESTHESIOLOGY	53.00	0	33.03
33.04	MISC INCOME	B	-140,783	RADIOLOGY-DIAGNOSTIC	54.00	0	33.04
33.05	MISC INCOME	B	-1,712	LABORATORY	60.00	0	33.05
33.06	MISC INCOME	B	-2,000	DRUGS CHARGED TO PATIENTS	73.00	0	33.06
33.07	MISC INCOME	B	-58	HOME HEALTH AGENCY	101.00	0	33.07
33.08	TELEPHONE EMPLOYEE BENEFITS	A	-1,437	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09	TELEPHONE A&G SALARIES	A	-3,968	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	TELEPHONE A&G OTHER EXPENSE	A	-109	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	TELEVISION EMPLOYEE BENEFITS	A	-1,167	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	TELEVISION SALARIES	A	-3,223	OPERATION OF PLANT	7.00	0	33.12
33.13	TELEVISION A&G OTHER EXPENSE	A	-169	OPERATION OF PLANT	7.00	0	33.13
33.14	TELEVISION A&G OTHER CABLE EXPENSE	A	-27,819	OPERATION OF PLANT	7.00	0	33.14
33.15	MEDICAID TAX ASSESSMENT	A	-5,079,097	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	SELF-INS TO HOSP/EMP CLAIMS	A	-5,373,400	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	LOBBYING EXPENSES	A	-26,325	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	ALCOHOL BEVERAGE COST	A	-28	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	ALCOHOL BEVERAGE COST	A	-1,023	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	DEFINED PENSION ADJUSTMENT	A	3,783,529	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	PUBLIC RELATIONS/MARKETING	A	-5,379	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	PUBLIC RELATIONS/MARKETING	A	-516	MEDICAL RECORDS & LIBRARY	16.00	0	33.22
33.23	BUILDING RE-LIFING	A	-1,232,725	CAP REL COSTS-BLDG & FIXT	1.00	9	33.23
33.24	EQUIPMENT RE-LIFING	A	-1,308,295	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.24
33.25	GIFTS/DONATIONS	A	-303,600	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26	PROPERTY TAX	A	-1,961	ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27	PROPERTY TAX	A	-56,203	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	PHYSICIAN RECRUITMENT	A	-175,039	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	PHYSICIAN RECRUITMENT	A	-53	NURSING ADMINISTRATION	13.00	0	33.29
33.30	RENTAL REVENUE	A	-127,938	RADIOLOGY-DIAGNOSTIC	54.00	0	33.30
33.31	RENTAL REVENUE	A	-34,709	CAP REL COSTS-BLDG & FIXT	1.00	10	33.31
33.32	RENTAL REVENUE	A	-28,085	RADIOLOGY-DIAGNOSTIC	54.00	0	33.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,068,731				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0032

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 8:40 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	10,185,010	10,175,952 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	7,144,223	4,844,395 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	2,565,092	3,018,988 3.00
3.01		4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	254,012	741,348 3.01
3.02		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES -SBO	2,183,703	5,492,772 3.02
3.03		16.00	MEDICAL RECORDS & LIBRARY	CONTRACTED SERVICES -SBO	1,401,427	0 3.03
3.04		8.00	LAUNDRY & LINEN SERVICE	IL -LAUNDRY	168,712	263,970 3.04
3.05		5.00	ADMINISTRATIVE & GENERAL	IL - LIBRARY	37,676	48,555 3.05
3.06		5.00	ADMINISTRATIVE & GENERAL	IL - A&G	876,815	910,261 3.06
3.07		30.00	ADULTS & PEDIATRICS	IL - FLOAT POOL	247,465	247,465 3.07
4.00		60.00	LABORATORY	IL - LAB	2,213	2,213 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				25,066,348	25,745,919 5.00

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

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

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

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

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

6.00	G	HSBS	100.00	HSBS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0032

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 8:40 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	9,058	0		1.00
2.00	2,299,828	0		2.00
3.00	-453,896	0		3.00
3.01	-487,336	0		3.01
3.02	-3,309,069	0		3.02
3.03	1,401,427	0		3.03
3.04	-95,258	0		3.04
3.05	-10,879	0		3.05
3.06	-33,446	0		3.06
3.07	0	0		3.07
4.00	0	0		4.00
5.00	-679,571			5.00

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

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

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

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

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

6.00	CORPORATE OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0032

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 8:40 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	16.00	MEDICAL RECORDS & LIBRARY	25,016	25,016	0	0	0	1.00
2.00	50.00	OPERATING ROOM	1,358	1,358	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,595,533	2,595,533	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	15,240	0	15,240	271,900	120	4.00
5.00	60.00	LABORATORY	96,000	96,000	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	100,531	100,531	0	0	0	6.00
7.00	76.02	TELEMEDICINE	105,750	105,750	0	0	0	7.00
8.00	76.03	WOUND CARE	294,731	266,456	28,275	211,500	218	8.00
9.00	91.00	EMERGENCY	1,046,756	1,046,756	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,280,915	4,237,400	43,515		338	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	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	15,686	784	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	76.02	TELEMEDICINE	0	0	0	0	0	7.00
8.00	76.03	WOUND CARE	22,167	1,108	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			37,853	1,892	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	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	25,016		1.00
2.00	50.00	OPERATING ROOM	0	0	0	1,358		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	2,595,533		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	15,686	0	0		4.00
5.00	60.00	LABORATORY	0	0	0	96,000		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	100,531		6.00
7.00	76.02	TELEMEDICINE	0	0	0	105,750		7.00
8.00	76.03	WOUND CARE	0	22,167	6,108	272,564		8.00
9.00	91.00	EMERGENCY	0	0	0	1,046,756		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	37,853	6,108	4,243,508		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,087,932	1,087,932			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	954,531		954,531		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,316,381	2,138	97	12,318,616	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,537,919	317,216	173,830	27,028,965	5.00
6.00	00600	MAINTENANCE & REPAIRS	162,318	0	309	162,627	6.00
7.00	00700	OPERATION OF PLANT	2,135,262	185,422	65,133	2,385,817	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	337,502	4,996	279	342,777	8.00
9.00	00900	HOUSEKEEPING	681,513	0	1,223	682,736	9.00
10.00	01000	DIETARY	254,893	17,003	6,743	278,639	10.00
11.00	01100	CAFETERIA	722,240	4,931	0	727,171	11.00
13.00	01300	NURSING ADMINISTRATION	1,044,720	8,244	15,360	1,068,324	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	181,333	7,862	0	189,195	14.00
15.00	01500	PHARMACY	1,596,020	11,490	5,613	1,613,123	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,651,108	12,261	0	3,663,369	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,667,064	112,418	58,521	4,838,003	30.00
31.00	03100	INTENSIVE CARE UNIT	1,561,939	13,470	11,619	1,586,828	31.00
43.00	04300	NURSERY	545,500	2,438	1,793	549,731	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,056,686	95,324	235,153	4,387,163	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,071,018	13,668	5,307	1,090,000	52.00
53.00	05300	ANESTHESIOLOGY	400,525	600	6,133	407,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,833,083	97,291	209,329	3,139,683	54.00
54.01	03630	ULTRA SOUND	269,423	1,676	11,539	282,638	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	366,699	7,437	495	374,631	54.02
54.06	05404	PET SCAN	108,750	0	0	108,750	54.06
57.00	05700	CT SCAN	843,943	4,286	9,709	857,938	57.00
58.00	05800	MRI	355,073	5,106	25,846	385,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	178,896	5,666	5,663	189,925	59.00
60.00	06000	LABORATORY	3,139,920	21,111	23,676	3,184,707	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	590,369	2,233	4,415	597,017	65.00
66.00	06600	PHYSICAL THERAPY	1,432,080	14,956	6,063	1,453,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,192	7,688	0	382,880	67.00
68.00	06800	SPEECH PATHOLOGY	245,135	1,829	0	246,964	68.00
69.00	06900	ELECTROCARDIOLOGY	627,452	12,344	23,208	662,964	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157,778	2,089	2,770	162,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,349,601	0	0	7,349,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,055,518	0	0	1,055,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,073,428	0	0	6,073,428	73.00
74.00	07400	RENAL DIALYSIS	26,761	1,367	0	28,128	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	219,940	3,007	623	223,570	76.01
76.02	03952	TELEMEDICINE	193,078	3,059	0	196,137	76.02
76.03	03950	WOUND CARE	997,303	10,576	2,814	1,010,693	76.03
76.97	07697	CARDIAC REHABILITATION	68,385	2,019	665	71,069	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	184,456	3,956	2,320	190,732	90.00
91.00	09100	EMERGENCY	2,196,000	41,491	34,768	2,272,259	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0	92.00
101.00	10100	HOME HEALTH AGENCY	11,117,680	14,996	2,429	11,135,105	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	4,558,884	0	1,086	4,560,000	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,531,231	1,073,664	954,531	111,560,426	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	1,997	1,615	0	3,612	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	3,752,806	12,653	0	3,765,459	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	113,286,034	1,087,932	954,531	115,328,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,729,683					5.00
6.00	00600	MAINTENANCE & REPAIRS	68,215	278,684				6.00
7.00	00700	OPERATION OF PLANT	830,684	67,018	3,460,671			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,389	1,796	29,646	494,679		8.00
9.00	00900	HOUSEKEEPING	261,830	0	0	0	1,069,673	9.00
10.00	01000	DIETARY	106,668	6,315	100,901	2,112	31,457	10.00
11.00	01100	CAFETERIA	271,103	1,796	29,265	0	9,124	11.00
13.00	01300	NURSING ADMINISTRATION	429,499	2,975	48,926	0	15,253	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	77,775	0	46,656	1,405	14,546	14.00
15.00	01500	PHARMACY	646,923	0	68,187	0	21,258	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,298,431	4,434	72,762	0	22,685	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,969,840	41,311	667,135	147,830	207,988	30.00
31.00	03100	INTENSIVE CARE UNIT	666,369	4,855	79,933	26,856	24,920	31.00
43.00	04300	NURSERY	233,853	870	14,469	0	4,511	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,654,857	37,298	565,686	96,131	176,361	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	462,826	4,939	81,113	43,726	25,288	52.00
53.00	05300	ANESTHESIOLOGY	249,566	225	3,558	0	1,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,198,234	39,010	577,359	18,820	180,000	54.00
54.01	03630	ULTRA SOUND	112,211	617	9,949	4,444	3,102	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	133,676	2,694	44,133	1,622	13,759	54.02
54.06	05404	PET SCAN	35,247	0	0	0	0	54.06
57.00	05700	CT SCAN	318,309	1,544	25,434	14,426	7,929	57.00
58.00	05800	MRI	142,825	1,852	30,299	22,203	9,446	58.00
59.00	05900	CARDIAC CATHETERIZATION	73,636	2,049	33,622	235	10,482	59.00
60.00	06000	LABORATORY	1,162,575	7,634	125,282	0	39,059	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	243,492	814	13,253	5,710	4,132	65.00
66.00	06600	PHYSICAL THERAPY	596,340	8,840	88,756	7,456	45,279	66.00
67.00	06700	OCCUPATIONAL THERAPY	161,908	0	45,622	3,082	0	67.00
68.00	06800	SPEECH PATHOLOGY	105,268	0	10,856	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	266,687	4,462	73,252	4,576	22,838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,918	758	12,399	169	3,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,382,079	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	342,104	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,968,491	4,154	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,117	505	8,115	0	2,530	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	93,818	1,095	17,846	6,359	5,564	76.01
76.02	03952	TELEMEDICINE	82,100	1,095	18,154	0	5,660	76.02
76.03	03950	WOUND CARE	369,303	0	62,759	4,957	19,566	76.03
76.97	07697	CARDIAC REHABILITATION	29,242	730	11,982	339	3,736	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	80,327	1,431	23,473	424	7,318	90.00
91.00	09100	EMERGENCY	906,465	14,987	246,226	79,799	76,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,543,421	5,417	88,992	0	27,745	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,730,396	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,498,017	273,520	3,376,000	492,681	1,043,276	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	1,171	589	9,585	0	2,988	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	1,230,495	4,575	75,086	1,998	23,409	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	27,729,683	278,684	3,460,671	494,679	1,069,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	576,563					10.00
11.00	01100	CAFETERIA	0	1,147,743				11.00
13.00	01300	NURSING ADMINISTRATION	0	21,212	1,843,029			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,382	0	388,730		14.00
15.00	01500	PHARMACY	0	25,712	104,580	0	2,862,657	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,612	108,272	0	12	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	423,555	138,997	565,532	10,427	4,119	30.00
31.00	03100	INTENSIVE CARE UNIT	84,152	43,890	178,581	3,642	995	31.00
43.00	04300	NURSERY	68,856	17,715	72,044	1,397	32	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	86,905	353,611	149,035	720	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,839	141,749	4,383	0	52.00
53.00	05300	ANESTHESIOLOGY	0	22,395	0	4,621	12,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,433	0	7,704	1,093	54.00
54.01	03630	ULTRA SOUND	0	7,122	0	1,494	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,577	0	7,414	3,915	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	14,887	0	4,312	0	57.00
58.00	05800	MRI	0	6,402	0	1,984	152	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,805	0	17,069	57	59.00
60.00	06000	LABORATORY	0	48,878	0	81,426	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	18,487	75,253	5,807	0	65.00
66.00	06600	PHYSICAL THERAPY	0	49,855	0	486	14	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,673	0	1,006	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,253	0	1,080	322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,039	0	813	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,968	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	18,730	2,546,927	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	6,968	0	1	0	76.01
76.02	03952	TELEMEDICINE	0	5,837	0	31	0	76.02
76.03	03950	WOUND CARE	0	15,170	0	7,709	6,392	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,031	0	40	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,685	0	425	0	90.00
91.00	09100	EMERGENCY	0	59,831	243,407	15,344	2,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	279,768	0	32,485	2,054	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	80,966	0	2,845	281,452	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	576,563	1,145,326	1,843,029	388,678	2,862,657	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	2,417	0	52	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	576,563	1,147,743	1,843,029	388,730	2,862,657	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,539,352					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	254,182	0	10,508,605	0	10,508,605	30.00
31.00	03100	INTENSIVE CARE UNIT	57,756	0	3,227,945	0	3,227,945	31.00
43.00	04300	NURSERY	26,483	0	1,161,755	0	1,161,755	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	633,035	0	8,859,488	0	8,859,488	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,242	0	2,301,096	0	2,301,096	52.00
53.00	05300	ANESTHESIOLOGY	132,273	0	1,196,119	0	1,196,119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	349,194	0	6,141,846	0	6,141,846	54.00
54.01	03630	ULTRA SOUND	66,156	0	551,308	0	551,308	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	127,718	0	751,947	0	751,947	54.02
54.06	05404	PET SCAN	17,534	0	161,531	0	161,531	54.06
57.00	05700	CT SCAN	806,373	0	2,175,316	0	2,175,316	57.00
58.00	05800	MRI	233,271	0	889,102	0	889,102	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,687	0	412,836	0	412,836	59.00
60.00	06000	LABORATORY	504,423	0	5,556,254	0	5,556,254	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	31,666	0	1,149,879	0	1,149,879	65.00
66.00	06600	PHYSICAL THERAPY	103,420	0	2,740,376	0	2,740,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	53,639	0	776,477	0	776,477	67.00
68.00	06800	SPEECH PATHOLOGY	12,316	0	453,231	0	453,231	68.00
69.00	06900	ELECTROCARDIOLOGY	233,305	0	1,446,604	0	1,446,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,580	0	348,180	0	348,180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	147,047	0	9,885,695	0	9,885,695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99,629	0	1,497,251	0	1,497,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	832,707	0	11,444,537	0	11,444,537	73.00
74.00	07400	RENAL DIALYSIS	560	0	48,955	0	48,955	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	51,903	0	473,018	0	473,018	76.01
76.02	03952	TELEMEDICINE	6,349	0	372,535	0	372,535	76.02
76.03	03950	WOUND CARE	108,186	0	1,733,480	0	1,733,480	76.03
76.97	07697	CARDIAC REHABILITATION	4,863	0	143,186	0	143,186	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,395	0	372,318	0	372,318	90.00
91.00	09100	EMERGENCY	478,460	0	4,920,099	0	4,920,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	18,997,979	0	18,997,979	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	7,434,574	0	7,434,574	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,539,352	0	108,133,522	0	108,133,522	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	17,945	0	17,945	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	5,134,567	0	5,134,567	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments			0		0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,539,352	0	113,286,034	0	113,286,034	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 8:40 am

