

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet S Parts I-III Date/Time Prepared: 9/28/2021 4:35 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 9/28/2021	Time: 4:35 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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 CGH MEDICAL CENTER (14-0043) for the cost reporting period beginning 05/01/2020 and ending 04/30/2021 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) BEN SCHAAB

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

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	-44,201	-320,858	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	-44,201	-320,858	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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-2
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 100 EAST LEFEVRE ROAD			PO Box:				1.00	
2.00	City: STERLING			State: IL		Zip Code: 61081-1279		County: WHITESIDE	
		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			CGH MEDICAL CENTER	140043	99914	1	07/01/1966	N
4.00	Subprovider - IPF							P	N
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			CGH MEDICAL CENTER	14U043	99914		01/13/2004	N
8.00	Swing Beds - NF							P	N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA			CGH HOME NURSING	147562	99914		05/05/1994	N
13.00	Separately Certified ASC							P	N
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2020	04/30/2021	
21.00	Type of Control (see instructions)						12		
							1.00	2.00	
							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		22.03
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
				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.			238	367	0	10	1,687	118

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-2
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
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 St	Date of Geogra		
				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.					0		35.00
				Beginning:	Ending:		
				1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					1		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.					05/01/2020	04/30/2021	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	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	48.00
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		56.00
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		57.00
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00
				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

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To 04/30/2021Worksheet S-2
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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To 04/30/2021Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
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		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	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		
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet S-2 Part I Date/Time Prepared: 9/28/2021 4:35 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,599,738	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0043		Period: From 05/01/2020 To 04/30/2021		Worksheet S-2 Part I Date/Time Prepared: 9/28/2021 4:35 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
								1.00	
165.00	Multicampus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet S-2 Part II Date/Time Prepared: 9/28/2021 4:35 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	08/03/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/03/2021	Y
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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-2
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Description		Y/N	Y/N	
0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N	20.00
		Y/N	Date	
		1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N		33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		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.	N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN	WELLEN	41.00
42.00	Enter the employer/company name of the cost report preparer	CLIFTONLARSENALLEN LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446	KEVIN.WELLEN@CLACONNECT.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-2
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	90	32,850	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)		90	32,850	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	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)		98	35,770	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						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)		98			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,113	120	11,402			1.00
2.00	HMO and other (see instructions)	1,527	2,064				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)	6,113	120	11,402			7.00
8.00	INTENSIVE CARE UNIT	723	18	1,517			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		100	849			13.00
14.00	Total (see instructions)	6,836	238	13,768	0.00	1,257.60	14.00
15.00	CAH visits	0	0	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	3,105	0	5,415	0.00	14.81	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,272.41	27.00
28.00	Observation Bed Days		0	2,093			28.00
29.00	Ambulance Trips	2,109					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	118	198			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,650	60	3,549	1.00
2.00 HMO and other (see instructions)			385	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	1,650	60	3,549	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						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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	100,222,829	0	100,222,829	2,633,361.84	38.06
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		3,050,760	0	3,050,760	18,331.06	166.43
4.00	Physician-Part A - Administrative		142,800	0	142,800	952.00	150.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		29,206,406	0	29,206,406	212,242.22	137.61
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,253,840	4,092,767	8,346,607	233,587.08	35.73
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,156,619	0	1,156,619	13,482.76	85.79
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,168,414	0	22,168,414		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,246,659	0	4,246,659		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		429,686	0	429,686		
22.00	Physician Part A - Administrative		29,884	0	29,884		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		6,233,431	0	6,233,431		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	676,737	0	676,737	14,548.05	46.52
27.00	Administrative & General	5.00	14,542,509	-556,946	13,985,563	443,606.36	31.53
28.00	Administrative & General under contract (see inst.)		401,659	0	401,659	1,560.30	257.42
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,412,349	0	1,412,349	39,531.43	35.73
31.00	Laundry & Linen Service	8.00	269,486	0	269,486	21,040.42	12.81
32.00	Housekeeping	9.00	1,160,402	0	1,160,402	81,803.87	14.19
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	951,037	-745,059	205,978	12,689.60	16.23
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	745,059	745,059	45,899.00	16.23
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	897,840	-675,456	222,384	4,848.72	45.86
39.00	Central Services and Supply	14.00	393,361	0	393,361	19,340.11	20.34
40.00	Pharmacy	15.00	1,561,133	-1,561,133	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	1,672,530	0	1,672,530	74,819.36	22.35
42.00	Social Service	17.00	0	0	0	0.00	0.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part III
Date/Time Prepared:
9/28/2021 4:35 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	68,367,322	0	68,367,322	2,404,348.86	28.43	1.00
2.00	Excluded area salaries (see instructions)	4,253,840	4,092,767	8,346,607	233,587.08	35.73	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,113,482	-4,092,767	60,020,715	2,170,761.78	27.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,156,619	0	1,156,619	13,482.76	85.79	4.00
5.00	Subtotal wage-related costs (see inst.)	22,198,298	0	22,198,298	0.00	36.98	5.00
6.00	Total (sum of lines 3 thru 5)	87,468,399	-4,092,767	83,375,632	2,184,244.54	38.17	6.00
7.00	Total overhead cost (see instructions)	23,939,043	-2,793,535	21,145,508	759,687.22	27.83	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
9/28/2021 4:35 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,538,294	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)	5,660,004	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)	18,098,231	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)	150,938	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)	66,792	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	474,612	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	4,649,859	17.00
18.00	Medicare Taxes - Employers Portion Only	1,398,364	18.00
19.00	Unemployment Insurance	5,934	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	65,047	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	33,108,075	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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet S-3
Part V
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,156,619	33,108,075	1.00
2.00	Hospital	1,156,619	32,743,886	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	364,189	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0043 Component CCN: 14-7562		Period: From 05/01/2020 To 04/30/2021		Worksheet S-4 Date/Time Prepared: 9/28/2021 4:35 pm	
						Home Health Agency I		PPS	
						1.00			
0.00 County						WHITESIDE		0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	150	17	1,274	1,441	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	220.00	66.00	349.00	635.00	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		2.02	0.00	2.02	3.00
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel					0.44	0.00	0.44	5.00
6.00	Direct Nursing Service					9.10	0.00	9.10	6.00
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00
8.00	Physical Therapy Service					2.19	0.00	2.19	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					0.33	0.00	0.33	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.04	0.00	0.04	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					0.69	0.00	0.69	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.					1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914					20.00
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				Without Outliers	With Outliers				
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			1,722	187	50	11	1,970	21.00
22.00	Skilled Nursing Visit Charges			393,551	48,056	11,974	1,646	455,227	22.00
23.00	Physical Therapy Visits			747	50	34	0	831	23.00
24.00	Physical Therapy Visit Charges			186,823	13,082	7,529	0	207,434	24.00
25.00	Occupational Therapy Visits			107	29	2	0	138	25.00
26.00	Occupational Therapy Visit Charges			24,794	7,203	440	0	32,437	26.00
27.00	Speech Pathology Visits			6	10	0	0	16	27.00
28.00	Speech Pathology Visit Charges			1,650	2,750	0	0	4,400	28.00
29.00	Medical Social Service Visits			0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges			0	0	0	0	0	30.00
31.00	Home Health Aide Visits			150	0	0	0	150	31.00
32.00	Home Health Aide Visit Charges			12,954	0	0	0	12,954	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			2,732	276	86	11	3,105	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)			619,772	71,091	19,943	1,646	712,452	35.00
36.00	Total Number of Episodes (standard/non outlier)			315		49	2	366	36.00
37.00	Total Number of Outlier Episodes				18		0	18	37.00
38.00	Total Non-Routine Medical Supply Charges			3,867	559	191	0	4,617	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet S-10