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	2,138	97	2,235	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,070,893	317,216	173,830	2,561,939	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	309	309	6.00
7.00	00700	OPERATION OF PLANT	18,004	185,422	65,133	268,559	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,996	279	5,275	8.00
9.00	00900	HOUSEKEEPING	3,162	0	1,223	4,385	9.00
10.00	01000	DIETARY	0	17,003	6,743	23,746	10.00
11.00	01100	CAFETERIA	0	4,931	0	4,931	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,244	15,360	23,604	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,862	0	7,862	14.00
15.00	01500	PHARMACY	193,944	11,490	5,613	211,047	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,261	0	12,261	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	-641	112,418	58,521	170,298	30.00
31.00	03100	INTENSIVE CARE UNIT	4,635	13,470	11,619	29,724	31.00
43.00	04300	NURSERY	0	2,438	1,793	4,231	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	505,763	95,324	235,153	836,240	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,668	5,307	18,975	52.00
53.00	05300	ANESTHESIOLOGY	30,540	600	6,133	37,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	508,679	97,291	209,329	815,299	54.00
54.01	03630	ULTRA SOUND	0	1,676	11,539	13,215	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7,437	495	7,932	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	0	4,286	9,709	13,995	57.00
58.00	05800	MRI	0	5,106	25,846	30,952	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,666	5,663	11,329	59.00
60.00	06000	LABORATORY	13,670	21,111	23,676	58,457	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,233	4,415	6,648	65.00
66.00	06600	PHYSICAL THERAPY	71,325	14,956	6,063	92,344	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,688	0	7,688	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,829	0	1,829	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,344	23,208	35,552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,089	2,770	4,859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,367	0	1,367	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	3,007	623	3,630	76.01
76.02	03952	TELEMEDICINE	0	3,059	0	3,059	76.02
76.03	03950	WOUND CARE	0	10,576	2,814	13,390	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,019	665	2,684	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,956	2,320	6,276	90.00
91.00	09100	EMERGENCY	0	41,491	34,768	76,259	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	33,062	14,996	2,429	50,487	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	261,922	0	1,086	263,008	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,714,958	1,073,664	954,531	5,743,153	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,615	0	1,615	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	12,653	0	12,653	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,714,958	1,087,932	954,531	5,757,421	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,562,067					5.00
6.00	00600	MAINTENANCE & REPAIRS	6,303	6,621				6.00
7.00	00700	OPERATION OF PLANT	76,751	1,592	346,934			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,477	43	2,972	18,768		8.00
9.00	00900	HOUSEKEEPING	24,192	0	0	0	28,600	9.00
10.00	01000	DIETARY	9,856	150	10,115	80	841	10.00
11.00	01100	CAFETERIA	25,048	43	2,934	0	244	11.00
13.00	01300	NURSING ADMINISTRATION	39,683	71	4,905	0	408	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,186	0	4,677	53	389	14.00
15.00	01500	PHARMACY	59,772	0	6,836	0	568	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	119,968	105	7,294	0	607	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	182,002	981	66,878	5,608	5,560	30.00
31.00	03100	INTENSIVE CARE UNIT	61,569	115	8,013	1,019	666	31.00
43.00	04300	NURSERY	21,607	21	1,451	0	121	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	152,900	886	56,710	3,647	4,715	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,763	117	8,132	1,659	676	52.00
53.00	05300	ANESTHESIOLOGY	23,059	5	357	0	30	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	110,710	927	57,881	714	4,813	54.00
54.01	03630	ULTRA SOUND	10,368	15	997	169	83	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	12,351	64	4,424	62	368	54.02
54.06	05404	PET SCAN	3,257	0	0	0	0	54.06
57.00	05700	CT SCAN	29,410	37	2,550	547	212	57.00
58.00	05800	MRI	13,196	44	3,038	842	253	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,804	49	3,371	9	280	59.00
60.00	06000	LABORATORY	107,416	181	12,560	0	1,044	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	22,497	19	1,329	217	110	65.00
66.00	06600	PHYSICAL THERAPY	55,099	210	8,898	283	1,211	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,959	0	4,574	117	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,726	0	1,088	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,640	106	7,344	174	611	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,368	18	1,243	6	103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	220,091	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,609	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	181,878	99	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	842	12	814	0	68	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	8,668	26	1,789	241	149	76.01
76.02	03952	TELEMEDICINE	7,586	26	1,820	0	151	76.02
76.03	03950	WOUND CARE	34,122	0	6,292	188	523	76.03
76.97	07697	CARDIAC REHABILITATION	2,702	17	1,201	13	100	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,422	34	2,353	16	196	90.00
91.00	09100	EMERGENCY	83,752	356	24,684	3,028	2,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	419,780	129	8,922	0	742	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	159,879	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,448,268	6,498	338,446	18,692	27,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	108	14	961	0	80	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	113,691	109	7,527	76	626	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	2,562,067	6,621	346,934	18,768	28,600	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	44,797					10.00
11.00	01100	CAFETERIA	0	33,220				11.00
13.00	01300	NURSING ADMINISTRATION	0	614	69,332			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	243	0	20,419		14.00
15.00	01500	PHARMACY	0	744	3,934	0	282,971	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	770	4,073	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,909	4,023	21,275	548	407	30.00
31.00	03100	INTENSIVE CARE UNIT	6,538	1,270	6,718	191	98	31.00
43.00	04300	NURSERY	5,350	513	2,710	73	3	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,515	13,302	7,831	71	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,008	5,332	230	0	52.00
53.00	05300	ANESTHESIOLOGY	0	648	0	243	1,223	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,125	0	405	108	54.00
54.01	03630	ULTRA SOUND	0	206	0	78	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	132	0	389	387	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	431	0	226	0	57.00
58.00	05800	MRI	0	185	0	104	15	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	110	0	896	6	59.00
60.00	06000	LABORATORY	0	1,415	0	4,276	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	535	2,831	305	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,443	0	26	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	338	0	53	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	499	0	57	32	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	146	0	43	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	366	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	984	251,762	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	202	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	169	0	2	0	76.02
76.03	03950	WOUND CARE	0	439	0	405	632	76.03
76.97	07697	CARDIAC REHABILITATION	0	59	0	2	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	193	0	22	0	90.00
91.00	09100	EMERGENCY	0	1,732	9,157	806	201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	8,100	0	1,706	203	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,343	0	149	27,821	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,797	33,150	69,332	20,416	282,971	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	70	0	3	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	44,797	33,220	69,332	20,419	282,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	145,142					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,666	0	497,381	0	497,381	30.00
31.00	03100	INTENSIVE CARE UNIT	1,515	0	117,522	0	117,522	31.00
43.00	04300	NURSERY	695	0	36,806	0	36,806	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,602	0	1,095,550	0	1,095,550	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,947	0	80,901	0	80,901	52.00
53.00	05300	ANESTHESIOLOGY	3,469	0	66,373	0	66,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,158	0	1,002,242	0	1,002,242	54.00
54.01	03630	ULTRA SOUND	1,735	0	26,878	0	26,878	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,350	0	29,466	0	29,466	54.02
54.06	05404	PET SCAN	460	0	3,717	0	3,717	54.06
57.00	05700	CT SCAN	21,148	0	68,579	0	68,579	57.00
58.00	05800	MRI	6,118	0	54,757	0	54,757	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,172	0	24,033	0	24,033	59.00
60.00	06000	LABORATORY	13,229	0	198,651	0	198,651	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	830	0	35,349	0	35,349	65.00
66.00	06600	PHYSICAL THERAPY	2,712	0	162,298	0	162,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,407	0	29,157	0	29,157	67.00
68.00	06800	SPEECH PATHOLOGY	323	0	12,980	0	12,980	68.00
69.00	06900	ELECTROCARDIOLOGY	6,119	0	75,163	0	75,163	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,143	0	13,938	0	13,938	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,857	0	224,314	0	224,314	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,613	0	34,222	0	34,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,703	0	456,426	0	456,426	73.00
74.00	07400	RENAL DIALYSIS	15	0	3,118	0	3,118	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	1,361	0	16,078	0	16,078	76.01
76.02	03952	TELEMEDICINE	167	0	12,990	0	12,990	76.02
76.03	03950	WOUND CARE	2,837	0	58,852	0	58,852	76.03
76.97	07697	CARDIAC REHABILITATION	128	0	6,909	0	6,909	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	115	0	16,637	0	16,637	90.00
91.00	09100	EMERGENCY	12,548	0	214,671	0	214,671	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	490,582	0	490,582	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	453,342	0	453,342	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,142	0	5,619,882	0	5,619,882	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	0	2,778	0	2,778	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	134,761	0	134,761	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments			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)	145,142	0	5,757,421	0	5,757,421	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	355,630				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,562,238			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	699	260	38,775,156		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	103,693	466,609	2,205,637	-27,729,683	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	830	150,593	0	6.00
7.00	00700	OPERATION OF PLANT	60,612	174,836	557,617	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,633	749	22,256	0	8.00
9.00	00900	HOUSEKEEPING	0	3,284	393,797	0	9.00
10.00	01000	DIETARY	5,558	18,099	158,868	0	10.00
11.00	01100	CAFETERIA	1,612	0	343,992	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,695	41,230	808,451	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,570	0	159,812	0	14.00
15.00	01500	PHARMACY	3,756	15,066	1,205,166	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,008	0	1,078,948	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,748	157,087	3,902,138	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,403	31,190	1,476,162	0	31.00
43.00	04300	NURSERY	797	4,813	540,752	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,160	631,222	2,262,196	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,468	14,245	1,063,911	0	52.00
53.00	05300	ANESTHESIOLOGY	196	16,464	1,141,805	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,803	561,900	1,754,192	0	54.00
54.01	03630	ULTRA SOUND	548	30,973	200,115	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,431	1,329	119,009	0	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	1,401	26,062	390,828	0	57.00
58.00	05800	MRI	1,669	69,379	171,998	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,852	15,202	116,366	0	59.00
60.00	06000	LABORATORY	6,901	63,553	1,266,217	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	730	11,850	485,525	0	65.00
66.00	06600	PHYSICAL THERAPY	4,889	16,275	1,217,620	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,513	0	367,232	0	67.00
68.00	06800	SPEECH PATHOLOGY	598	0	244,974	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,035	62,297	503,077	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	683	7,435	157,388	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	315	0	73.00
74.00	07400	RENAL DIALYSIS	447	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	983	1,671	207,414	0	76.01
76.02	03952	TELEMEDICINE	1,000	0	179,958	0	76.02
76.03	03950	WOUND CARE	3,457	7,553	405,249	0	76.03
76.97	07697	CARDIAC REHABILITATION	660	1,786	60,291	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,293	6,227	179,758	0	90.00
91.00	09100	EMERGENCY	13,563	93,328	1,651,034	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,902	6,520	9,074,808	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,914	2,451,871	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	350,966	2,562,238	38,677,340	-27,729,683	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	528	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	4,136	0	97,816	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
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)	1,087,932	954,531	12,318,616	27,729,683	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.059168	0.372538	0.317694	0.324110	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			2,235		2,562,067	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000058		0.029946	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: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		MAINTENANCE & REPAIRS (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	9,930				6.00
7.00	00700	OPERATION OF PLANT	2,388	190,626			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64	1,633	499,053		8.00
9.00	00900	HOUSEKEEPING	0	0	0	188,993	9.00
10.00	01000	DIETARY	225	5,558	2,131	5,558	12,175 10.00
11.00	01100	CAFETERIA	64	1,612	0	1,612	0 11.00
13.00	01300	NURSING ADMINISTRATION	106	2,695	0	2,695	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,570	1,417	2,570	0 14.00
15.00	01500	PHARMACY	0	3,756	0	3,756	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	158	4,008	0	4,008	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,472	36,748	149,139	36,748	8,944 30.00
31.00	03100	INTENSIVE CARE UNIT	173	4,403	27,093	4,403	1,777 31.00
43.00	04300	NURSERY	31	797	0	797	1,454 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,329	31,160	96,981	31,160	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	176	4,468	44,113	4,468	0 52.00
53.00	05300	ANESTHESIOLOGY	8	196	0	196	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,390	31,803	18,986	31,803	0 54.00
54.01	03630	ULTRA SOUND	22	548	4,483	548	0 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	96	2,431	1,636	2,431	0 54.02
54.06	05404	PET SCAN	0	0	0	0	0 54.06
57.00	05700	CT SCAN	55	1,401	14,554	1,401	0 57.00
58.00	05800	MRI	66	1,669	22,399	1,669	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	73	1,852	237	1,852	0 59.00
60.00	06000	LABORATORY	272	6,901	0	6,901	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	29	730	5,760	730	0 65.00
66.00	06600	PHYSICAL THERAPY	315	4,889	7,522	8,000	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,513	3,109	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	598	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	159	4,035	4,616	4,035	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27	683	170	683	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	148	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	18	447	0	447	0 74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0 76.00
76.01	03650	VASCULAR LAB	39	983	6,415	983	0 76.01
76.02	03952	TELEMEDICINE	39	1,000	0	1,000	0 76.02
76.03	03950	WOUND CARE	0	3,457	5,001	3,457	0 76.03
76.97	07697	CARDIAC REHABILITATION	26	660	342	660	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	51	1,293	428	1,293	0 90.00
91.00	09100	EMERGENCY	534	13,563	80,505	13,563	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	193	4,902	0	4,902	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,746	185,962	497,037	184,329	12,175 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	21	528	0	528	0 190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	163	4,136	2,016	4,136	0 194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.03
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)	278,684	3,460,671	494,679	1,069,673	576,563 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.064854	18.154244	0.991235	5.659855	47.356304 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,621	346,934	18,768	28,600	44,797 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		MAINTENANCE & REPAIRS (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.666767	1.819972	0.037607	0.151328	3.679425	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: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	44,639					11.00
13.00	01300	NURSING ADMINISTRATION	825	366,437				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	326	0	9,242,171			14.00
15.00	01500	PHARMACY	1,000	20,793	0	5,894,322		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,035	21,527	0	25	361,378,744	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,406	112,441	247,908	8,482	16,582,852	30.00
31.00	03100	INTENSIVE CARE UNIT	1,707	35,506	86,579	2,049	3,768,009	31.00
43.00	04300	NURSERY	689	14,324	33,206	65	1,727,775	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,380	70,306	3,543,317	1,482	41,299,271	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,355	28,183	104,212	0	4,843,529	52.00
53.00	05300	ANESTHESIOLOGY	871	0	109,867	25,468	8,629,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,856	0	183,167	2,250	22,781,446	54.00
54.01	03630	ULTRA SOUND	277	0	35,531	1	4,316,001	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	178	0	176,266	8,061	8,332,349	54.02
54.06	05404	PET SCAN	0	0	0	0	1,143,945	54.06
57.00	05700	CT SCAN	579	0	102,510	0	52,607,842	57.00
58.00	05800	MRI	249	0	47,172	313	15,218,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	148	0	405,835	117	2,915,360	59.00
60.00	06000	LABORATORY	1,901	0	1,935,942	0	32,908,626	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	719	14,962	138,065	0	2,065,890	65.00
66.00	06600	PHYSICAL THERAPY	1,939	0	11,546	29	6,747,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	454	0	23,911	0	3,499,383	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	803,498	68.00
69.00	06900	ELECTROCARDIOLOGY	671	0	25,674	662	15,220,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	196	0	19,329	0	2,843,156	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	165,670	1	9,593,351	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,499,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	445,315	5,244,222	54,316,899	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	36,504	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	271	0	14	0	3,386,133	76.01
76.02	03952	TELEMEDICINE	227	0	744	227	414,186	76.02
76.03	03950	WOUND CARE	590	0	183,276	13,161	7,058,081	76.03
76.97	07697	CARDIAC REHABILITATION	79	0	954	0	317,270	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	260	0	10,110	0	286,750	90.00
91.00	09100	EMERGENCY	2,327	48,395	364,819	4,184	31,214,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	10,881	0	772,349	4,229	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,149	0	67,641	579,521	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,545	366,437	9,240,929	5,894,322	361,378,744	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	94	0	1,242	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	1,147,743	1,843,029	388,730	2,862,657	5,539,352	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.711665	5.029593	0.042060	0.485663	0.015328	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,220	69,332	20,419	282,971	145,142	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.744192	0.189206	0.002209	0.048007	0.000402	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: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		SOCIAL SERVICE (PATIENT DA YS)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
		12,175	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
		8,944	
		1,777	
		1,454	
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	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.06	05404	PET SCAN	54.06
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
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 PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03650	VASCULAR LAB	76.01
76.02	03952	TELEMEDICINE	76.02
76.03	03950	WOUND CARE	76.03
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 PART	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
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		12,175	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	194.01
194.02	07952	MEALS ON WHEELS	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	194.03
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
		0.000000	
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		SOCIAL SERVICE (PATIENT DA YS)		
		17.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 8:40 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		10,508,605	0	10,508,605
31.00	03100	INTENSIVE CARE UNIT		3,227,945	0	3,227,945
43.00	04300	NURSERY		1,161,755	0	1,161,755
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		8,859,488	0	8,859,488
52.00	05200	DELIVERY ROOM & LABOR ROOM		2,301,096	0	2,301,096
53.00	05300	ANESTHESIOLOGY		1,196,119	0	1,196,119
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,141,846	0	6,141,846
54.01	03630	ULTRA SOUND		551,308	0	551,308
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		751,947	0	751,947
54.06	05404	PET SCAN		161,531	0	161,531
57.00	05700	CT SCAN		2,175,316	0	2,175,316
58.00	05800	MRI		889,102	0	889,102
59.00	05900	CARDIAC CATHETERIZATION		412,836	0	412,836
60.00	06000	LABORATORY		5,556,254	0	5,556,254
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,149,879	0	1,149,879
66.00	06600	PHYSICAL THERAPY	0	2,740,376	0	2,740,376
67.00	06700	OCCUPATIONAL THERAPY	0	776,477	0	776,477
68.00	06800	SPEECH PATHOLOGY	0	453,231	0	453,231
69.00	06900	ELECTROCARDIOLOGY		1,446,604	0	1,446,604
70.00	07000	ELECTROENCEPHALOGRAPHY		348,180	0	348,180
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		9,885,695	0	9,885,695
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,497,251	0	1,497,251
73.00	07300	DRUGS CHARGED TO PATIENTS		11,444,537	0	11,444,537
74.00	07400	RENAL DIALYSIS		48,955	0	48,955
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0	0	0
76.01	03650	VASCULAR LAB		473,018	0	473,018
76.02	03952	TELEMEDICINE		372,535	0	372,535
76.03	03950	WOUND CARE		1,733,480	6,108	1,739,588
76.97	07697	CARDIAC REHABILITATION		143,186	0	143,186
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		372,318	0	372,318
91.00	09100	EMERGENCY		4,920,099	0	4,920,099
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		1,859,579		1,859,579
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		18,997,979		18,997,979
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE		7,434,574		7,434,574
200.00		Subtotal (see instructions)	0	109,993,101	6,108	109,999,209
201.00		Less Observation Beds		1,859,579		1,859,579
202.00		Total (see instructions)	0	108,133,522	6,108	108,139,630

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 8:40 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	11,683,759		11,683,759		30.00
31.00	03100	INTENSIVE CARE UNIT	3,768,009		3,768,009		31.00
43.00	04300	NURSERY	1,727,775		1,727,775		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,176,136	35,123,135	41,299,271	0.214519	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,226,647	616,882	4,843,529	0.475087	52.00
53.00	05300	ANESTHESIOLOGY	2,606,907	6,022,589	8,629,496	0.138608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,746,246	21,035,200	22,781,446	0.269599	54.00
54.01	03630	ULTRA SOUND	439,153	3,876,848	4,316,001	0.127736	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	312,022	8,020,327	8,332,349	0.090244	54.02
54.06	05404	PET SCAN	0	1,143,945	1,143,945	0.141205	54.06
57.00	05700	CT SCAN	8,048,685	44,559,157	52,607,842	0.041350	57.00
58.00	05800	MRI	818,473	14,400,159	15,218,632	0.058422	58.00
59.00	05900	CARDIAC CATHETERIZATION	501,279	2,414,081	2,915,360	0.141607	59.00
60.00	06000	LABORATORY	9,022,374	23,886,252	32,908,626	0.168839	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	1,705,411	360,479	2,065,890	0.556602	65.00
66.00	06600	PHYSICAL THERAPY	1,465,033	5,282,075	6,747,108	0.406156	66.00
67.00	06700	OCCUPATIONAL THERAPY	891,215	2,608,168	3,499,383	0.221890	67.00
68.00	06800	SPEECH PATHOLOGY	85,202	718,296	803,498	0.564072	68.00
69.00	06900	ELECTROCARDIOLOGY	2,057,589	13,163,234	15,220,823	0.095041	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,133	2,832,023	2,843,156	0.122463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,775,573	5,817,778	9,593,351	1.030474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,510,275	3,989,519	6,499,794	0.230354	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,515,640	37,801,259	54,316,899	0.210699	73.00
74.00	07400	RENAL DIALYSIS	32,448	4,056	36,504	1.341086	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	242,214	3,143,919	3,386,133	0.139693	76.01
76.02	03952	TELEMEDICINE	0	414,186	414,186	0.899439	76.02
76.03	03950	WOUND CARE	27,293	7,030,788	7,058,081	0.245602	76.03
76.97	07697	CARDIAC REHABILITATION	215	317,055	317,270	0.451306	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	750	286,000	286,750	1.298406	90.00
91.00	09100	EMERGENCY	5,441,809	25,772,976	31,214,785	0.157621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,120,208	3,778,885	4,899,093	0.379576	92.00
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	17,105,236	17,105,236		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	434	10,431,683	10,432,117		116.00
200.00		Subtotal (see instructions)	86,959,907	301,956,190	388,916,097		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	86,959,907	301,956,190	388,916,097		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214519		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475087		52.00
53.00	05300	ANESTHESIOLOGY	0.138608		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.269599		54.00
54.01	03630	ULTRA SOUND	0.127736		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.090244		54.02
54.06	05404	PET SCAN	0.141205		54.06
57.00	05700	CT SCAN	0.041350		57.00
58.00	05800	MRI	0.058422		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141607		59.00
60.00	06000	LABORATORY	0.168839		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.556602		65.00
66.00	06600	PHYSICAL THERAPY	0.406156		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221890		67.00
68.00	06800	SPEECH PATHOLOGY	0.564072		68.00
69.00	06900	ELECTROCARDIOLOGY	0.095041		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122463		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.030474		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230354		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210699		73.00
74.00	07400	RENAL DIALYSIS	1.341086		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03650	VASCULAR LAB	0.139693		76.01
76.02	03952	TELEMEDICINE	0.899439		76.02
76.03	03950	WOUND CARE	0.246468		76.03
76.97	07697	CARDIAC REHABILITATION	0.451306		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.298406		90.00
91.00	09100	EMERGENCY	0.157621		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.379576		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
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 8:40 am