Date/Time Prepared:
9/28/2021 4:35 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.223059		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,848,919		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		9,970,815		5.00
6.00	Medicaid charges		87,842,983		6.00
7.00	Medicaid cost (line 1 times line 6)		19,594,168		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)		6,774,434		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		78,453		9.00
10.00	Stand-alone CHIP charges		528,201		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		117,820		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		39,367		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)		6,813,801		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,643,759	240,399	3,884,158	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	812,773	240,399	1,053,172	21.00
22.00	Payments received from patients for amounts previously written off as charity care	21,065	0	21,065	22.00
23.00	Cost of charity care (line 21 minus line 22)	791,708	240,399	1,032,107	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,782,334		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		607,963		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		935,328		27.01
28.00	Non-Medicare bad debt expense (see instructions)		14,847,006		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,639,123		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,671,230		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,485,031		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,189,654	10,189,654	-5,569,770	4,619,884	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,626,246	7,626,246	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	676,737	30,131,744	30,808,481	-4,101	30,804,380	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,542,509	13,574,883	28,117,392	-421,899	27,695,493	5.00
7.00	00700	OPERATION OF PLANT	1,412,349	3,630,390	5,042,739	-216,030	4,826,709	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	269,486	120,224	389,710	0	389,710	8.00
9.00	00900	HOUSEKEEPING	1,160,402	1,570,076	2,730,478	-1,001	2,729,477	9.00
10.00	01000	DIETARY	951,037	726,226	1,677,263	-1,318,860	358,403	10.00
11.00	01100	CAFETERIA	0	0	0	1,313,997	1,313,997	11.00
13.00	01300	NURSING ADMINISTRATION	897,840	166,181	1,064,021	-679,184	384,837	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	393,361	545,076	938,437	-246,466	691,971	14.00
15.00	01500	PHARMACY	1,561,133	9,130,345	10,691,478	-10,235,712	455,766	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,672,530	650,551	2,323,081	-757	2,322,324	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,745,852	1,115,568	10,861,420	-840,684	10,020,736	30.00
31.00	03100	INTENSIVE CARE UNIT	2,752,612	612,613	3,365,225	-1,021,147	2,344,078	31.00
43.00	04300	NURSERY	0	0	0	556,172	556,172	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,537,048	7,084,744	8,621,792	-6,575,540	2,046,252	50.00
51.00	05100	RECOVERY ROOM	794,236	306,924	1,101,160	-177,216	923,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,176,425	1,176,425	52.00
53.00	05300	ANESTHESIOLOGY	3,059,093	1,031,371	4,090,464	-453,170	3,637,294	53.00
53.01	05301	PAIN MANAGEMENT	986,306	143,209	1,129,515	-69,824	1,059,691	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,135,282	2,086,342	3,221,624	193,684	3,415,308	54.00
54.01	05401	ULTRASOUND	443,324	812,134	1,255,458	59,071	1,314,529	54.01
56.00	05600	RADIOISOTOPE	145,646	1,045,541	1,191,187	-790,575	400,612	56.00
57.00	05700	CT SCAN	524,410	2,476,109	3,000,519	-71,296	2,929,223	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	283,273	870,573	1,153,846	5,337	1,159,183	58.00
59.00	05900	CARDIAC CATHETERIZATION	679,197	1,772,826	2,452,023	-938,836	1,513,187	59.00
60.00	06000	LABORATORY	2,899,752	6,796,041	9,695,793	-2,307,456	7,388,337	60.00
64.00	06400	INTRAVENOUS THERAPY	116,042	26,685	142,727	-25,576	117,151	64.00
65.00	06500	RESPIRATORY THERAPY	832,611	364,499	1,197,110	-213,375	983,735	65.00
66.00	06600	PHYSICAL THERAPY	2,096,142	59,565	2,155,707	-1,627,025	528,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	389,527	14,963	404,490	-301,771	102,719	67.00
68.00	06800	SPEECH PATHOLOGY	290,081	6,703	296,784	-191,480	105,304	68.00
69.00	06900	ELECTROCARDIOLOGY	836,486	165,633	1,002,119	-54,575	947,544	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	178,829	40,752	219,581	-30,221	189,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,640,177	14,640,177	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	30,775,680	30,775,680	73.00
74.00	07400	RENAL DIALYSIS	0	184,114	184,114	-1,738	182,376	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	1,082,614	747,364	1,829,978	-618,936	1,211,042	75.01
76.00	03950	DIABETIC EDUCATION	153,903	5,079	158,982	-4,238	154,744	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	702,790	375,902	1,078,692	-134,824	943,868	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,347,153	24,946,311	62,293,464	-22,986,222	39,307,242	90.00
91.00	09100	EMERGENCY	3,419,396	3,896,808	7,316,204	-371,115	6,945,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,567,894	319,903	1,887,797	-193,009	1,694,788	95.00
98.00	09850	HOME INFUSION	41,218	144,759	185,977	-20,524	165,453	98.00
101.00	10100	HOME HEALTH AGENCY	1,110,678	193,101	1,303,779	-43,824	1,259,955	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		456,323	456,323	-456,323	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,688,779	128,537,809	227,226,588	-2,867,511	224,359,077	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,359	5,085	11,444	0	11,444	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,352,927	708,403	2,061,330	2,109,307	4,170,637	192.00
194.00	07950	COMMUNITY SERVICE	55,014	3,807	58,821	-1,588	57,233	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	119,750	3,327	123,077	2,082,543	2,205,620	194.01
194.02	07952	OFFSITE BUILDINGS	0	1,344,665	1,344,665	-1,322,751	21,914	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	100,222,829	130,603,096	230,825,925	0	230,825,925	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-393,677	4,226,207	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-18,223	7,608,023	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,424,231	29,380,149	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,663,589	25,031,904	5.00
7.00	00700	OPERATION OF PLANT	-14,011	4,812,698	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-9,654	380,056	8.00
9.00	00900	HOUSEKEEPING	0	2,729,477	9.00
10.00	01000	DIETARY	0	358,403	10.00
11.00	01100	CAFETERIA	-620,151	693,846	11.00
13.00	01300	NURSING ADMINISTRATION	0	384,837	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	691,971	14.00
15.00	01500	PHARMACY	-3,000	452,766	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,188	2,301,136	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,597,835	7,422,901	30.00
31.00	03100	INTENSIVE CARE UNIT	-143,198	2,200,880	31.00
43.00	04300	NURSERY	0	556,172	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,046,252	50.00
51.00	05100	RECOVERY ROOM	0	923,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,176,425	52.00
53.00	05300	ANESTHESIOLOGY	-3,538,923	98,371	53.00
53.01	05301	PAIN MANAGEMENT	-728,736	330,955	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,323,201	2,092,107	54.00
54.01	05401	ULTRASOUND	-589,034	725,495	54.01
56.00	05600	RADIOISOTOPE	-103,034	297,578	56.00
57.00	05700	CT SCAN	-1,971,583	957,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-651,125	508,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,513,187	59.00
60.00	06000	LABORATORY	-587,131	6,801,206	60.00
64.00	06400	INTRAVENOUS THERAPY	0	117,151	64.00
65.00	06500	RESPIRATORY THERAPY	-1,432	982,303	65.00
66.00	06600	PHYSICAL THERAPY	0	528,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	102,719	67.00
68.00	06800	SPEECH PATHOLOGY	0	105,304	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,147	943,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	189,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,640,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,072,757	27,702,923	73.00
74.00	07400	RENAL DIALYSIS	0	182,376	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	GI LAB	0	1,211,042	75.01
76.00	03950	DIABETIC EDUCATION	0	154,744	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	-145,508	798,360	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-28,581,039	10,726,203	90.00
91.00	09100	EMERGENCY	-3,426,390	3,518,699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-758,769	936,019	95.00
98.00	09850	HOME INFUSION	-1,610	163,843	98.00
101.00	10100	HOME HEALTH AGENCY	-3,898	1,256,057	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-53,397,074	170,962,003	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,444	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,170,637	192.00
194.00	07950	COMMUNITY SERVICE	0	57,233	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	2,205,620	194.01
194.02	07952	OFFSITE BUILDINGS	0	21,914	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-53,397,074	177,428,851	200.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/28/2021 4:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	456,323		1.00
	0		0	456,323		
	B - L&D AND NURSERY COST					
1.00	NURSERY	43.00	467,304	63,543		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	988,444	134,408		2.00
	0		1,455,748	197,951		
	C - OFFSITE BLDG					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	273,523		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	776,634		2.00
3.00	OTHER CAP REL COSTS	3.00	0	22,276		3.00
4.00	OPERATION OF PLANT	7.00	0	250,318		4.00
	0		0	1,322,751		
	E - COLLECTIONS & BILLING EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	104,283		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
	0		0	104,283		
	F - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	745,059	568,938		1.00
	0		745,059	568,938		
	G - DRUG EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	1,561,133	29,214,547		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
	0		1,561,133	29,214,547		
	H - MARKETING & ADVERTISING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,426		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	247		2.00
3.00		0.00	0	0		3.00
	0		0	9,673		
	I - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,635		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
	0		0	37,635		
	J - PROPERTY INSURANCE & TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	337,770		1.00
2.00	OTHER CAP REL COSTS	3.00	0	189,950		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet A-6
Date/Time Prepared:
9/28/2021 4:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	0		0	527,720		
	K - MALPRACTICE INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,200		1.00
	0		0	17,200		
	L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,640,177		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	14,640,177		
	N - POST ICU					
1.00	ADULTS & PEDIATRICS	30.00	866,563	87,887		1.00
	0		866,563	87,887		
	O - MME DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,536,471		1.00
	0		0	7,536,471		
	Q - NURSE FLOATS & SHIFT COORDINATORS					
1.00	ADULTS & PEDIATRICS	30.00	473,010	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	123,548	0		2.00
3.00	NURSERY	43.00	25,325	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	53,573	0		4.00
	0		675,456	0		
	R - RADIOLOGY MANAGEMENT					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	320,113	9,685		1.00
2.00	ULTRASOUND	54.01	88,308	2,671		2.00
3.00	RADIOISOTOPE	56.00	29,957	906		3.00
4.00	CT SCAN	57.00	113,687	3,439		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	58,781	1,778		5.00
	0		610,846	18,479		
	V - OFFSITE THERAPY					
1.00	OFFSITE FREESTANDING PT/OT	194.01	2,050,451	32,092		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		2,050,451	32,092		
	W - NON-HOSPITAL CLINICS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,042,316	67,235		1.00
	TOTALS		2,042,316	67,235		
	X - MEDICAL DIRECTOR STIPENDS					
1.00	ADMINISTRATIVE & GENERAL	5.00	53,900	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/28/2021 4:35 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
TOTALS		53,900	0			
500.00	Grand Total: Increases	10,061,472	54,839,362			500.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet A-6
Date/Time Prepared:
9/28/2021 4:35 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	456,323	11		1.00
	0		0	456,323			
	B - L&D AND NURSERY COST						
1.00	ADULTS & PEDIATRICS	30.00	1,455,748	197,951	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		1,455,748	197,951			
	C - OFFSITE BLDG						
1.00	OFFSITE BUILDINGS	194.02	0	1,322,751	13		1.00
2.00	0	0.00	0	0	10		2.00
3.00	0	0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
	0		0	1,322,751			
	E - COLLECTIONS & BILLING EXP						
1.00	DIETARY	10.00	0	4,863	0		1.00
2.00	PHARMACY	15.00	0	15,097	0		2.00
3.00	AMBULANCE SERVICES	95.00	0	84,305	0		3.00
4.00	HOME INFUSION	98.00	0	18	0		4.00
	0		0	104,283			
	F - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	745,059	568,938	0		1.00
	0		745,059	568,938			
	G - DRUG EXPENSE						
1.00	NURSING ADMINISTRATION	13.00	0	2,900	0		1.00
2.00	PHARMACY	15.00	1,561,133	8,500,779	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	22,502	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	9,940	0		4.00
5.00	RECOVERY ROOM	51.00	0	25,514	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	216,982	0		6.00
7.00	PAIN MANAGEMENT	53.01	0	2,612	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,219	0		8.00
9.00	ULTRASOUND	54.01	0	613	0		9.00
10.00	RADIOISOTOPE	56.00	0	251,063	0		10.00
11.00	CT SCAN	57.00	0	75,119	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	39,260	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	14,822	0		13.00
14.00	LABORATORY	60.00	0	7,669	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,846	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	116	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	16,341	0		17.00
18.00	GI LAB	75.01	0	2,445	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	29,370	0		19.00
20.00	CLINIC	90.00	0	19,958,850	0		20.00
21.00	EMERGENCY	91.00	0	7,450	0		21.00
22.00	AMBULANCE SERVICES	95.00	0	15,135	0		22.00
	0		1,561,133	29,214,547			
	H - MARKETING & ADVERTISING						
1.00	NURSING ADMINISTRATION	13.00	0	95	0		1.00
2.00	GI LAB	75.01	0	343	0		2.00
3.00	CLINIC	90.00	0	9,235	0		3.00
	0		0	9,673			
	I - TELEPHONE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	1,102	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	733	0		2.00
3.00	PHARMACY	15.00	0	524	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	757	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	244	0		5.00
6.00	OPERATING ROOM	50.00	0	5,757	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	669	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	488	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	482	0		9.00
10.00	GI LAB	75.01	0	574	0		10.00
11.00	CLINIC	90.00	0	13,572	0		11.00
12.00	EMERGENCY	91.00	0	452	0		12.00
13.00	AMBULANCE SERVICES	95.00	0	5,359	0		13.00
14.00	HOME HEALTH AGENCY	101.00	0	6,678	0		14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	244	0		15.00
	0		0	37,635			
	J - PROPERTY INSURANCE & TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,018	13		1.00
2.00	OPERATION OF PLANT	7.00	0	337,770	0		2.00
3.00	OPERATION OF PLANT	7.00	0	127,476	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,001	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/28/2021 4:35 pm