			Title XIX		Hospital		Cost	
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	10,508,605		10,508,605	0	10,508,605	30.00
31.00	03100	INTENSIVE CARE UNIT	3,227,945		3,227,945	0	3,227,945	31.00
43.00	04300	NURSERY	1,161,755		1,161,755	0	1,161,755	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,859,488		8,859,488	0	8,859,488	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,301,096		2,301,096	0	2,301,096	52.00
53.00	05300	ANESTHESIOLOGY	1,196,119		1,196,119	0	1,196,119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,141,846		6,141,846	0	6,141,846	54.00
54.01	03630	ULTRA SOUND	551,308		551,308	0	551,308	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	751,947		751,947	0	751,947	54.02
54.06	05404	PET SCAN	161,531		161,531	0	161,531	54.06
57.00	05700	CT SCAN	2,175,316		2,175,316	0	2,175,316	57.00
58.00	05800	MRI	889,102		889,102	0	889,102	58.00
59.00	05900	CARDIAC CATHETERIZATION	412,836		412,836	0	412,836	59.00
60.00	06000	LABORATORY	5,556,254		5,556,254	0	5,556,254	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,149,879	0	1,149,879	0	1,149,879	65.00
66.00	06600	PHYSICAL THERAPY	2,740,376	0	2,740,376	0	2,740,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	776,477	0	776,477	0	776,477	67.00
68.00	06800	SPEECH PATHOLOGY	453,231	0	453,231	0	453,231	68.00
69.00	06900	ELECTROCARDIOLOGY	1,446,604		1,446,604	0	1,446,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	348,180		348,180	0	348,180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,885,695		9,885,695	0	9,885,695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,497,251		1,497,251	0	1,497,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,444,537		11,444,537	0	11,444,537	73.00
74.00	07400	RENAL DIALYSIS	48,955		48,955	0	48,955	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03650	VASCULAR LAB	473,018		473,018	0	473,018	76.01
76.02	03952	TELEMEDICINE	372,535		372,535	0	372,535	76.02
76.03	03950	WOUND CARE	1,733,480		1,733,480	6,108	1,739,588	76.03
76.97	07697	CARDIAC REHABILITATION	143,186		143,186	0	143,186	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	372,318		372,318	0	372,318	90.00
91.00	09100	EMERGENCY	4,920,099		4,920,099	0	4,920,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,859,579		1,859,579		1,859,579	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	18,997,979		18,997,979		18,997,979	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,434,574		7,434,574		7,434,574	116.00
200.00		Subtotal (see instructions)	109,993,101	0	109,993,101	6,108	109,999,209	200.00
201.00		Less Observation Beds	1,859,579		1,859,579		1,859,579	201.00
202.00		Total (see instructions)	108,133,522	0	108,133,522	6,108	108,139,630	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 8:40 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,683,759		11,683,759		30.00
31.00	03100	INTENSIVE CARE UNIT	3,768,009		3,768,009		31.00
43.00	04300	NURSERY	1,727,775		1,727,775		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,176,136	35,123,135	41,299,271	0.214519	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,226,647	616,882	4,843,529	0.475087	52.00
53.00	05300	ANESTHESIOLOGY	2,606,907	6,022,589	8,629,496	0.138608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,746,246	21,035,200	22,781,446	0.269599	54.00
54.01	03630	ULTRA SOUND	439,153	3,876,848	4,316,001	0.127736	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	312,022	8,020,327	8,332,349	0.090244	54.02
54.06	05404	PET SCAN	0	1,143,945	1,143,945	0.141205	54.06
57.00	05700	CT SCAN	8,048,685	44,559,157	52,607,842	0.041350	57.00
58.00	05800	MRI	818,473	14,400,159	15,218,632	0.058422	58.00
59.00	05900	CARDIAC CATHETERIZATION	501,279	2,414,081	2,915,360	0.141607	59.00
60.00	06000	LABORATORY	9,022,374	23,886,252	32,908,626	0.168839	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	1,705,411	360,479	2,065,890	0.556602	65.00
66.00	06600	PHYSICAL THERAPY	1,465,033	5,282,075	6,747,108	0.406156	66.00
67.00	06700	OCCUPATIONAL THERAPY	891,215	2,608,168	3,499,383	0.221890	67.00
68.00	06800	SPEECH PATHOLOGY	85,202	718,296	803,498	0.564072	68.00
69.00	06900	ELECTROCARDIOLOGY	2,057,589	13,163,234	15,220,823	0.095041	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,133	2,832,023	2,843,156	0.122463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,775,573	5,817,778	9,593,351	1.030474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,510,275	3,989,519	6,499,794	0.230354	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,515,640	37,801,259	54,316,899	0.210699	73.00
74.00	07400	RENAL DIALYSIS	32,448	4,056	36,504	1.341086	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	242,214	3,143,919	3,386,133	0.139693	76.01
76.02	03952	TELEMEDICINE	0	414,186	414,186	0.899439	76.02
76.03	03950	WOUND CARE	27,293	7,030,788	7,058,081	0.245602	76.03
76.97	07697	CARDIAC REHABILITATION	215	317,055	317,270	0.451306	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	750	286,000	286,750	1.298406	90.00
91.00	09100	EMERGENCY	5,441,809	25,772,976	31,214,785	0.157621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,120,208	3,778,885	4,899,093	0.379576	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	17,105,236	17,105,236		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	434	10,431,683	10,432,117		116.00
200.00		Subtotal (see instructions)	86,959,907	301,956,190	388,916,097		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	86,959,907	301,956,190	388,916,097		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.06	05404	PET SCAN	0.000000		54.06
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03650	VASCULAR LAB	0.000000		76.01
76.02	03952	TELEMEDICINE	0.000000		76.02
76.03	03950	WOUND CARE	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		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
116.00	11600	HOSPICE			116.00
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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 8:40 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	497,381	0	497,381	10,867	45.77	30.00
31.00	INTENSIVE CARE UNIT	117,522		117,522	1,777	66.14	31.00
43.00	NURSERY	36,806		36,806	1,454	25.31	43.00
200.00	Total (lines 30 through 199)	651,709		651,709	14,098		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	5,109	233,839				30.00
31.00	INTENSIVE CARE UNIT	1,224	80,955				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,333	314,794				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,095,550	41,299,271	0.026527	4,230,006	112,209	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	80,901	4,843,529	0.016703	6,711	112	52.00
53.00	05300 ANESTHESIOLOGY	66,373	8,629,496	0.007691	1,035,359	7,963	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,002,242	22,781,446	0.043994	1,173,650	51,634	54.00
54.01	03630 ULTRA SOUND	26,878	4,316,001	0.006228	250,786	1,562	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	29,466	8,332,349	0.003536	203,920	721	54.02
54.06	05404 PET SCAN	3,717	1,143,945	0.003249	0	0	54.06
57.00	05700 CT SCAN	68,579	52,607,842	0.001304	4,817,180	6,282	57.00
58.00	05800 MRI	54,757	15,218,632	0.003598	501,054	1,803	58.00
59.00	05900 CARDIAC CATHETERIZATION	24,033	2,915,360	0.008244	398,712	3,287	59.00
60.00	06000 LABORATORY	198,651	32,908,626	0.006036	5,215,226	31,479	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	35,349	2,065,890	0.017111	1,009,572	17,275	65.00
66.00	06600 PHYSICAL THERAPY	162,298	6,747,108	0.024054	1,157,306	27,838	66.00
67.00	06700 OCCUPATIONAL THERAPY	29,157	3,499,383	0.008332	665,831	5,548	67.00
68.00	06800 SPEECH PATHOLOGY	12,980	803,498	0.016154	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	75,163	15,220,823	0.004938	1,349,920	6,666	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,938	2,843,156	0.004902	8,659	42	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	224,314	9,593,351	0.023382	2,285,845	53,448	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,222	6,499,794	0.005265	1,819,890	9,582	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	456,426	54,316,899	0.008403	9,385,555	78,867	73.00
74.00	07400 RENAL DIALYSIS	3,118	36,504	0.085415	31,096	2,656	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03650 VASCULAR LAB	16,078	3,386,133	0.004748	161,357	766	76.01
76.02	03952 TELEMEDICINE	12,990	414,186	0.031363	0	0	76.02
76.03	03950 WOUND CARE	58,852	7,058,081	0.008338	17,460	146	76.03
76.97	07697 CARDIAC REHABILITATION	6,909	317,270	0.021776	215	5	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	16,637	286,750	0.058019	250	15	90.00
91.00	09100 EMERGENCY	214,671	31,214,785	0.006877	3,353,542	23,062	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	88,016	4,899,093	0.017966	629,440	11,309	92.00
200.00	Total (lines 50 through 199)	4,112,265	344,199,201		39,708,542	454,277	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 8:40 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	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	10,867	0.00	5,109	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,777	0.00	1,224	31.00		
43.00	04300	NURSERY		0	1,454	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	14,098		6,333	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	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 8:40 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	0	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	0	0	0	0	76.02
76.03	03950	WOUND CARE	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 8:40 am	
					Title XVIII	Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	41,299,271	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,843,529	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,629,496	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,781,446	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	4,316,001	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	8,332,349	0.000000	54.02
54.06	05404	PET SCAN	0	0	0	1,143,945	0.000000	54.06
57.00	05700	CT SCAN	0	0	0	52,607,842	0.000000	57.00
58.00	05800	MRI	0	0	0	15,218,632	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,915,360	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	32,908,626	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,065,890	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,747,108	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,499,383	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	803,498	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,220,823	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,843,156	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,593,351	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,499,794	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,316,899	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	36,504	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	0	0	0	3,386,133	0.000000	76.01
76.02	03952	TELEMEDICINE	0	0	0	414,186	0.000000	76.02
76.03	03950	WOUND CARE	0	0	0	7,058,081	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	317,270	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	286,750	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	31,214,785	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,899,093	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	344,199,201		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 8:40 am	
Cost Center Description				Title XVIII		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	4,230,006	0	15,145,446	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	6,711	0	2,636	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,035,359	0	2,122,487	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	1,173,650	0	4,141,657	0	54.00
54.01	03630	ULTRA SOUND		0.000000	250,786	0	875,806	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	203,920	0	3,903,756	0	54.02
54.06	05404	PET SCAN		0.000000	0	0	546,927	0	54.06
57.00	05700	CT SCAN		0.000000	4,817,180	0	17,056,934	0	57.00
58.00	05800	MRI		0.000000	501,054	0	4,981,972	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	398,712	0	1,350,438	0	59.00
60.00	06000	LABORATORY		0.000000	5,215,226	0	4,852,891	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	1,009,572	0	104,218	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,157,306	0	80,481	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	665,831	0	39,006	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,349,920	0	5,728,765	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	8,659	0	1,069,813	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	2,285,845	0	2,153,071	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	1,819,890	0	2,051,911	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	9,385,555	0	19,014,399	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	31,096	0	4,056	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB		0.000000	161,357	0	1,836,205	0	76.01
76.02	03952	TELEMEDICINE		0.000000	0	0	14,029	0	76.02
76.03	03950	WOUND CARE		0.000000	17,460	0	3,602,252	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	215	0	210,880	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	250	0	14,668	0	90.00
91.00	09100	EMERGENCY		0.000000	3,353,542	0	7,712,778	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	629,440	0	1,906,908	0	92.00
200.00		Total (lines 50 through 199)			39,708,542	0	100,524,390	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 8:40 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.214519	15,145,446	0	0	3,248,986	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.475087	2,636	0	0	1,252	52.00
53.00	05300	ANESTHESIOLOGY		0.138608	2,122,487	0	0	294,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.269599	4,141,657	0	0	1,116,587	54.00
54.01	03630	ULTRA SOUND		0.127736	875,806	0	0	111,872	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.090244	3,903,756	0	0	352,291	54.02
54.06	05404	PET SCAN		0.141205	546,927	0	0	77,229	54.06
57.00	05700	CT SCAN		0.041350	17,056,934	0	0	705,304	57.00
58.00	05800	MRI		0.058422	4,981,972	0	0	291,057	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.141607	1,350,438	0	0	191,231	59.00
60.00	06000	LABORATORY		0.168839	4,852,891	10,852	0	819,357	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.556602	104,218	0	0	58,008	65.00
66.00	06600	PHYSICAL THERAPY		0.406156	80,481	0	0	32,688	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.221890	39,006	0	0	8,655	67.00
68.00	06800	SPEECH PATHOLOGY		0.564072	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.095041	5,728,765	0	0	544,468	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.122463	1,069,813	0	0	131,013	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1.030474	2,153,071	0	0	2,218,684	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.230354	2,051,911	0	0	472,666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.210699	19,014,399	0	73,449	4,006,315	73.00
74.00	07400	RENAL DIALYSIS		1.341086	4,056	0	0	5,439	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB		0.139693	1,836,205	0	0	256,505	76.01
76.02	03952	TELEMEDICINE		0.899439	14,029	0	0	12,618	76.02
76.03	03950	WOUND CARE		0.245602	3,602,252	0	0	884,720	76.03
76.97	07697	CARDIAC REHABILITATION		0.451306	210,880	0	0	95,171	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		1.298406	14,668	0	0	19,045	90.00
91.00	09100	EMERGENCY		0.157621	7,712,778	0	0	1,215,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.379576	1,906,908	0	0	723,817	92.00
200.00		Subtotal (see instructions)			100,524,390	10,852	73,449	17,894,868	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			100,524,390	10,852	73,449	17,894,868	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 8:40 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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	03630	ULTRA SOUND	0	0					54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					54.02
54.06	05404	PET SCAN	0	0					54.06
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	1,832	0					60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0					62.30
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 PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,476					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0					76.00
76.01	03650	VASCULAR LAB	0	0					76.01
76.02	03952	TELEMEDICINE	0	0					76.02
76.03	03950	WOUND CARE	0	0					76.03
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 PART	0	0					92.00
200.00		Subtotal (see instructions)	1,832	15,476					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	1,832	15,476					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 8:40 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,867	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,867	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,944	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,109	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,508,605	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,508,605	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,508,605	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		967.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,940,505	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,940,505	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0032