	Decreases							9/28/2021 4:35 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
5.00	AMBULANCE SERVICES	95.00	0	38,680	0			5.00
6.00	HOME HEALTH AGENCY	101.00	0	6,187	0			6.00
7.00	COMMUNITY SERVICE	194.00	0	1,588	0			7.00
	0		0	527,720				
K - MALPRACTICE INSURANCE								
1.00	AMBULANCE SERVICES	95.00	0	17,200	0			1.00
	0		0	17,200				
L - MEDICAL SUPPLIES								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,101	0			1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	246,466	0			2.00
3.00	PHARMACY	15.00	0	158,179	0			3.00
4.00	ADULTS & PEDIATRICS	30.00	0	588,599	0			4.00
5.00	INTENSIVE CARE UNIT	31.00	0	180,305	0			5.00
6.00	OPERATING ROOM	50.00	0	6,569,783	0			6.00
7.00	RECOVERY ROOM	51.00	0	151,702	0			7.00
8.00	ANESTHESIOLOGY	53.00	0	227,186	0			8.00
9.00	PAIN MANAGEMENT	53.01	0	67,212	0			9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	122,654	0			10.00
11.00	ULTRASOUND	54.01	0	31,295	0			11.00
12.00	RADIOISOTOPE	56.00	0	570,375	0			12.00
13.00	CT SCAN	57.00	0	113,303	0			13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,962	0			14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	924,014	0			15.00
16.00	LABORATORY	60.00	0	2,299,787	0			16.00
17.00	RESPIRATORY THERAPY	65.00	0	211,529	0			17.00
18.00	PHYSICAL THERAPY	66.00	0	24,112	0			18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	12,126	0			19.00
20.00	SPEECH PATHOLOGY	68.00	0	1,379	0			20.00
21.00	ELECTROCARDIOLOGY	69.00	0	37,752	0			21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,221	0			22.00
23.00	RENAL DIALYSIS	74.00	0	1,738	0			23.00
24.00	GI LAB	75.01	0	615,574	0			24.00
25.00	DIABETIC EDUCATION	76.00	0	4,238	0			25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	105,378	0			26.00
27.00	CLINIC	90.00	0	852,623	0			27.00
28.00	EMERGENCY	91.00	0	363,213	0			28.00
29.00	AMBULANCE SERVICES	95.00	0	32,330	0			29.00
30.00	HOME INFUSION	98.00	0	20,506	0			30.00
31.00	HOME HEALTH AGENCY	101.00	0	30,959	0			31.00
32.00	INTRAVENOUS THERAPY	64.00	0	25,576	0			32.00
	0		0	14,640,177				
N - POST ICU								
1.00	INTENSIVE CARE UNIT	31.00	866,563	87,887	0			1.00
	0		866,563	87,887				
O - MME DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,536,471	9			1.00
	0		0	7,536,471				
Q - NURSE FLOATS & SHIFT COORDINATORS								
1.00	NURSING ADMINISTRATION	13.00	675,456	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
	0		675,456	0				
R - RADIOLOGY MANAGEMENT								
1.00	ADMINISTRATIVE & GENERAL	5.00	610,846	18,479	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
	0		610,846	18,479				
V - OFFSITE THERAPY								
1.00	PHYSICAL THERAPY	66.00	1,576,225	26,572	0			1.00
2.00	OCCUPATIONAL THERAPY	67.00	287,551	2,094	0			2.00
3.00	SPEECH PATHOLOGY	68.00	186,675	3,426	0			3.00
	TOTALS		2,050,451	32,092				
W - NON-HOSPITAL CLINICS								
1.00	CLINIC	90.00	2,042,316	67,235	0			1.00
	TOTALS		2,042,316	67,235				
X - MEDICAL DIRECTOR STIPENDS								
1.00	ADULTS & PEDIATRICS	30.00	3,100	0	0			1.00
2.00	ANESTHESIOLOGY	53.00	8,333	0	0			2.00
3.00	HYPERBARIC OXYGEN THERAPY	76.98	76	0	0			3.00
4.00	CLINIC	90.00	42,391	0	0			4.00

RECLASSIFICATIONS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-6

Date/Time Prepared:
9/28/2021 4:35 pm

	Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		53,900	0		
500.00	Grand Total: Decreases		10,061,472	54,839,362		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet A-7
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,864,606	0	0	0	0	1.00
2.00	Land Improvements	3,742,342	3,035	0	3,035	0	2.00
3.00	Buildings and Fixtures	97,660,063	3,637,855	0	3,637,855	3,983,345	3.00
4.00	Building Improvements	11,395,428	12,265,668	0	12,265,668	0	4.00
5.00	Fixed Equipment	518,466	121,239	0	121,239	74,761	5.00
6.00	Movable Equipment	93,933,225	5,977,428	0	5,977,428	6,935,314	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	210,114,130	22,005,225	0	22,005,225	10,993,420	8.00
9.00	Reconciling Items	-4,288,132	0	0	0	-3,326,074	9.00
10.00	Total (line 8 minus line 9)	214,402,262	22,005,225	0	22,005,225	14,319,494	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,864,606	0				1.00
2.00	Land Improvements	3,745,377	0				2.00
3.00	Buildings and Fixtures	97,314,573	0				3.00
4.00	Building Improvements	23,661,096	0				4.00
5.00	Fixed Equipment	564,944	0				5.00
6.00	Movable Equipment	92,975,339	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	221,125,935	0				8.00
9.00	Reconciling Items	-962,058	0				9.00
10.00	Total (line 8 minus line 9)	222,087,993	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet A-7
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	10,189,654	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,189,654	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	10,189,654				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,189,654				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet A-7
Part III
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	127,585,651	0	127,585,651	0.576982	122,451	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	93,540,284	0	93,540,284	0.423018	89,775	2.00
3.00	Total (sum of lines 1-2)	221,125,935	0	221,125,935	1.000000	212,226	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	122,451	2,653,183	776,634	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	89,775	7,518,248	0	2.00
3.00	Total (sum of lines 1-2)	0	0	212,226	10,171,431	776,634	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	122,451	611,293	62,646	4,226,207	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	89,775	0	0	7,608,023	2.00
3.00	Total (sum of lines 1-2)	0	212,226	611,293	62,646	11,834,230	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-8

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-456,323	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)	B	-57,325	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-40,919,211			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-8,551	OPERATION OF PLANT	7.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service	B	-9,654	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-620,151	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-3,072,757	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-21,188	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00	
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00	
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00	
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00	
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	DAYCARE RENT	B	-18,000	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	RENTAL INCOME	B	-5,460	OPERATION OF PLANT	7.00	0	33.01
33.02	MISC INCOME - PHARMACY	B	-3,000	PHARMACY	15.00	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-8

Date/Time Prepared:
9/28/2021 4:35 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.03	MISC INCOME - A&G	B	-342,579	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MISC INCOME - RT	B	-1,432	RESPIRATORY THERAPY	65.00	0	33.04
33.05	MISC INCOME - AMBULANCE	B	-758,769	AMBULANCE SERVICES	95.00	0	33.05
33.06	MISC INCOME - HOME HEALTH	B	-3,898	HOME HEALTH AGENCY	101.00	0	33.06
33.07	MISC INCOME - CARDIAC	B	-4,147	ELECTROCARDIOLOGY	69.00	0	33.07
33.08	MISC INCOME - HOME INFUSION	B	-1,610	HOME INFUSION	98.00	0	33.08
33.09	PATIENT ACCOUNTING REVENUE	B	-85,005	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	DAYCARE REVENUE	B	-524,903	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-36,683	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
35.00	LOBBYING EXPENSE	A	-33,992	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	PHYSICIAN RECRUITMENT SALARIES	A	-86,920	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	PHYSICIAN RECRUITMENT OTHER EXPENSES	A	-410,185	ADMINISTRATIVE & GENERAL	5.00	0	36.01
36.02	PHYSICIAN RECRUITMENT BENEFITS	A	-42,132	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.02
37.00	MARKETING SALARIES	A	-317,531	ADMINISTRATIVE & GENERAL	5.00	0	37.00
37.01	MARKETING OTHER EXPENSES	A	-520,421	ADMINISTRATIVE & GENERAL	5.00	0	37.01
37.02	MARKETING DEPRECIATION	A	-18,223	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.02
37.03	MARKETING BENEFITS	A	-140,772	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.03
38.00	CABLE TELEVISION	A	-64,564	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	CABLE TELEVISION	A	-4,488	CLINIC	90.00	0	38.01
39.00	CRNA SALARIES	A	-3,050,760	ANESTHESIOLOGY	53.00	0	39.00
39.01	CRNA LOCUM TENENS	A	-436,674	ANESTHESIOLOGY	53.00	0	39.01
39.02	CRNA MALPRACTICE INSURANCE	A	-41,534	ANESTHESIOLOGY	53.00	0	39.02
39.03	CRNA PHYSICIAN CME EXPENSE	A	-9,955	ANESTHESIOLOGY	53.00	0	39.03
39.04	CRNA FICA TAXES	A	-103,358	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.04
39.05	CRNA MEDICARE TAXES	A	-45,150	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.05
39.06	CRNA BENEFITS	A	-292,792	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.06
40.00	ALCOHOLIC BEVERAGE EXPENSE	A	-39	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01	DEFINED BENEFIT PENSION FUNDING ADJU	A	4,004,473	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.01
41.00	PHYSICIAN BENEFITS	A	-4,767,817	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00	LOSS ON BOND ISSUANCE COSTS	A	62,646	CAP REL COSTS-BLDG & FIXT	1.00	14	42.00
42.01	GOODWILL AMORTIZATION	A	-126,240	ADMINISTRATIVE & GENERAL	5.00	0	42.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-53,397,074				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet A-8-2

Date/Time Prepared:
9/28/2021 4:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	172,687	29,887	142,800	211,500	952	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,597,835	2,597,835	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	143,198	143,198	0	0	0	3.00
4.00	53.01	PAIN MANAGEMENT	728,736	728,736	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	1,323,201	1,323,201	0	0	0	5.00
6.00	54.01	ULTRASOUND	589,034	589,034	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	103,034	103,034	0	0	0	7.00
8.00	57.00	CT SCAN	1,971,583	1,971,583	0	0	0	8.00
9.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	651,125	651,125	0	0	0	9.00
10.00	60.00	LABORATORY	587,131	587,131	0	0	0	10.00
11.00	76.98	HYPERBARIC OXYGEN THERAPY	145,508	145,508	0	0	0	11.00
12.00	90.00	CLINIC	28,576,551	28,576,551	0	0	0	12.00
13.00	91.00	EMERGENCY	3,426,390	3,426,390	0	0	0	13.00
200.00			41,016,013	40,873,213	142,800		952	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	96,802	4,840	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	3,238	0	109,421	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	143,198	3.00
4.00	53.01	PAIN MANAGEMENT	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,989	5.00
6.00	54.01	ULTRASOUND	0	0	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	0	0	0	0	0	7.00
8.00	57.00	CT SCAN	0	0	0	0	0	8.00
9.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	19,036	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	39,449	0	1,024,395	13.00
200.00			96,802	4,840	42,687	0	1,312,039	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	96,802	45,998	75,885		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,597,835		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	143,198		3.00
4.00	53.01	PAIN MANAGEMENT	0	0	0	728,736		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,323,201		5.00
6.00	54.01	ULTRASOUND	0	0	0	589,034		6.00
7.00	56.00	RADIOISOTOPE	0	0	0	103,034		7.00
8.00	57.00	CT SCAN	0	0	0	1,971,583		8.00
9.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	651,125		9.00
10.00	60.00	LABORATORY	0	0	0	587,131		10.00
11.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	145,508		11.00
12.00	90.00	CLINIC	0	0	0	28,576,551		12.00
13.00	91.00	EMERGENCY	0	0	0	3,426,390		13.00
200.00			0	96,802	45,998	40,919,211		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,226,207	4,226,207			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,608,023	7,608,023			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,380,149	15,019	27,974	29,423,142	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,031,904	825,588	1,985,159	5,947,808	5.00
7.00	00700	OPERATION OF PLANT	4,812,698	131,277	54,607	622,013	5,620,595
8.00	00800	LAUNDRY & LINEN SERVICE	380,056	50,467	42,594	118,684	591,801
9.00	00900	HOUSEKEEPING	2,729,477	5,247	35,293	511,053	3,281,070
10.00	01000	DIETARY	358,403	14,203	5,784	90,715	469,105
11.00	01100	CAFETERIA	693,846	51,389	20,968	328,131	1,094,334
13.00	01300	NURSING ADMINISTRATION	384,837	1,872	64,427	97,940	549,076
14.00	01400	CENTRAL SERVICES & SUPPLY	691,971	7,410	48,899	173,240	921,520
15.00	01500	PHARMACY	452,766	25,776	155,690	0	634,232
16.00	01600	MEDICAL RECORDS & LIBRARY	2,301,136	37,944	37,339	736,599	3,113,018
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,422,901	369,198	415,143	3,145,144	11,352,386
31.00	03100	INTENSIVE CARE UNIT	2,200,880	72,088	113,542	885,047	3,271,557
43.00	04300	NURSERY	556,172	61,125	62,426	216,959	896,682
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,046,252	172,654	880,567	676,931	3,776,404
51.00	05100	RECOVERY ROOM	923,944	58,587	86,998	349,789	1,419,318
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,176,425	73,811	131,899	458,915	1,841,050
53.00	05300	ANESTHESIOLOGY	98,371	4,538	40,533	0	143,442
53.01	05301	PAIN MANAGEMENT	330,955	21,273	10,090	120,478	482,796
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,092,107	131,419	722,263	640,971	3,586,760
54.01	05401	ULTRASOUND	725,495	4,035	24,244	234,136	987,910
56.00	05600	RADIOISOTOPE	297,578	32,087	38,096	77,337	445,098
57.00	05700	CT SCAN	957,640	13,551	51,706	281,024	1,303,921
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,058	25,280	283,049	150,644	967,031
59.00	05900	CARDIAC CATHETERIZATION	1,513,187	55,736	458,609	299,125	2,326,657
60.00	06000	LABORATORY	6,801,206	79,980	201,508	1,026,885	8,109,579
64.00	06400	INTRAVENOUS THERAPY	117,151	0	0	51,106	168,257
65.00	06500	RESPIRATORY THERAPY	982,303	36,973	114,185	366,690	1,500,151
66.00	06600	PHYSICAL THERAPY	528,682	19,217	32,088	228,977	808,964
67.00	06700	OCCUPATIONAL THERAPY	102,719	2,844	0	44,911	150,474
68.00	06800	SPEECH PATHOLOGY	105,304	851	0	45,541	151,696
69.00	06900	ELECTROCARDIOLOGY	943,397	28,847	119,004	368,397	1,459,645
70.00	07000	ELECTROENCEPHALOGRAPHY	189,360	9,296	20,973	78,758	298,387
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,640,177	0	0	0	14,640,177
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	27,702,923	0	0	687,539	28,390,462
74.00	07400	RENAL DIALYSIS	182,376	1,418	0	0	183,794
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	GI LAB	1,211,042	24,954	304,018	476,794	2,016,808
76.00	03950	DIABETIC EDUCATION	154,744	11,027	170	67,780	233,721
76.98	07698	HYPERBARIC OXYGEN THERAPY	798,360	30,541	20,606	245,399	1,094,906
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,726,203	1,120,779	265,883	4,389,816	16,502,681
91.00	09100	EMERGENCY	3,518,699	147,920	612,488	1,505,936	5,785,043
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	936,019	22,394	91,194	690,516	1,740,123
98.00	09850	HOME INFUSION	163,843	1,489	2,270	18,153	185,755
101.00	10100	HOME HEALTH AGENCY	1,256,057	16,451	17,194	489,154	1,778,856
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	170,962,003	3,816,555	7,599,480	26,945,035	168,065,701
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,444	8,984	0	2,801	23,229
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,170,637	202,671	8,543	1,495,299	5,877,150
194.00	07950	COMMUNITY SERVICE	57,233	8,155	0	24,229	89,617
194.01	07951	OFFSITE FREESTANDING PT/OT	2,205,620	144,665	0	955,778	3,306,063
194.02	07952	OFFSITE BUILDINGS	21,914	45,177	0	0	67,091
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	177,428,851	4,226,207	7,608,023	29,423,142	177,428,851