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,227,945	1,777	1,816.51	1,224	2,223,408	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,484,225	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,648,138	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					314,794	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					454,277	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					769,071	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,879,067	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,923	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					967.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,859,579	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0032		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 8:40 am		
				Title XVIII		Hospital		PPS		
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)				
		1.00	2.00	3.00	4.00	5.00				
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	497,381	10,508,605	0.047331	1,859,579	88,016			90.00	
91.00	Nursing School cost	0	10,508,605	0.000000	1,859,579	0			91.00	
92.00	Allied health cost	0	10,508,605	0.000000	1,859,579	0			92.00	
93.00	All other Medical Education	0	10,508,605	0.000000	1,859,579	0			93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 8:40 am
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,016,015	30.00
31.00	03100	INTENSIVE CARE UNIT		2,403,725	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214519	4,230,006	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475087	6,711	52.00
53.00	05300	ANESTHESIOLOGY	0.138608	1,035,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.269599	1,173,650	54.00
54.01	03630	ULTRA SOUND	0.127736	250,786	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.090244	203,920	54.02
54.06	05404	PET SCAN	0.141205	0	54.06
57.00	05700	CT SCAN	0.041350	4,817,180	57.00
58.00	05800	MRI	0.058422	501,054	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141607	398,712	59.00
60.00	06000	LABORATORY	0.168839	5,215,226	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.556602	1,009,572	65.00
66.00	06600	PHYSICAL THERAPY	0.406156	1,157,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221890	665,831	67.00
68.00	06800	SPEECH PATHOLOGY	0.564072	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095041	1,349,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122463	8,659	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.030474	2,285,845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230354	1,819,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210699	9,385,555	73.00
74.00	07400	RENAL DIALYSIS	1.341086	31,096	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	76.00
76.01	03650	VASCULAR LAB	0.139693	161,357	76.01
76.02	03952	TELEMEDICINE	0.899439	0	76.02
76.03	03950	WOUND CARE	0.246468	17,460	76.03
76.97	07697	CARDIAC REHABILITATION	0.451306	215	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.298406	250	90.00
91.00	09100	EMERGENCY	0.157621	3,353,542	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.379576	629,440	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		39,708,542	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		39,708,542	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 8:40 am	
		Component CCN: 14-U032			
		Title XIX	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214519	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475087	0	52.00
53.00	05300	ANESTHESIOLOGY	0.138608	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.269599	0	54.00
54.01	03630	ULTRA SOUND	0.127736	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.090244	0	54.02
54.06	05404	PET SCAN	0.141205	0	54.06
57.00	05700	CT SCAN	0.041350	0	57.00
58.00	05800	MRI	0.058422	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141607	0	59.00
60.00	06000	LABORATORY	0.168839	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.556602	0	65.00
66.00	06600	PHYSICAL THERAPY	0.406156	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221890	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.564072	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095041	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122463	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.030474	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230354	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210699	0	73.00
74.00	07400	RENAL DIALYSIS	1.341086	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	76.00
76.01	03650	VASCULAR LAB	0.139693	0	76.01
76.02	03952	TELEMEDICINE	0.899439	0	76.02
76.03	03950	WOUND CARE	0.245602	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.451306	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.298406	0	90.00
91.00	09100	EMERGENCY	0.157621	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.379576	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 8:40 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)		3,077,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,511,843	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)		148,863	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		199,674	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		127.52	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.29	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.70	31.00
32.00	Sum of lines 30 and 31		21.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.35	33.00
34.00	Disproportionate share adjustment (see instructions)		231,331	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 8:40 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)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000162868	0.000253975	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,360,044	2,105,456	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		341,869	1,574,765	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,916,634		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		15,085,929		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		16,462,757		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			16,462,757	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			984,587	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			238,810	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)			17,686,154	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,686,154	61.00
62.00	Deductibles billed to program beneficiaries			1,569,336	62.00
63.00	Coinsurance billed to program beneficiaries			25,686	63.00
64.00	Allowable bad debts (see instructions)			768,939	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			499,810	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			685,145	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,590,942	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)			122,147	70.93
70.94	HRR adjustment amount (see instructions)			-102,217	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 8:40 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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			16,610,872	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			16,605,970	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)			4,902	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			959,324	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
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP 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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 8:40 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,077,584	0	3,077,584		3,077,584
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,511,843	0		9,511,843	9,511,843
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	148,863	0	148,863		148,863
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	199,674	0		199,674	199,674
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0735	0.0735	0.0735	0.0735	
11.00	Disproportionate share adjustment (see instructions)	34.00	231,331	0	56,551	174,780	231,331
11.01	Uncompensated care payments	36.00	1,916,634	0	341,869	1,574,765	1,916,634
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	15,085,929	0	3,624,867	11,461,062	15,085,929
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	16,462,757	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	16,462,757	0	0	16,462,757	16,462,757