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,790,459					5.00
7.00	00700	OPERATION OF PLANT	1,322,228	6,942,823				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	139,219	107,668	838,688			8.00
9.00	00900	HOUSEKEEPING	771,862	11,195	68,747	4,132,874		9.00
10.00	01000	DIETARY	110,356	30,302	1,984	18,352	630,099	10.00
11.00	01100	CAFETERIA	257,439	109,634	8,825	66,399	0	11.00
13.00	01300	NURSING ADMINISTRATION	129,168	3,994	0	2,419	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	216,785	15,809	0	9,575	0	14.00
15.00	01500	PHARMACY	149,201	54,991	0	33,305	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	732,328	80,951	0	49,027	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,670,615	787,652	303,717	477,035	581,605	30.00
31.00	03100	INTENSIVE CARE UNIT	769,624	153,794	48,456	93,144	48,494	31.00
43.00	04300	NURSERY	210,942	130,406	13,997	78,979	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	888,388	368,343	79,631	223,084	0	50.00
51.00	05100	RECOVERY ROOM	333,890	124,990	0	75,699	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	433,101	157,470	28,990	95,370	0	52.00
53.00	05300	ANESTHESIOLOGY	33,744	9,682	0	5,864	0	53.00
53.01	05301	PAIN MANAGEMENT	113,576	45,385	0	27,487	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,775	280,372	45,295	169,805	0	54.00
54.01	05401	ULTRASOUND	232,403	8,608	0	5,213	0	54.01
56.00	05600	RADIOISOTOPE	104,708	68,455	0	41,459	0	56.00
57.00	05700	CT SCAN	306,744	28,910	0	17,509	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	227,491	53,932	0	32,664	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	547,339	118,908	0	72,016	0	59.00
60.00	06000	LABORATORY	1,907,754	170,632	0	103,342	0	60.00
64.00	06400	INTRAVENOUS THERAPY	39,582	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	352,906	78,879	0	47,772	0	65.00
66.00	06600	PHYSICAL THERAPY	190,306	40,998	0	24,830	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,399	6,066	0	3,674	0	67.00
68.00	06800	SPEECH PATHOLOGY	35,686	1,815	0	1,099	0	68.00
69.00	06900	ELECTROCARDIOLOGY	343,377	61,542	0	37,272	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70,195	19,833	0	12,012	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,444,058	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	6,678,729	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	43,237	3,026	0	1,832	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	474,448	53,236	30,804	32,242	0	75.01
76.00	03950	DIABETIC EDUCATION	54,982	23,524	0	14,247	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	257,573	65,157	5,140	39,462	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,882,206	2,391,081	17,838	1,448,136	0	90.00
91.00	09100	EMERGENCY	1,360,914	315,575	152,327	191,126	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	409,359	47,775	21,431	28,935	0	95.00
98.00	09850	HOME INFUSION	43,698	3,177	0	1,924	0	98.00
101.00	10100	HOME HEALTH AGENCY	418,471	35,098	0	21,257	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,587,806	6,068,865	827,182	3,603,567	630,099	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,465	19,167	0	11,609	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,382,582	432,381	4,908	261,868	0	192.00
194.00	07950	COMMUNITY SERVICE	21,082	17,397	0	10,537	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	777,741	308,631	6,598	186,920	0	194.01
194.02	07952	OFFSITE BUILDINGS	15,783	96,382	0	58,373	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	33,790,459	6,942,823	838,688	4,132,874	630,099	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part I
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
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	1,536,631					11.00
13.00	01300	NURSING ADMINISTRATION	3,772	688,429				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,056	0	1,178,745			14.00
15.00	01500	PHARMACY	0	0	66	871,795		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,233	0	31	0	4,033,588	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205,621	143,495	2,797	0	203,151	30.00
31.00	03100	INTENSIVE CARE UNIT	49,556	37,306	1,754	0	47,635	31.00
43.00	04300	NURSERY	10,199	7,683	0	0	17,502	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,899	28,538	1,293	0	273,768	50.00
51.00	05100	RECOVERY ROOM	19,201	14,459	146	0	40,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,580	16,252	0	0	37,025	52.00
53.00	05300	ANESTHESIOLOGY	14,263	0	515	0	93,853	53.00
53.01	05301	PAIN MANAGEMENT	8,742	6,579	0	0	43,416	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,437	0	50	0	176,376	54.00
54.01	05401	ULTRASOUND	11,575	0	29	0	93,560	54.01
56.00	05600	RADIOISOTOPE	3,934	0	12	0	64,811	56.00
57.00	05700	CT SCAN	14,894	0	148	0	409,759	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,706	0	0	0	123,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,858	10,435	417	0	116,221	59.00
60.00	06000	LABORATORY	82,906	0	696	0	638,217	60.00
64.00	06400	INTRAVENOUS THERAPY	3,788	0	0	0	3,264	64.00
65.00	06500	RESPIRATORY THERAPY	20,512	0	1,641	0	45,137	65.00
66.00	06600	PHYSICAL THERAPY	11,559	0	409	0	12,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,283	0	14	0	3,595	67.00
68.00	06800	SPEECH PATHOLOGY	2,088	0	0	0	2,292	68.00
69.00	06900	ELECTROCARDIOLOGY	26,178	19,705	50	0	138,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,201	0	13	0	20,107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,150,332	0	127,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,197	0	0	871,795	463,882	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,390	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	26,567	19,999	719	0	107,315	75.01
76.00	03950	DIABETIC EDUCATION	4,517	0	8	0	1,882	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,272	0	48	0	31,842	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	482,898	253,668	4,407	0	361,199	90.00
91.00	09100	EMERGENCY	93,316	70,254	674	0	275,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	49,378	0	34	0	28,719	95.00
98.00	09850	HOME INFUSION	745	567	0	0	5,135	98.00
101.00	10100	HOME HEALTH AGENCY	23,976	18,053	11	0	6,702	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,428,907	646,993	1,166,314	871,795	4,017,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	356	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,190	40,257	12,320	0	11,724	192.00
194.00	07950	COMMUNITY SERVICE	1,570	1,179	50	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	50,608	0	0	0	4,160	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	61	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,536,631	688,429	1,178,745	871,795	4,033,588	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
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
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,728,074	-427,640	16,300,434	30.00
31.00	03100	INTENSIVE CARE UNIT	4,521,320	-119,335	4,401,985	31.00
43.00	04300	NURSERY	1,366,390	0	1,366,390	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,677,348	0	5,677,348	50.00
51.00	05100	RECOVERY ROOM	2,028,243	124,907	2,153,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,630,838	0	2,630,838	52.00
53.00	05300	ANESTHESIOLOGY	301,363	0	301,363	53.00
53.01	05301	PAIN MANAGEMENT	727,981	0	727,981	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,154,870	0	5,154,870	54.00
54.01	05401	ULTRASOUND	1,339,298	0	1,339,298	54.01
56.00	05600	RADIOISOTOPE	728,477	0	728,477	56.00
57.00	05700	CT SCAN	2,081,885	0	2,081,885	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,412,193	0	1,412,193	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,205,851	0	3,205,851	59.00
60.00	06000	LABORATORY	11,013,126	0	11,013,126	60.00
64.00	06400	INTRAVENOUS THERAPY	214,891	422,068	636,959	64.00
65.00	06500	RESPIRATORY THERAPY	2,046,998	0	2,046,998	65.00
66.00	06600	PHYSICAL THERAPY	1,089,832	0	1,089,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	201,505	0	201,505	67.00
68.00	06800	SPEECH PATHOLOGY	194,676	0	194,676	68.00
69.00	06900	ELECTROCARDIOLOGY	2,086,687	0	2,086,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	426,748	0	426,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,362,135	0	19,362,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,436,065	0	36,436,065	73.00
74.00	07400	RENAL DIALYSIS	234,279	0	234,279	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	2,762,138	0	2,762,138	75.01
76.00	03950	DIABETIC EDUCATION	332,881	0	332,881	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,506,400	0	1,506,400	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	25,344,114	0	25,344,114	90.00
91.00	09100	EMERGENCY	8,245,017	0	8,245,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,325,754	0	2,325,754	95.00
98.00	09850	HOME INFUSION	241,001	0	241,001	98.00
101.00	10100	HOME HEALTH AGENCY	2,302,424	0	2,302,424	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	164,270,802	0	164,270,802	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,826	0	59,826	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,078,380	0	8,078,380	192.00
194.00	07950	COMMUNITY SERVICE	141,432	0	141,432	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	4,640,721	0	4,640,721	194.01
194.02	07952	OFFSITE BUILDINGS	237,690	0	237,690	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	177,428,851	0	177,428,851	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,019	27,974	42,993	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	73,098	825,588	1,985,159	2,883,845	5.00
7.00	00700	OPERATION OF PLANT	7,104	131,277	54,607	192,988	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,467	42,594	93,061	8.00
9.00	00900	HOUSEKEEPING	0	5,247	35,293	40,540	9.00
10.00	01000	DIETARY	0	14,203	5,784	19,987	10.00
11.00	01100	CAFETERIA	0	51,389	20,968	72,357	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,872	64,427	66,299	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,410	48,899	56,309	14.00
15.00	01500	PHARMACY	0	25,776	155,690	181,466	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37,944	37,339	75,283	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	369,198	415,143	784,341	30.00
31.00	03100	INTENSIVE CARE UNIT	0	72,088	113,542	185,630	31.00
43.00	04300	NURSERY	0	61,125	62,426	123,551	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,332	172,654	880,567	1,061,553	50.00
51.00	05100	RECOVERY ROOM	0	58,587	86,998	145,585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	73,811	131,899	205,710	52.00
53.00	05300	ANESTHESIOLOGY	0	4,538	40,533	45,071	53.00
53.01	05301	PAIN MANAGEMENT	0	21,273	10,090	31,363	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	131,419	722,263	853,682	54.00
54.01	05401	ULTRASOUND	0	4,035	24,244	28,279	54.01
56.00	05600	RADIOISOTOPE	0	32,087	38,096	70,183	56.00
57.00	05700	CT SCAN	0	13,551	51,706	65,257	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	25,280	283,049	308,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,805	55,736	458,609	541,150	59.00
60.00	06000	LABORATORY	0	79,980	201,508	281,488	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	36,973	114,185	151,158	65.00
66.00	06600	PHYSICAL THERAPY	0	19,217	32,088	51,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,844	0	2,844	67.00
68.00	06800	SPEECH PATHOLOGY	0	851	0	851	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,847	119,004	147,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,011	9,296	20,973	31,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,418	0	1,418	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	0	24,954	304,018	328,972	75.01
76.00	03950	DIABETIC EDUCATION	0	11,027	170	11,197	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,658	30,541	20,606	54,805	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	108	1,120,779	265,883	1,386,770	90.00
91.00	09100	EMERGENCY	0	147,920	612,488	760,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	22,394	91,194	113,588	95.00
98.00	09850	HOME INFUSION	0	1,489	2,270	3,759	98.00
101.00	10100	HOME HEALTH AGENCY	0	16,451	17,194	33,645	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,116	3,816,555	7,599,480	11,536,151	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,984	0	8,984	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	202,671	8,543	211,214	192.00
194.00	07950	COMMUNITY SERVICE	0	8,155	0	8,155	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	144,665	0	144,665	194.01
194.02	07952	OFFSITE BUILDINGS	0	45,177	0	45,177	194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	120,116	4,226,207	7,608,023	11,954,346	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,892,511					5.00
7.00	00700	OPERATION OF PLANT	113,182	307,080				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,917	4,762	109,914			8.00
9.00	00900	HOUSEKEEPING	66,071	495	9,010	116,863		9.00
10.00	01000	DIETARY	9,446	1,340	260	519	31,685	10.00
11.00	01100	CAFETERIA	22,037	4,849	1,157	1,878	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,057	177	0	68	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,557	699	0	271	0	14.00
15.00	01500	PHARMACY	12,772	2,432	0	942	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,687	3,580	0	1,386	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	228,603	34,838	39,803	13,489	29,246	30.00
31.00	03100	INTENSIVE CARE UNIT	65,879	6,802	6,350	2,634	2,439	31.00
43.00	04300	NURSERY	18,056	5,768	1,834	2,233	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,045	16,292	10,436	6,308	0	50.00
51.00	05100	RECOVERY ROOM	28,581	5,528	0	2,140	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,073	6,965	3,799	2,697	0	52.00
53.00	05300	ANESTHESIOLOGY	2,888	428	0	166	0	53.00
53.01	05301	PAIN MANAGEMENT	9,722	2,007	0	777	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,227	12,401	5,936	4,801	0	54.00
54.01	05401	ULTRASOUND	19,894	381	0	147	0	54.01
56.00	05600	RADIOISOTOPE	8,963	3,028	0	1,172	0	56.00
57.00	05700	CT SCAN	26,257	1,279	0	495	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,473	2,385	0	924	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,852	5,259	0	2,036	0	59.00
60.00	06000	LABORATORY	163,303	7,547	0	2,922	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,388	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,209	3,489	0	1,351	0	65.00
66.00	06600	PHYSICAL THERAPY	16,290	1,813	0	702	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,030	268	0	104	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,055	80	0	31	0	68.00
69.00	06900	ELECTROCARDIOLOGY	29,393	2,722	0	1,054	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,009	877	0	340	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	294,809	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	571,763	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,701	134	0	52	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	40,612	2,355	4,037	912	0	75.01
76.00	03950	DIABETIC EDUCATION	4,706	1,040	0	403	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	22,048	2,882	674	1,116	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	332,314	105,759	2,338	40,949	0	90.00
91.00	09100	EMERGENCY	116,493	13,958	19,963	5,404	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	35,041	2,113	2,809	818	0	95.00
98.00	09850	HOME INFUSION	3,741	141	0	54	0	98.00
101.00	10100	HOME HEALTH AGENCY	35,821	1,552	0	601	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,703,965	268,425	108,406	101,896	31,685	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	468	848	0	328	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	118,348	19,124	643	7,405	0	192.00
194.00	07950	COMMUNITY SERVICE	1,805	769	0	298	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	66,574	13,651	865	5,285	0	194.01
194.02	07952	OFFSITE BUILDINGS	1,351	4,263	0	1,651	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,892,511	307,080	109,914	116,863	31,685	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
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	102,758					11.00
13.00	01300	NURSING ADMINISTRATION	252	77,996				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,007	0	77,096			14.00
15.00	01500	PHARMACY	0	0	4	197,616		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,894	0	2	0	147,909	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,750	16,257	183	0	7,447	30.00
31.00	03100	INTENSIVE CARE UNIT	3,314	4,227	115	0	1,746	31.00
43.00	04300	NURSERY	682	870	0	0	642	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,534	3,233	85	0	10,035	50.00
51.00	05100	RECOVERY ROOM	1,284	1,638	10	0	1,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,443	1,841	0	0	1,357	52.00
53.00	05300	ANESTHESIOLOGY	954	0	34	0	3,440	53.00
53.01	05301	PAIN MANAGEMENT	585	745	0	0	1,592	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,507	0	3	0	6,465	54.00
54.01	05401	ULTRASOUND	774	0	2	0	3,430	54.01
56.00	05600	RADIOISOTOPE	263	0	1	0	2,376	56.00
57.00	05700	CT SCAN	996	0	10	0	15,021	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	515	0	0	0	4,522	58.00
59.00	05900	CARDIAC CATHETERIZATION	927	1,182	27	0	4,260	59.00
60.00	06000	LABORATORY	5,544	0	46	0	23,445	60.00
64.00	06400	INTRAVENOUS THERAPY	253	0	0	0	120	64.00
65.00	06500	RESPIRATORY THERAPY	1,372	0	107	0	1,655	65.00
66.00	06600	PHYSICAL THERAPY	773	0	27	0	468	66.00
67.00	06700	OCCUPATIONAL THERAPY	153	0	1	0	132	67.00
68.00	06800	SPEECH PATHOLOGY	140	0	0	0	84	68.00
69.00	06900	ELECTROCARDIOLOGY	1,751	2,233	3	0	5,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	415	0	1	0	737	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	75,236	0	4,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,086	0	0	197,616	17,004	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	88	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	1,777	2,266	47	0	3,934	75.01
76.00	03950	DIABETIC EDUCATION	302	0	1	0	69	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	821	0	3	0	1,167	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32,291	28,741	288	0	13,240	90.00
91.00	09100	EMERGENCY	6,240	7,959	44	0	10,110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,302	0	2	0	1,053	95.00
98.00	09850	HOME INFUSION	50	64	0	0	188	98.00
101.00	10100	HOME HEALTH AGENCY	1,603	2,045	1	0	246	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,554	73,301	76,283	197,616	147,327	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,691	4,561	806	0	430	192.00
194.00	07950	COMMUNITY SERVICE	105	134	3	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	3,384	0	0	0	152	194.01
194.02	07952	OFFSITE BUILDINGS	0	0	4	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	102,758	77,996	77,096	197,616	147,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet B
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
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
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,172,556	0	1,172,556	30.00
31.00	03100	INTENSIVE CARE UNIT	280,430	0	280,430	31.00
43.00	04300	NURSERY	153,953	0	153,953	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,187,511	0	1,187,511	50.00
51.00	05100	RECOVERY ROOM	186,763	0	186,763	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	261,556	0	261,556	52.00
53.00	05300	ANESTHESIOLOGY	52,981	0	52,981	53.00
53.01	05301	PAIN MANAGEMENT	46,967	0	46,967	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	959,959	0	959,959	54.00
54.01	05401	ULTRASOUND	53,249	0	53,249	54.01
56.00	05600	RADIOISOTOPE	86,099	0	86,099	56.00
57.00	05700	CT SCAN	109,726	0	109,726	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	336,368	0	336,368	58.00
59.00	05900	CARDIAC CATHETERIZATION	602,130	0	602,130	59.00
60.00	06000	LABORATORY	485,797	0	485,797	60.00
64.00	06400	INTRAVENOUS THERAPY	3,836	0	3,836	64.00
65.00	06500	RESPIRATORY THERAPY	189,877	0	189,877	65.00
66.00	06600	PHYSICAL THERAPY	71,713	0	71,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,598	0	6,598	67.00
68.00	06800	SPEECH PATHOLOGY	4,308	0	4,308	68.00
69.00	06900	ELECTROCARDIOLOGY	190,638	0	190,638	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,774	0	39,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	374,721	0	374,721	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	789,474	0	789,474	73.00
74.00	07400	RENAL DIALYSIS	5,393	0	5,393	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	385,609	0	385,609	75.01
76.00	03950	DIABETIC EDUCATION	17,817	0	17,817	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	83,875	0	83,875	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,949,109	0	1,949,109	90.00
91.00	09100	EMERGENCY	942,781	0	942,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	159,736	0	159,736	95.00
98.00	09850	HOME INFUSION	8,024	0	8,024	98.00
101.00	10100	HOME HEALTH AGENCY	76,229	0	76,229	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,275,557	0	11,275,557	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,656	0	10,656	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	368,409	0	368,409	192.00
194.00	07950	COMMUNITY SERVICE	11,304	0	11,304	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	235,974	0	235,974	194.01
194.02	07952	OFFSITE BUILDINGS	52,446	0	52,446	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,954,346	0	11,954,346	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/28/2021 4:35 pm