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 8:40 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	984,587	0	253,929	730,658	984,587
17.00	Special add-on payments for new technologies	54.00	238,810	0	0	238,810	238,810
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	253,929	17,432,225	17,686,154
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	949,739	0	240,359	709,380	949,739
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	34,848	0	13,570	21,278	34,848
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.00000	0.00000	0.00000	0.00000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.00000	0.00000	0.00000	0.00000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	984,587	0	253,929	730,658	984,587
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 8:40 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	3,077,584	3,077,584		3,077,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,511,843		9,511,843	9,511,843	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	148,863	148,863		148,863	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	199,674		199,674	199,674	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0735	0.0735	0.0735		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	231,331	56,551	174,780	231,331	11.00
11.01	Uncompensated care payments	36.00	1,916,634	341,869	1,574,765	1,916,634	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	15,085,929	3,624,867	11,461,062	15,085,929	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	16,462,757	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	16,462,757	0	16,462,757	16,462,757	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	984,587	253,929	730,658	984,587	16.00
17.00	Special add-on payments for new technologies	54.00	238,810	0	238,810	238,810	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			253,929	17,432,225	17,686,154	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 8:40 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	949,739	240,359	709,380	949,739	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	34,848	13,570	21,278	34,848	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	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	984,587	253,929	730,658	984,587	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	122,147	23,155	98,992	122,147	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	-102,217	-20,312	-81,905	-102,217	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 8:40 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,308	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,894,868	2.00
3.00	OPPS payments		15,661,707	3.00
4.00	Outlier payment (see instructions)		25,724	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)		17,308	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		84,301	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)		84,301	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)		84,301	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		66,993	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)		17,308	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)		15,687,431	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,032,036	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)		12,672,703	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,672,703	30.00
31.00	Primary payer payments		854	31.00
32.00	Subtotal (line 30 minus line 31)		12,671,849	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)		1,397,339	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		908,270	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,276,941	36.00
37.00	Subtotal (see instructions)		13,580,119	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,580,119	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		12,846,956	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)		733,163	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 8:40 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		16,605,970		12,846,956	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)		16,605,970		12,846,956	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		4,902		733,163	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,610,872		13,580,119	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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/30/2021 8:40 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 from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN:14-0032

Period:

Worksheet E-2

Component CCN:14-U032

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 8:40 am

		Title XIX	Swing Beds - SNF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration		0	16.99
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	19.25
20.00	Interim payments		0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)		0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

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

Provider CCN: 14-0032

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

Worksheet G

Date/Time Prepared:
11/30/2021 8:40 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	678,669	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	36,719,323	0	0	0	4.00
5.00	Other receivable	3,891,210	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,391,318	0	0	0	6.00
7.00	Inventory	4,861,579	0	0	0	7.00
8.00	Prepaid expenses	417,769	0	0	0	8.00
9.00	Other current assets	-42	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)	31,177,190	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,699,574	0	0	0	12.00
13.00	Land improvements	3,381,484	0	0	0	13.00
14.00	Accumulated depreciation	-2,590,370	0	0	0	14.00
15.00	Buildings	111,695,037	0	0	0	15.00
16.00	Accumulated depreciation	-52,793,902	0	0	0	16.00
17.00	Leasehold improvements	1,169,101	0	0	0	17.00
18.00	Accumulated depreciation	-159,090	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	88,463,489	0	0	0	23.00
24.00	Accumulated depreciation	-72,989,083	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	7,318,386	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	86,194,626	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	436,602,749	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	150,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	436,752,749	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	554,124,565	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,854,102	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,213,148	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	330,625	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	8,024,314	0	0	0	43.00
44.00	Other current liabilities	19,321,632	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,743,821	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,503,355	0	0	0	46.00
47.00	Notes payable	13,941,980	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,014,237	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	19,459,572	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	58,203,393	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	495,921,172				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)	495,921,172	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	554,124,565	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0032

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

Worksheet G-1

Date/Time Prepared:
11/30/2021 8:40 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		404,758,791		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		95,742,282				2.00
3.00	Total (sum of line 1 and line 2)		500,501,073		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)		500,501,073		0		11.00
12.00	CHANGE IN NET ASSETS	4,579,901		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)		4,579,901		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		495,921,172		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	CHANGE IN NET ASSETS		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: 14-0032

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	13,594,094		13,594,094	1.00
2.00	SUBPROVIDER - IPF				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)	13,594,094		13,594,094	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,786,054		3,786,054	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)	3,786,054		3,786,054	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,380,148		17,380,148	17.00
18.00	Ancillary services	64,050,455	251,632,258	315,682,713	18.00
19.00	Outpatient services	6,601,032	30,226,419	36,827,451	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		17,224,630	17,224,630	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	0	10,432,117	10,432,117	26.00
27.00	PROFESSIONAL SERVICES	1,275,915	5,328,711	6,604,626	27.00
27.01	OTHER NONREIMBURSABLE COST CENTERS	0	5,645,386	5,645,386	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	89,307,550	320,489,521	409,797,071	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		130,354,765		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)		130,354,765		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0032

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

Worksheet G-3

Date/Time Prepared:
11/30/2021 8:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	409,797,071	1.00
2.00	Less contractual allowances and discounts on patients' accounts	262,051,958	2.00
3.00	Net patient revenues (line 1 minus line 2)	147,745,113	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	130,354,765	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,390,348	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	58,276,790	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	14,484,033	24.00
24.50	COVID-19 PHE Funding	6,964,735	24.50
25.00	Total other income (sum of lines 6-24)	79,725,558	25.00
26.00	Total (line 5 plus line 25)	97,115,906	26.00
27.00	OTHER NONOPERATING	1,373,624	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,373,624	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	95,742,282	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0032

Period:

Worksheet H

HHA CCN: 14-7661

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/30/2021 8:40 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	581,847	581,847	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	604,485	0	15,348	1,407	1,215,788	1,837,028	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	5,427,791	0	137,905	0	0	5,565,696	6.00
7.00	Physical Therapy	1,959,140	0	49,764	0	0	2,008,904	7.00
8.00	Occupational Therapy	652,881	0	16,596	0	0	669,477	8.00
9.00	Speech Pathology	147,647	0	3,757	0	0	151,404	9.00
10.00	Medical Social Services	28,215	0	715	0	0	28,930	10.00
11.00	Home Health Aide	251,899	0	6,408	0	0	258,307	11.00
12.00	Supplies (see instructions)	0	0	0	0	789,972	789,972	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)	264	0	0	0	0	264	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	9,072,322	0	230,493	1,407	2,587,607	11,891,829	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	581,847	0	581,847			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-1,764	1,835,264	-58	1,835,206			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	5,565,696	0	5,565,696			6.00
7.00	Physical Therapy	0	2,008,904	0	2,008,904			7.00
8.00	Occupational Therapy	0	669,477	0	669,477			8.00
9.00	Speech Pathology	0	151,404	0	151,404			9.00
10.00	Medical Social Services	0	28,930	0	28,930			10.00
11.00	Home Health Aide	0	258,307	0	258,307			11.00
12.00	Supplies (see instructions)	-772,327	17,645	0	17,645			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	264	0	264			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-774,091	11,117,738	-58	11,117,680			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: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 8:40 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.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	581,847	0	0	581,847		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,835,206	0	0	581,847	0	2,417,053	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,565,696	0	0	0	0	5,565,696	6.00
7.00	Physical Therapy	2,008,904	0	0	0	0	2,008,904	7.00
8.00	Occupational Therapy	669,477	0	0	0	0	669,477	8.00
9.00	Speech Pathology	151,404	0	0	0	0	151,404	9.00
10.00	Medical Social Services	28,930	0	0	0	0	28,930	10.00
11.00	Home Health Aide	258,307	0	0	0	0	258,307	11.00
12.00	Supplies (see instructions)	17,645	0	0	0	0	17,645	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)	264	0	0	0	0	264	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	11,117,680	0	0	581,847	0	11,117,680	24.00
		Administrativ e & 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	2,417,053						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,546,163	7,111,859					6.00
7.00	Physical Therapy	558,078	2,566,982					7.00
8.00	Occupational Therapy	185,982	855,459					8.00
9.00	Speech Pathology	42,060	193,464					9.00
10.00	Medical Social Services	8,037	36,967					10.00
11.00	Home Health Aide	71,758	330,065					11.00
12.00	Supplies (see instructions)	4,902	22,547					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)	73	337					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		11,117,680					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:

11/30/2021 8:40 am

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & 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	4,902			0		1.00
2.00	Capital Related - Movable Equipment		6,520		0		2.00
3.00	Plant Operation & Maintenance	0	0	4,902	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	4,902	6,520	4,902	0	-2,417,053	8,700,627
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	5,565,696	6.00
7.00	Physical Therapy	0	0	0	0	2,008,904	7.00
8.00	Occupational Therapy	0	0	0	0	669,477	8.00
9.00	Speech Pathology	0	0	0	0	151,404	9.00
10.00	Medical Social Services	0	0	0	0	28,930	10.00
11.00	Home Health Aide	0	0	0	0	258,307	11.00
12.00	Supplies (see instructions)	0	0	0	0	17,645	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	264	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,902	6,520	4,902	0	-2,417,053	8,700,627
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	581,847	0	2,417,053	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	118.695838	0.000000	0.277802	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 8:40 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	14,996	2,429	192,830	210,255	68,146	1.00
2.00	Skilled Nursing Care	7,111,859	0	0	1,724,364	8,836,223	2,863,918	2.00
3.00	Physical Therapy	2,566,982	0	0	622,403	3,189,385	1,033,715	3.00
4.00	Occupational Therapy	855,459	0	0	207,415	1,062,874	344,489	4.00
5.00	Speech Pathology	193,464	0	0	46,906	240,370	77,907	5.00
6.00	Medical Social Services	36,967	0	0	8,964	45,931	14,887	6.00
7.00	Home Health Aide	330,065	0	0	80,026	410,091	132,915	7.00
8.00	Supplies (see instructions)	22,547	0	0	0	22,547	7,308	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)	337	0	0	84	421	136	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	11,117,680	14,996	2,429	2,882,992	14,018,097	4,543,421	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
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	5,417	88,992	0	27,745	0	279,768	1.00
2.00	Skilled Nursing Care	0	0	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) (2)	5,417	88,992	0	27,745	0	279,768	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: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 8:40 amHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		13.00	14.00	15.00	16.00	17.00	24.00	
1.00	Administrative and General	0	32,485	2,054	0	0	714,862	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	11,700,141	2.00
3.00	Physical Therapy	0	0	0	0	0	4,223,100	3.00
4.00	Occupational Therapy	0	0	0	0	0	1,407,363	4.00
5.00	Speech Pathology	0	0	0	0	0	318,277	5.00
6.00	Medical Social Services	0	0	0	0	0	60,818	6.00
7.00	Home Health Aide	0	0	0	0	0	543,006	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	29,855	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	557	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	32,485	2,054	0	0	18,997,979	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		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	714,862					1.00
2.00	Skilled Nursing Care	0	11,700,141	457,467	12,157,608			2.00
3.00	Physical Therapy	0	4,223,100	165,123	4,388,223			3.00
4.00	Occupational Therapy	0	1,407,363	55,028	1,462,391			4.00
5.00	Speech Pathology	0	318,277	12,445	330,722			5.00
6.00	Medical Social Services	0	60,818	2,378	63,196			6.00
7.00	Home Health Aide	0	543,006	21,232	564,238			7.00
8.00	Supplies (see instructions)	0	29,855	1,167	31,022			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	557	22	579			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	18,997,979	714,862	18,997,979			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.			0.039100				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: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 8:40 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	Agency 1	Maintenance & Repairs (Hours of Service)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	4,902	6,520	606,971	0	210,255	193	1.00
2.00	Skilled Nursing Care	0	0	5,427,791	0	8,836,223	0	2.00
3.00	Physical Therapy	0	0	1,959,140	0	3,189,385	0	3.00
4.00	Occupational Therapy	0	0	652,881	0	1,062,874	0	4.00
5.00	Speech Pathology	0	0	147,647	0	240,370	0	5.00
6.00	Medical Social Services	0	0	28,215	0	45,931	0	6.00
7.00	Home Health Aide	0	0	251,899	0	410,091	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	22,547	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	264	0	421	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,902	6,520	9,074,808		14,018,097	193	20.00
21.00	Total cost to be allocated	14,996	2,429	2,882,992		4,543,421	5,417	21.00
22.00	Unit cost multiplier	3.059160	0.372546	0.317692		0.324111	28.067358	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	4,902	0	4,902	0	10,881	0	1.00
2.00	Skilled Nursing Care	0	0	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)	4,902	0	4,902	0	10,881	0	20.00
21.00	Total cost to be allocated	88,992	0	27,745	0	279,768	0	21.00
22.00	Unit cost multiplier	18.154223	0.000000	5.659935	0.000000	25.711607	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 8:40 amHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PATIENT DA YS)		
		14.00	15.00	16.00	17.00		
1.00	Administrative and General	772,349	4,229	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)	772,349	4,229	0	0		20.00
21.00	Total cost to be allocated	32,485	2,054	0	0		21.00
22.00	Unit cost multiplier	0.042060	0.485694	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/30/2021 8:40 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	12,157,608		12,157,608	61,465	197.80
2.00	Physical Therapy	3.00	4,388,223	0	4,388,223	13,794	318.13
3.00	Occupational Therapy	4.00	1,462,391	0	1,462,391	4,891	299.00
4.00	Speech Pathology	5.00	330,722	0	330,722	1,529	216.30
5.00	Medical Social Services	6.00	63,196		63,196	611	103.43
6.00	Home Health Aide	7.00	564,238		564,238	6,516	86.59
7.00	Total (sum of lines 1-6)		18,966,378	0	18,966,378	88,806	
Program Visits							
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	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		16060	0	1		8.00
8.01	Skilled Nursing Care		16580	0	9		8.01
8.02	Skilled Nursing Care		19500	0	1,585		8.02
8.03	Skilled Nursing Care		41180	0	8,624		8.03
8.04	Skilled Nursing Care		44100	0	1,487		8.04
8.05	Skilled Nursing Care		50001	0	15		8.05
8.06	Skilled Nursing Care		99914	0	15,657		8.06
9.00	Physical Therapy		16060	0	13		9.00
9.01	Physical Therapy		16580	0	7		9.01
9.02	Physical Therapy		19500	0	896		9.02
9.03	Physical Therapy		41180	0	3,849		9.03
9.04	Physical Therapy		44100	0	610		9.04
9.05	Physical Therapy		50001	0	0		9.05
9.06	Physical Therapy		99914	0	6,976		9.06
10.00	Occupational Therapy		16060	0	0		10.00
10.01	Occupational Therapy		16580	0	1		10.01
10.02	Occupational Therapy		19500	0	381		10.02
10.03	Occupational Therapy		41180	0	863		10.03
10.04	Occupational Therapy		44100	0	331		10.04
10.05	Occupational Therapy		50001	0	0		10.05
10.06	Occupational Therapy		99914	0	1,413		10.06
11.00	Speech Pathology		16060	0	0		11.00
11.01	Speech Pathology		16580	0	0		11.01
11.02	Speech Pathology		19500	0	36		11.02
11.03	Speech Pathology		41180	0	371		11.03
11.04	Speech Pathology		44100	0	53		11.04
11.05	Speech Pathology		50001	0	0		11.05
11.06	Speech Pathology		99914	0	216		11.06
12.00	Medical Social Services		16060	0	0		12.00
12.01	Medical Social Services		16580	0	0		12.01
12.02	Medical Social Services		19500	0	24		12.02
12.03	Medical Social Services		41180	0	25		12.03
12.04	Medical Social Services		44100	0	13		12.04
12.05	Medical Social Services		50001	0	0		12.05
12.06	Medical Social Services		99914	0	31		12.06
13.00	Home Health Aide		16060	0	0		13.00
13.01	Home Health Aide		16580	0	0		13.01
13.02	Home Health Aide		19500	0	206		13.02
13.03	Home Health Aide		41180	0	847		13.03
13.04	Home Health Aide		44100	0	236		13.04
13.05	Home Health Aide		50001	0	0		13.05
13.06	Home Health Aide		99914	0	2,628		13.06
14.00	Total (sum of lines 8-13)			0	47,404		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 8:40 am

				Title XVIII		Home Health Agency I	11/30/2021 8:40 am 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 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	31,022	0	31,022	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description		Program Visits			Cost of Services				
		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
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	27,378		0	5,415,368		1.00	
2.00	Physical Therapy	0	12,351		0	3,929,224		2.00	
3.00	Occupational Therapy	0	2,989		0	893,711		3.00	
4.00	Speech Pathology	0	676		0	146,219		4.00	
5.00	Medical Social Services	0	93		0	9,619		5.00	
6.00	Home Health Aide	0	3,917		0	339,173		6.00	
7.00	Total (sum of lines 1-6)	0	47,404		0	10,733,314		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	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
8.04	Skilled Nursing Care							8.04	
8.05	Skilled Nursing Care							8.05	
8.06	Skilled Nursing Care							8.06	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
9.04	Physical Therapy							9.04	
9.05	Physical Therapy							9.05	
9.06	Physical Therapy							9.06	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
10.04	Occupational Therapy							10.04	
10.05	Occupational Therapy							10.05	
10.06	Occupational Therapy							10.06	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
11.04	Speech Pathology							11.04	
11.05	Speech Pathology							11.05	
11.06	Speech Pathology							11.06	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
12.04	Medical Social Services							12.04	
12.05	Medical Social Services							12.05	
12.06	Medical Social Services							12.06	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
13.04	Home Health Aide							13.04	
13.05	Home Health Aide							13.05	
13.06	Home Health Aide							13.06	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet H-3 Part I Date/Time Prepared: 11/30/2021 8:40 am	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	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	322,001	0	0	0	15.00
16.00	Cost of Drugs		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	5,415,368					1.00
2.00	Physical Therapy	3,929,224					2.00
3.00	Occupational Therapy	893,711					3.00
4.00	Speech Pathology	146,219					4.00
5.00	Medical Social Services	9,619					5.00
6.00	Home Health Aide	339,173					6.00
7.00	Total (sum of lines 1-6)	10,733,314					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:

11/30/2021 8:40 am

Title XVIII

Home Health

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	0.406156	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.221890	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	0.00	0.000000	0	0	0		3.00
4.00 Cost of Medical Supplies	71.00	1.030474	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.210699	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032 HHA CCN: 14-7661	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 11/30/2021 8:40 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	1.00
2.00	Total charges	0	10,400,158	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	10,400,158	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	10,400,158	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	3,470	0	9.00
			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	-3,470	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	7,120,771	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	979,976	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	115,712	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	17,793	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	273,326	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,064	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	8,505,172	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	8,505,172	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	8,505,172	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	8,505,172	29.00
30.00	OTHER ADJUSTMENTS FROM REPORT 329		0	-2,928	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	8,502,244	31.00
31.01	Sequestration adjustment (see instructions)		0	69	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	8,502,175	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0032
HHA CCN: 14-7661Period:
From 07/01/2020
To 06/30/2021