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	595,988					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,518,251				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,118	27,644	66,808,590			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	116,426	1,961,736	13,505,227	-33,790,459	143,638,392	5.00
7.00	00700	OPERATION OF PLANT	18,513	53,963	1,412,349	0	5,620,595	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	42,091	269,486	0	591,801	8.00
9.00	00900	HOUSEKEEPING	740	34,877	1,160,402	0	3,281,070	9.00
10.00	01000	DIETARY	2,003	5,716	205,978	0	469,105	10.00
11.00	01100	CAFETERIA	7,247	20,721	745,059	0	1,094,334	11.00
13.00	01300	NURSING ADMINISTRATION	264	63,667	222,384	0	549,076	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,045	48,322	393,361	0	921,520	14.00
15.00	01500	PHARMACY	3,635	153,853	0	0	634,232	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,351	36,898	1,672,530	0	3,113,018	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,065	410,244	7,141,401	0	11,352,386	30.00
31.00	03100	INTENSIVE CARE UNIT	10,166	112,202	2,009,597	0	3,271,557	31.00
43.00	04300	NURSERY	8,620	61,689	492,629	0	896,682	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,348	870,176	1,537,048	0	3,776,404	50.00
51.00	05100	RECOVERY ROOM	8,262	85,971	794,236	0	1,419,318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,409	130,343	1,042,017	0	1,841,050	52.00
53.00	05300	ANESTHESIOLOGY	640	40,055	0	0	143,442	53.00
53.01	05301	PAIN MANAGEMENT	3,000	9,971	273,559	0	482,796	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,533	713,740	1,455,395	0	3,586,760	54.00
54.01	05401	ULTRASOUND	569	23,958	531,632	0	987,910	54.01
56.00	05600	RADIOISOTOPE	4,525	37,646	175,603	0	445,098	56.00
57.00	05700	CT SCAN	1,911	51,096	638,097	0	1,303,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,565	279,709	342,054	0	967,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,860	453,197	679,197	0	2,326,657	59.00
60.00	06000	LABORATORY	11,279	199,130	2,331,657	0	8,109,579	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	116,042	0	168,257	64.00
65.00	06500	RESPIRATORY THERAPY	5,214	112,838	832,611	0	1,500,151	65.00
66.00	06600	PHYSICAL THERAPY	2,710	31,709	519,917	0	808,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	401	0	101,976	0	150,474	67.00
68.00	06800	SPEECH PATHOLOGY	120	0	103,406	0	151,696	68.00
69.00	06900	ELECTROCARDIOLOGY	4,068	117,600	836,486	0	1,459,645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311	20,726	178,829	0	298,387	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	14,640,177	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	1,561,133	0	28,390,462	73.00
74.00	07400	RENAL DIALYSIS	200	0	0	0	183,794	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	3,519	300,431	1,082,614	0	2,016,808	75.01
76.00	03950	DIABETIC EDUCATION	1,555	168	153,903	0	233,721	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,307	20,363	557,206	0	1,094,906	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	158,054	262,746	9,967,566	0	16,502,681	90.00
91.00	09100	EMERGENCY	20,860	605,261	3,419,396	0	5,785,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,158	90,118	1,567,894	0	1,740,123	95.00
98.00	09850	HOME INFUSION	210	2,243	41,218	0	185,755	98.00
101.00	10100	HOME HEALTH AGENCY	2,320	16,991	1,110,678	0	1,778,856	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	538,218	7,509,809	61,181,773	-33,790,459	134,275,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	6,359	0	23,229	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,581	8,442	3,395,243	0	5,877,150	192.00
194.00	07950	COMMUNITY SERVICE	1,150	0	55,014	0	89,617	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	20,401	0	2,170,201	0	3,306,063	194.01
194.02	07952	OFFSITE BUILDINGS	6,371	0	0	0	67,091	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,226,207	7,608,023	29,423,142		33,790,459	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.091094	1.011941	0.440410		0.235247	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/28/2021 4:35 pm

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	
204.00		Cost to be allocated (per Wkst. B, Part II)			42,993		2,892,511	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000644		0.020137	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: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	458,931				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	797,543			8.00
9.00	00900	HOUSEKEEPING	740	65,374	451,074		9.00
10.00	01000	DIETARY	2,003	1,887	2,003	45,542	10.00
11.00	01100	CAFETERIA	7,247	8,392	7,247	0	11.00
13.00	01300	NURSING ADMINISTRATION	264	0	264	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,045	0	1,045	0	14.00
15.00	01500	PHARMACY	3,635	0	3,635	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,351	0	5,351	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,065	288,817	52,065	42,037	30.00
31.00	03100	INTENSIVE CARE UNIT	10,166	46,079	10,166	3,505	31.00
43.00	04300	NURSERY	8,620	13,310	8,620	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,348	75,724	24,348	0	50.00
51.00	05100	RECOVERY ROOM	8,262	0	8,262	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,409	27,568	10,409	0	52.00
53.00	05300	ANESTHESIOLOGY	640	0	640	0	53.00
53.01	05301	PAIN MANAGEMENT	3,000	0	3,000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,533	43,073	18,533	0	54.00
54.01	05401	ULTRASOUND	569	0	569	0	54.01
56.00	05600	RADIOISOTOPE	4,525	0	4,525	0	56.00
57.00	05700	CT SCAN	1,911	0	1,911	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,565	0	3,565	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,860	0	7,860	0	59.00
60.00	06000	LABORATORY	11,279	0	11,279	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,214	0	5,214	0	65.00
66.00	06600	PHYSICAL THERAPY	2,710	0	2,710	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	401	0	401	0	67.00
68.00	06800	SPEECH PATHOLOGY	120	0	120	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,068	0	4,068	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311	0	1,311	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	200	0	200	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	3,519	29,293	3,519	0	75.01
76.00	03950	DIABETIC EDUCATION	1,555	0	1,555	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,307	4,888	4,307	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	158,054	16,963	158,054	0	90.00
91.00	09100	EMERGENCY	20,860	144,854	20,860	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,158	20,380	3,158	0	95.00
98.00	09850	HOME INFUSION	210	0	210	0	98.00
101.00	10100	HOME HEALTH AGENCY	2,320	0	2,320	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	401,161	786,602	393,304	45,542	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,581	4,667	28,581	0	192.00
194.00	07950	COMMUNITY SERVICE	1,150	0	1,150	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	20,401	6,274	20,401	0	194.01
194.02	07952	OFFSITE BUILDINGS	6,371	0	6,371	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,942,823	838,688	4,132,874	630,099	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.128250	1.051590	9.162297	13.835558	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	307,080	109,914	116,863	31,685	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.669120	0.137816	0.259077	0.695731	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
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: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			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
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	1,174,798				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,505,949			14.00
15.00	01500	PHARMACY	0	867	29,214,547		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	405	0	739,357,600	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	244,873	36,796	0	37,234,511	30.00
31.00	03100	INTENSIVE CARE UNIT	63,663	23,077	0	8,730,793	31.00
43.00	04300	NURSERY	13,111	0	0	3,207,875	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,700	17,005	0	50,177,420	50.00
51.00	05100	RECOVERY ROOM	24,674	1,922	0	7,430,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,734	0	0	6,786,064	52.00
53.00	05300	ANESTHESIOLOGY	0	6,769	0	17,201,869	53.00
53.01	05301	PAIN MANAGEMENT	11,227	0	0	7,957,561	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	661	0	32,326,914	54.00
54.01	05401	ULTRASOUND	0	388	0	17,148,166	54.01
56.00	05600	RADIOISOTOPE	0	158	0	11,878,794	56.00
57.00	05700	CT SCAN	0	1,950	0	75,102,502	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	22,611,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,807	5,483	0	21,301,499	59.00
60.00	06000	LABORATORY	0	9,155	0	117,038,472	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	598,227	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,582	0	8,272,976	65.00
66.00	06600	PHYSICAL THERAPY	0	5,382	0	2,339,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	180	0	658,938	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	420,059	68.00
69.00	06900	ELECTROCARDIOLOGY	33,627	654	0	25,461,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	170	0	3,685,255	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,132,181	0	23,381,274	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	29,214,547	85,022,441	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	438,125	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	34,128	9,458	0	19,669,193	75.01
76.00	03950	DIABETIC EDUCATION	0	105	0	344,925	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	637	0	5,836,176	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	432,881	57,978	0	66,202,252	90.00
91.00	09100	EMERGENCY	119,888	8,869	0	50,547,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	450	0	5,263,663	95.00
98.00	09850	HOME INFUSION	967	0	0	941,123	98.00
101.00	10100	HOME HEALTH AGENCY	30,807	143	0	1,228,285	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,104,087	15,342,425	29,214,547	736,446,312	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,699	162,070	0	2,148,848	192.00
194.00	07950	COMMUNITY SERVICE	2,012	653	0	0	194.00
194.01	07951	OFFSITE FREESTANDING PT/OT	0	0	0	762,440	194.01
194.02	07952	OFFSITE BUILDINGS	0	801	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	688,429	1,178,745	871,795	4,033,588	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.585998	0.076019	0.029841	0.005456	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,996	77,096	197,616	147,909	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.066391	0.004972	0.006764	0.000200	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-1

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		13.00	14.00	15.00	16.00		
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

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet B-2

Date/Time Prepared:
9/28/2021 4:35 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0
7.00		ADULTS AND PEDIATRICS		1	30.00	-427,640
8.00		INTENSIVE CARE UNIT		1	31.00	-119,335
9.00		RECOVERY ROOM		1	51.00	124,907
10.00		IV THERAPY		1	64.00	422,068

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,300,434		16,300,434	0	16,300,434	30.00
31.00	03100	INTENSIVE CARE UNIT	4,401,985		4,401,985	0	4,401,985	31.00
43.00	04300	NURSERY	1,366,390		1,366,390	0	1,366,390	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,677,348		5,677,348	0	5,677,348	50.00
51.00	05100	RECOVERY ROOM	2,153,150		2,153,150	0	2,153,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,630,838		2,630,838	0	2,630,838	52.00
53.00	05300	ANESTHESIOLOGY	301,363		301,363	0	301,363	53.00
53.01	05301	PAIN MANAGEMENT	727,981		727,981	0	727,981	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,154,870		5,154,870	0	5,154,870	54.00
54.01	05401	ULTRASOUND	1,339,298		1,339,298	0	1,339,298	54.01
56.00	05600	RADIOISOTOPE	728,477		728,477	0	728,477	56.00
57.00	05700	CT SCAN	2,081,885		2,081,885	0	2,081,885	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,412,193		1,412,193	0	1,412,193	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,205,851		3,205,851	0	3,205,851	59.00
60.00	06000	LABORATORY	11,013,126		11,013,126	0	11,013,126	60.00
64.00	06400	INTRAVENOUS THERAPY	636,959		636,959	0	636,959	64.00
65.00	06500	RESPIRATORY THERAPY	2,046,998	0	2,046,998	0	2,046,998	65.00
66.00	06600	PHYSICAL THERAPY	1,089,832	0	1,089,832	0	1,089,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	201,505	0	201,505	0	201,505	67.00
68.00	06800	SPEECH PATHOLOGY	194,676	0	194,676	0	194,676	68.00
69.00	06900	ELECTROCARDIOLOGY	2,086,687		2,086,687	0	2,086,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	426,748		426,748	0	426,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,362,135		19,362,135		19,362,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,436,065		36,436,065	0	36,436,065	73.00
74.00	07400	RENAL DIALYSIS	234,279		234,279	0	234,279	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	GI LAB	2,762,138		2,762,138	0	2,762,138	75.01
76.00	03950	DIABETIC EDUCATION	332,881		332,881	0	332,881	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,506,400		1,506,400	0	1,506,400	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,344,114		25,344,114	0	25,344,114	90.00
91.00	09100	EMERGENCY	8,245,017		8,245,017	0	8,245,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,528,114		2,528,114		2,528,114	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,325,754		2,325,754	0	2,325,754	95.00
98.00	09850	HOME INFUSION	241,001		241,001	0	241,001	98.00
101.00	10100	HOME HEALTH AGENCY	2,302,424		2,302,424		2,302,424	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	166,798,916	0	166,798,916	0	166,798,916	200.00
201.00		Less Observation Beds	2,528,114		2,528,114		2,528,114	201.00
202.00		Total (see instructions)	164,270,802	0	164,270,802	0	164,270,802	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,784,983		26,784,983			30.00	
31.00	03100	INTENSIVE CARE UNIT	8,098,158		8,098,158			31.00	
43.00	04300	NURSERY	3,207,875		3,207,875			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,804,952	34,372,468	50,177,420	0.113145	0.000000	50.00	
51.00	05100	RECOVERY ROOM	1,434,558	7,236,377	8,670,935	0.248318	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,794,786	1,991,278	6,786,064	0.387682	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	6,548,859	10,653,010	17,201,869	0.017519	0.000000	53.00	
53.01	05301	PAIN MANAGEMENT	33,832	7,923,729	7,957,561	0.091483	0.000000	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,412,844	24,914,070	32,326,914	0.159461	0.000000	54.00	
54.01	05401	ULTRASOUND	1,289,547	15,858,619	17,148,166	0.078102	0.000000	54.01	
56.00	05600	RADIOISOTOPE	644,013	11,234,781	11,878,794	0.061326	0.000000	56.00	
57.00	05700	CT SCAN	11,873,797	63,228,705	75,102,502	0.027721	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,295,920	21,315,658	22,611,578	0.062454	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	8,271,222	13,030,277	21,301,499	0.150499	0.000000	59.00	
60.00	06000	LABORATORY	22,031,663	95,006,809	117,038,472	0.094098	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	492,842	4,425,071	4,917,913	0.129518	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	6,271,133	2,001,843	8,272,976	0.247432	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,750,693	589,045	2,339,738	0.465792	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	583,163	75,775	658,938	0.305803	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	190,415	229,644	420,059	0.463449	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,788,630	20,672,839	25,461,469	0.081955	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	102,520	3,582,735	3,685,255	0.115799	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,136,542	11,244,732	23,381,274	0.828104	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,194,928	67,827,513	85,022,441	0.428546	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	405,110	33,015	438,125	0.534731	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	GI LAB	1,715,407	17,953,786	19,669,193	0.140430	0.000000	75.01	
76.00	03950	DIABETIC EDUCATION	0	344,925	344,925	0.965082	0.000000	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,197	5,825,979	5,836,176	0.258114	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	70,201	66,132,051	66,202,252	0.382829	0.000000	90.00	
91.00	09100	EMERGENCY	11,801,196	38,746,538	50,547,734	0.163113	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	781,970	4,740,013	5,521,983	0.457827	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	952	5,262,711	5,263,663	0.441851	0.000000	95.00	
98.00	09850	HOME INFUSION	0	941,123	941,123	0.256078	0.000000	98.00	
101.00	10100	HOME HEALTH AGENCY	0	1,228,285	1,228,285			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	177,822,908	558,623,404	736,446,312			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	177,822,908	558,623,404	736,446,312			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet C
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.113145		50.00
51.00	05100	RECOVERY ROOM	0.248318		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387682		52.00
53.00	05300	ANESTHESIOLOGY	0.017519		53.00
53.01	05301	PAIN MANAGEMENT	0.091483		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159461		54.00
54.01	05401	ULTRASOUND	0.078102		54.01
56.00	05600	RADIOISOTOPE	0.061326		56.00
57.00	05700	CT SCAN	0.027721		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062454		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150499		59.00
60.00	06000	LABORATORY	0.094098		60.00
64.00	06400	INTRAVENOUS THERAPY	0.129518		64.00
65.00	06500	RESPIRATORY THERAPY	0.247432		65.00
66.00	06600	PHYSICAL THERAPY	0.465792		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305803		67.00
68.00	06800	SPEECH PATHOLOGY	0.463449		68.00
69.00	06900	ELECTROCARDIOLOGY	0.081955		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115799		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.828104		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.428546		73.00
74.00	07400	RENAL DIALYSIS	0.534731		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	GI LAB	0.140430		75.01
76.00	03950	DIABETIC EDUCATION	0.965082		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.258114		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.382829		90.00
91.00	09100	EMERGENCY	0.163113		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.457827		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.441851		95.00
98.00	09850	HOME INFUSION	0.256078		98.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,172,556	0	1,172,556	13,495	86.89	30.00
31.00	INTENSIVE CARE UNIT	280,430		280,430	1,517	184.86	31.00
43.00	NURSERY	153,953		153,953	849	181.33	43.00
200.00	Total (lines 30 through 199)	1,606,939		1,606,939	15,861		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	6,113	531,159				30.00
31.00	INTENSIVE CARE UNIT	723	133,654				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,836	664,813				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,187,511	50,177,420	0.023666	6,094,983	144,244	50.00
51.00	05100	RECOVERY ROOM	186,763	8,670,935	0.021539	713,818	15,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	261,556	6,786,064	0.038543	18,185	701	52.00
53.00	05300	ANESTHESIOLOGY	52,981	17,201,869	0.003080	2,823,519	8,696	53.00
53.01	05301	PAIN MANAGEMENT	46,967	7,957,561	0.005902	21,638	128	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	959,959	32,326,914	0.029695	2,168,120	64,382	54.00
54.01	05401	ULTRASOUND	53,249	17,148,166	0.003105	754,255	2,342	54.01
56.00	05600	RADIOISOTOPE	86,099	11,878,794	0.007248	394,621	2,860	56.00
57.00	05700	CT SCAN	109,726	75,102,502	0.001461	6,625,053	9,679	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	336,368	22,611,578	0.014876	742,736	11,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	602,130	21,301,499	0.028267	3,525,771	99,663	59.00
60.00	06000	LABORATORY	485,797	117,038,472	0.004151	11,703,994	48,583	60.00
64.00	06400	INTRAVENOUS THERAPY	3,836	4,917,913	0.000780	317,848	248	64.00
65.00	06500	RESPIRATORY THERAPY	189,877	8,272,976	0.022951	3,445,501	79,078	65.00
66.00	06600	PHYSICAL THERAPY	71,713	2,339,738	0.030650	1,053,345	32,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,598	658,938	0.010013	354,706	3,552	67.00
68.00	06800	SPEECH PATHOLOGY	4,308	420,059	0.010256	131,100	1,345	68.00
69.00	06900	ELECTROCARDIOLOGY	190,638	25,461,469	0.007487	2,805,778	21,007	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,774	3,685,255	0.010793	60,580	654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	374,721	23,381,274	0.016027	5,614,024	89,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	789,474	85,022,441	0.009285	8,601,887	79,869	73.00
74.00	07400	RENAL DIALYSIS	5,393	438,125	0.012309	221,508	2,727	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	GI LAB	385,609	19,669,193	0.019605	1,079,138	21,157	75.01
76.00	03950	DIABETIC EDUCATION	17,817	344,925	0.051655	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	83,875	5,836,176	0.014372	7,041	101	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,949,109	66,202,252	0.029442	50,067	1,474	90.00
91.00	09100	EMERGENCY	942,781	50,547,734	0.018651	6,692,589	124,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	181,857	5,521,983	0.032933	462,881	15,244	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09850	HOME INFUSION	8,024	941,123	0.008526	0	0	98.00
200.00		Total (lines 50 through 199)	9,614,510	691,863,348		66,484,686	881,242	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0043		Period: From 05/01/2020 To 04/30/2021		Worksheet D Part III Date/Time Prepared: 9/28/2021 4:35 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	13,495	0.00	6,113		30.00
31.00	03100	INTENSIVE CARE UNIT			0	1,517	0.00	723		31.00
43.00	04300	NURSERY			0	849	0.00	0		43.00
200.00		Total (lines 30 through 199)			0	15,861		6,836		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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part IV
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
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
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	0	0	0	0	0	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09850	HOME INFUSION	0	0	0	0	0	98.00
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: 14-0043		Period: From 05/01/2020 To 04/30/2021		Worksheet D Part IV Date/Time Prepared: 9/28/2021 4:35 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	50,177,420	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,670,935	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,786,064	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,201,869	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	7,957,561	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	32,326,914	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	17,148,166	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	11,878,794	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	75,102,502	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	22,611,578	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,301,499	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	117,038,472	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,917,913	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,272,976	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,339,738	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	658,938	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	420,059	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	25,461,469	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,685,255	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	23,381,274	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	85,022,441	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	438,125	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	GI LAB	0	0	0	19,669,193	0.000000	75.01
76.00	03950	DIABETIC EDUCATION	0	0	0	344,925	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5,836,176	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	66,202,252	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	50,547,734	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,521,983	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
98.00	09850	HOME INFUSION	0	0	0	941,123	0.000000	98.00
200.00		Total (lines 50 through 199)	0	0	0	691,863,348		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet D Part IV Date/Time Prepared: 9/28/2021 4:35 pm
				Title XVIII	Hospital	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	6,094,983	0	10,528,401	0
51.00	05100 RECOVERY ROOM	0.000000	713,818	0	2,238,292	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	18,185	0	0	0
53.00	05300 ANESTHESIOLOGY	0.000000	2,823,519	0	2,904,562	0
53.01	05301 PAIN MANAGEMENT	0.000000	21,638	0	2,669,655	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,168,120	0	8,264,807	0
54.01	05401 ULTRASOUND	0.000000	754,255	0	4,371,682	0
56.00	05600 RADIOISOTOPE	0.000000	394,621	0	4,424,421	0
57.00	05700 CT SCAN	0.000000	6,625,053	0	23,044,900	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	742,736	0	6,288,620	0
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,525,771	0	5,819,025	0
60.00	06000 LABORATORY	0.000000	11,703,994	0	15,849,007	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	317,848	0	1,879,729	0
65.00	06500 RESPIRATORY THERAPY	0.000000	3,445,501	0	709,326	0
66.00	06600 PHYSICAL THERAPY	0.000000	1,053,345	0	47,878	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	354,706	0	16,370	0
68.00	06800 SPEECH PATHOLOGY	0.000000	131,100	0	5,328	0
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,805,778	0	6,148,956	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	60,580	0	1,040,339	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,614,024	0	3,780,654	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,601,887	0	30,000,083	0
74.00	07400 RENAL DIALYSIS	0.000000	221,508	0	23,364	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01	07501 GI LAB	0.000000	1,079,138	0	5,569,090	0
76.00	03950 DIABETIC EDUCATION	0.000000	0	0	17,679	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	7,041	0	2,200,633	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	50,067	0	20,049,944	0
91.00	09100 EMERGENCY	0.000000	6,692,589	0	10,081,648	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	462,881	0	1,725,598	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
98.00	09850 HOME INFUSION	0.000000	0	0	0	98.00
200.00	Total (lines 50 through 199)		66,484,686	0	169,699,991	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet D
Part V
Date/Time Prepared:
9/28/2021 4:35 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.113145	10,528,401	0	0	1,191,236	50.00
51.00	05100	RECOVERY ROOM	0.248318	2,238,292	0	0	555,808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387682	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017519	2,904,562	0	0	50,885	53.00
53.01	05301	PAIN MANAGEMENT	0.091483	2,669,655	0	0	244,228	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159461	8,264,807	0	0	1,317,914	54.00
54.01	05401	ULTRASOUND	0.078102	4,371,682	0	0	341,437	54.01
56.00	05600	RADIOISOTOPE	0.061326	4,424,421	0	0	271,332	56.00
57.00	05700	CT SCAN	0.027721	23,044,900	0	0	638,828	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062454	6,288,620	0	0	392,749	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150499	5,819,025	0	0	875,757	59.00
60.00	06000	LABORATORY	0.094098	15,849,007	0	0	1,491,360	60.00
64.00	06400	INTRAVENOUS THERAPY	0.129518	1,879,729	0	0	243,459	64.00
65.00	06500	RESPIRATORY THERAPY	0.247432	709,326	0	0	175,510	65.00
66.00	06600	PHYSICAL THERAPY	0.465792	47,878	0	0	22,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305803	16,370	0	0	5,006	67.00
68.00	06800	SPEECH PATHOLOGY	0.463449	5,328	0	0	2,469	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081955	6,148,956	0	0	503,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115799	1,040,339	0	0	120,470	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.828104	3,780,654	0	0	3,130,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.428546	30,000,083	161	291,203	12,856,416	73.00
74.00	07400	RENAL DIALYSIS	0.534731	23,364	0	0	12,493	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	GI LAB	0.140430	5,569,090	0	0	782,067	75.01
76.00	03950	DIABETIC EDUCATION	0.965082	17,679	0	0	17,062	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.258114	2,200,633	0	0	568,014	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.382829	20,049,944	0	0	7,675,700	90.00
91.00	09100	EMERGENCY	0.163113	10,081,648	0	0	1,644,448	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.457827	1,725,598	0	0	790,025	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.441851		0			95.00
98.00	09850	HOME INFUSION	0.256078	0	0	0	0	98.00
200.00		Subtotal (see instructions)		169,699,991	161	291,203	35,921,687	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		169,699,991	161	291,203	35,921,687	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0043		Period: From 05/01/2020 To 04/30/2021		Worksheet D Part V Date/Time Prepared: 9/28/2021 4:35 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
53.01	05301	PAIN MANAGEMENT	0	0					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	ULTRASOUND	0	0					54.01
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69	124,794					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
75.01	07501	GI LAB	0	0					75.01
76.00	03950	DIABETIC EDUCATION	0	0					76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
98.00	09850	HOME INFUSION	0	0					98.00
200.00		Subtotal (see instructions)	69	124,794					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	69	124,794					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet D-1 Date/Time Prepared: 9/28/2021 4:35 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,495	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)		11,402	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)		6,113	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)		16,300,434	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)		16,300,434	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)		16,300,434	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,207.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,383,832	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)		7,383,832	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet D-1