Worksheet H-5

Date/Time Prepared:
11/30/2021 8:40 am

		Home 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		8,502,175
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
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)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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		8,502,175
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)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		8,502,175
		Contractor Number		NPR Date (Mo/Day/Yr)	
		0		1.00 2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

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

Date/Time Prepared:

11/30/2021 8:40 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		6,000	6,000	0	6,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		388,819	388,819	0	388,819	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	168,193	67,488	235,681	534	236,215	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	13,847	13,847	0	13,847	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	6,797	6,797	0	6,797	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	64,691	64,691	-64,691	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	579,521	579,521	-579,521	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		1,493,192	1,493,192	0	1,493,192	25.00
26.00	PHYSICIAN SERVICES**	0	120,936	120,936	0	120,936	26.00
27.00	NURSE PRACTITIONER**	130,934	570	131,504	0	131,504	27.00
28.00	REGISTERED NURSE**	1,879,258	8,177	1,887,435	0	1,887,435	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	4,986	22	5,008	0	5,008	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	125,222	545	125,767	0	125,767	33.00
34.00	SPIRITUAL COUNSELING**	64,674	281	64,955	0	64,955	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	62,492	272	62,764	0	62,764	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	2,950	2,950	-2,950	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	15,578	67	15,645	0	15,645	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	2,451,337	2,754,175	5,205,512	-646,628	4,558,884	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 8:40 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	6,000		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	388,819		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	236,215		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	13,847		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	6,797		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	1,493,192		25.00
26.00	PHYSICIAN SERVICES**	0	120,936		26.00
27.00	NURSE PRACTITIONER**	0	131,504		27.00
28.00	REGISTERED NURSE**	0	1,887,435		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	5,008		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	125,767		33.00
34.00	SPIRITUAL COUNSELING**	0	64,955		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	62,764		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	15,645		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	4,558,884		100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet 0-2
		Hospice CCN: 14-1658		Date/Time Prepared: 11/30/2021 8:40 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	117,729	117,729	0	117,729	26.00
27.00	NURSE PRACTITIONER	128,355	558	128,913	0	128,913	27.00
28.00	REGISTERED NURSE	1,842,244	8,016	1,850,260	0	1,850,260	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	4,986	22	5,008	0	5,008	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	122,755	534	123,289	0	123,289	33.00
34.00	SPIRITUAL COUNSELING	63,400	276	63,676	0	63,676	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	61,261	267	61,528	0	61,528	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,872	2,872	-2,872	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	15,271	66	15,337	0	15,337	46.00
100.00	TOTAL *	2,238,272	130,340	2,368,612	-2,872	2,365,740	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	117,729	26.00
27.00	NURSE PRACTITIONER	0	128,913	27.00
28.00	REGISTERED NURSE	0	1,850,260	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	5,008	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	123,289	33.00
34.00	SPIRITUAL COUNSELING	0	63,676	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	61,528	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	15,337	46.00
100.00	TOTAL *	0	2,365,740	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 14-0032

Period:

Worksheet 0-3

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 8:40 am

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		161,912	161,912	0	161,912	25.00	
26.00	PHYSICIAN SERVICES	0	348	348	0	348	26.00	
27.00	NURSE PRACTITIONER	145	1	146	0	146	27.00	
28.00	REGISTERED NURSE	2,082	9	2,091	0	2,091	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	139	1	140	0	140	33.00	
34.00	SPIRITUAL COUNSELING	72	0	72	0	72	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	69	0	69	0	69	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	8	8	-8	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	17	0	17	0	17	46.00	
100.00	TOTAL *	2,524	162,279	164,803	-8	164,795	100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	161,912	25.00
26.00	PHYSICIAN SERVICES	0	348	26.00
27.00	NURSE PRACTITIONER	0	146	27.00
28.00	REGISTERED NURSE	0	2,091	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	140	33.00
34.00	SPIRITUAL COUNSELING	0	72	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	69	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	17	46.00
100.00	TOTAL *	0	164,795	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE				Provider CCN: 14-0032 Hospice CCN: 14-1658	Period: From 07/01/2020 To 06/30/2021	Worksheet 0-4 Date/Time Prepared: 11/30/2021 8:40 am
				Hospice I		
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	1,331,280	1,331,280	0	1,331,280	25.00
26.00	PHYSICIAN SERVICES	0	2,859	0	2,859	26.00
27.00	NURSE PRACTITIONER	2,434	11	0	2,445	27.00
28.00	REGISTERED NURSE	34,932	152	0	35,084	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,328	10	0	2,338	33.00
34.00	SPIRITUAL COUNSELING	1,202	5	0	1,207	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,162	5	0	1,167	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	70	-70	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	290	1	0	291	46.00
100.00	TOTAL *	42,348	1,334,393	-70	1,376,671	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

				ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
				6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	1,331,280			25.00
26.00	PHYSICIAN SERVICES	0	2,859			26.00
27.00	NURSE PRACTITIONER	0	2,445			27.00
28.00	REGISTERED NURSE	0	35,084			28.00
29.00	LPN/LVN	0	0			29.00
30.00	PHYSICAL THERAPY	0	0			30.00
31.00	OCCUPATIONAL THERAPY	0	0			31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0			32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,338			33.00
34.00	SPIRITUAL COUNSELING	0	1,207			34.00
35.00	DIETARY COUNSELING	0	0			35.00
36.00	COUNSELING - OTHER	0	0			36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,167			37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0			38.00
39.00	PATIENT TRANSPORTATION	0	0			39.00
40.00	IMAGING SERVICES	0	0			40.00
41.00	LABS & DIAGNOSTICS	0	0			41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0			42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0			42.50
43.00	OUTPATIENT SERVICES	0	0			43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0			44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0			45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	291			46.00
100.00	TOTAL *	0	1,376,671			100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 14-0032

Period:

Worksheet 0-5

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 8:40 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	6,000	0	6,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	388,819	1,086	389,905	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	778,945	778,945	3.00
4.00	ADMINISTRATIVE & GENERAL	236,215	1,811,362	2,047,577	4.00
5.00	PLANT OPERATION & MAINTENANCE	13,847	0	13,847	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	6,797	0	6,797	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	2,845	2,845	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	281,452	281,452	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,365,740	0	2,365,740	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	164,795	0	164,795	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,376,671	0	1,376,671	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	4,558,884	2,875,690	7,434,574	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/30/2021 8:40 am

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,000	6,000				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	389,905		389,905			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	778,945	0	0	778,945		3.00
4.00	ADMINISTRATIVE & GENERAL	2,047,577	6,000	389,905	53,604	2,497,086	4.00
5.00	PLANT OPERATION & MAINTENANCE	13,847	0	0	0	13,847	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	6,797	0	0	0	6,797	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,845	0	0	0	2,845	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	281,452	0	0	0	281,452	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,365,740			711,086	3,076,826	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	164,795	0	0	802	165,597	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,376,671	0	0	13,453	1,390,124	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	7,434,574	6,000	389,905	778,945	7,434,574	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 8:40 am

Descriptions		Hospice I		HOUSEKEEPING	DIETARY	
		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE			
		4.00	5.00	6.00	7.00	8.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL	2,497,086				4.00
5.00	PLANT OPERATION & MAINTENANCE	7,003	20,850			5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	HOUSEKEEPING	0	0		0	7.00
8.00	DIETARY	3,438	0		0	8.00
9.00	NURSING ADMINISTRATION	0	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,439	0		0	10.00
11.00	MEDICAL RECORDS	0	0		0	11.00
12.00	STAFF TRANSPORTATION	0	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0	13.00
14.00	PHARMACY	142,342	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	1,556,074				51.00
52.00	HOSPICE INPATIENT RESPITE CARE	83,749	2,159	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	703,041	18,691	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0	68.00
69.00	THRIFT STORE	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	2,497,086	20,850	0	0	10,235

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
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Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	4,284				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	4,171	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	12	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	101	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	4,284	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	423,794					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	412,557	0	0		5,049,628	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,218	0	0	0	253,845	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	10,019	0	0	0	2,131,101	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	423,794	0	0	0	7,434,574	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	912					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2,914				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,451,871			3.00
4.00	ADMINISTRATIVE & GENERAL	912	2,914	168,728	-2,497,086	4,937,488	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	13,847	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	6,797	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	2,845	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	281,452	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,238,272	0	3,076,826	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	2,524	0	165,597	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	42,347	0	1,390,124	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	6,000	389,905	778,945		2,497,086	100.00
101.00	UNIT COST MULTIPLIER	6.578947	133.804049	0.317694		0.505740	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	280					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	747		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	29	0	0	81	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	251	0	0	666	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	20,850	0	0	10,235	0	100.00
101.00	UNIT COST MULTIPLIER	74.464286	0.000000	0.000000	13.701473	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020
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Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	Hospice I VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00		11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	28,172						10.00
11.00	MEDICAL RECORDS		0					11.00
12.00	STAFF TRANSPORTATION				0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	0		13.00
14.00	PHARMACY				0	0	579,521	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	27,425	0	0	0	0	564,155	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	81	0	0	0	0	1,666	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	666	0	0	0	0	13,700	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	4,284	0	0	0	0	423,794	100.00
101.00	UNIT COST MULTIPLIER	0.152066	0.000000	0.000000	0.000000	0.000000	0.731283	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 8:40 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 14-0032

Period:

Worksheet 0-7

Hospice CCN: 14-1658

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

Date/Time Prepared:
11/30/2021 8:40 am

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.406156	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.221890	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.564072	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.210699	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.168839	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.030474	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	BACTERIOLOGY & MICROBIOLOGY	76.00	0.000000	0	0	0	10.00
10.01	VASCULAR LAB	76.01	0.139693	0	0	0	10.01
10.02	TELEMEDICINE	76.02	0.899439	0	0	0	10.02
10.03	WOUND CARE	76.03	0.245602	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	0.451306	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	10.00
10.01	VASCULAR LAB	0	0	0	0	0	10.01
10.02	TELEMEDICINE	0	0	0	0	0	10.02
10.03	WOUND CARE	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0032

Period:

Worksheet 0-8

Hospice CCN: 14-1658

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 8:40 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,049,628	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			27,425	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			184.12	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	23,675	518		9.00
10.00	Program cost (line 8 times line 9)	4,359,041	95,374		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			253,845	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			81	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			3,133.89	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	32	0		14.00
15.00	Program cost (line 13 times line 14)	100,284	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,131,101	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			666	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			3,199.85	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	541	0		19.00
20.00	Program cost (line 18 times line 19)	1,731,119	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			7,434,574	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			28,172	22.00
23.00	Average cost per diem (line 21 divided by line 22)			263.90	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0032	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 8:40 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		949,739	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		34,848	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)		29.97	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	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)		984,587	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