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	4,401,985	1,517	2,901.77	723	2,097,980
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,936,560
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,418,372
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					664,813
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					881,242
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,546,055
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,872,317
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					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)					2,093
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,207.89
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,528,114

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet D-1

Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,172,556	16,300,434	0.071934	2,528,114	181,857
91.00	Nursing School cost	0	16,300,434	0.000000	2,528,114	0
92.00	Allied health cost	0	16,300,434	0.000000	2,528,114	0
93.00	All other Medical Education	0	16,300,434	0.000000	2,528,114	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet D-3 Date/Time Prepared: 9/28/2021 4:35 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,917,024	30.00
31.00	03100	INTENSIVE CARE UNIT		3,859,612	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.113145	6,094,983	50.00
51.00	05100	RECOVERY ROOM	0.248318	713,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.387682	18,185	52.00
53.00	05300	ANESTHESIOLOGY	0.017519	2,823,519	53.00
53.01	05301	PAIN MANAGEMENT	0.091483	21,638	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159461	2,168,120	54.00
54.01	05401	ULTRASOUND	0.078102	754,255	54.01
56.00	05600	RADIOISOTOPE	0.061326	394,621	56.00
57.00	05700	CT SCAN	0.027721	6,625,053	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062454	742,736	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150499	3,525,771	59.00
60.00	06000	LABORATORY	0.094098	11,703,994	60.00
64.00	06400	INTRAVENOUS THERAPY	0.129518	317,848	64.00
65.00	06500	RESPIRATORY THERAPY	0.247432	3,445,501	65.00
66.00	06600	PHYSICAL THERAPY	0.465792	1,053,345	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305803	354,706	67.00
68.00	06800	SPEECH PATHOLOGY	0.463449	131,100	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081955	2,805,778	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115799	60,580	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.828104	5,614,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.428546	8,601,887	73.00
74.00	07400	RENAL DIALYSIS	0.534731	221,508	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	GI LAB	0.140430	1,079,138	75.01
76.00	03950	DIABETIC EDUCATION	0.965082	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.258114	7,041	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.382829	50,067	90.00
91.00	09100	EMERGENCY	0.163113	6,692,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.457827	462,881	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09850	HOME INFUSION	0.256078	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		66,484,686	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)		66,484,686	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part A Date/Time Prepared: 9/28/2021 4:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			5,028,694	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,146,578	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)			180,162	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			354,087	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)			92.27	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)		or	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)			2.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.33	31.00
32.00	Sum of lines 30 and 31			19.37	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.34	33.00
34.00	Disproportionate share adjustment (see instructions)			189,240	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part A Date/Time Prepared: 9/28/2021 4:35 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,010,165	1,096,046		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	422,282	636,608		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,058,890			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)	15,957,651			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	17,846,242			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			17,374,094	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,107,371	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			17,864	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)			18,499,329	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			18,499,329	61.00
62.00	Deductibles billed to program beneficiaries			1,783,436	62.00
63.00	Coinsurance billed to program beneficiaries			7,487	63.00
64.00	Allowable bad debts (see instructions)			481,014	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			312,659	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			321,956	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			17,021,065	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)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			2,741	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			-6,690	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			26,846	70.93
70.94	HRR adjustment amount (see instructions)			-70,722	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part A Date/Time Prepared: 9/28/2021 4:35 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,973,240	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		17,017,441	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)		-44,201	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		593,742	822,701
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)		1.0023278940	1.0016519210
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		1,382	1,359
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9976	0.9936
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-1,425	-5,265
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.			
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0043	Period: From 05/01/2020 To 04/30/2021	Worksheet E Part B Date/Time Prepared: 9/28/2021 4:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		124,863	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,921,687	2.00
3.00	OPPS payments		27,811,118	3.00
4.00	Outlier payment (see instructions)		492,574	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)		124,863	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		291,364	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)		291,364	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)		291,364	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		166,501	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)		124,863	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)		28,303,692	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)		5,317,306	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)		23,111,249	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)		23,111,249	30.00
31.00	Primary payer payments		5,113	31.00
32.00	Subtotal (line 30 minus line 31)		23,106,136	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)		454,314	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		295,304	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		259,184	36.00
37.00	Subtotal (see instructions)		23,401,440	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-68	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)		23,401,508	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		23,722,366	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)		-320,858	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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet E-1
Part I
Date/Time Prepared:
9/28/2021 4:35 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		17,194,158		23,662,387	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	12/30/2020	59,979	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	12/30/2020	176,717		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)		-176,717		59,979	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)		17,017,441		23,722,366	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		44,201		320,858	6.02	
7.00	Total Medicare program liability (see instructions)		16,973,240		23,401,508	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: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet E-1
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet G

Date/Time Prepared:
9/28/2021 4:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	34,612,483	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	19,656,883	0	0	0	4.00
5.00	Other receivable	1,062,574	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,702,148	0	0	0	7.00
8.00	Prepaid expenses	3,539,993	0	0	0	8.00
9.00	Other current assets	1,445,636	0	0	0	9.00
10.00	Due from other funds	32,335	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	65,052,052	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,864,606	0	0	0	12.00
13.00	Land improvements	3,745,377	0	0	0	13.00
14.00	Accumulated depreciation	-2,617,089	0	0	0	14.00
15.00	Buildings	97,314,573	0	0	0	15.00
16.00	Accumulated depreciation	-62,532,835	0	0	0	16.00
17.00	Leasehold improvements	23,661,096	0	0	0	17.00
18.00	Accumulated depreciation	-14,337,783	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	564,944	0	0	0	21.00
22.00	Accumulated depreciation	-421,020	0	0	0	22.00
23.00	Major movable equipment	92,975,339	0	0	0	23.00
24.00	Accumulated depreciation	-72,458,630	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	962,058	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	69,720,636	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	77,526,698	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	83,985,984	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	161,512,682	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	296,285,370	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,303,063	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,566,706	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,140,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	18,193,386	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,203,155	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	58,893,545	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	64,039,333	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	122,932,878	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	161,136,033	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	135,149,337	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	135,149,337	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	296,285,370	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet G-1

Date/Time Prepared:
9/28/2021 4:35 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		135,269,917		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-120,580				2.00
3.00	Total (sum of line 1 and line 2)		135,149,337		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)		135,149,337		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		135,149,337		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,992,858		29,992,858	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)	29,992,858		29,992,858	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,098,158		8,098,158	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)	8,098,158		8,098,158	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,091,016		38,091,016	17.00
18.00	Ancillary services	127,077,573	441,572,683	568,650,256	18.00
19.00	Outpatient services	12,653,367	109,618,602	122,271,969	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,228,285	1,228,285	22.00
23.00	AMBULANCE SERVICES	952	5,262,711	5,263,663	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIANS' PRIVATE OFFICES	0	2,148,848	2,148,848	27.00
27.01	PT/OT/ST NON-PROVIDER BASED	0	762,440	762,440	27.01
27.02	HOME INFUSION	0	941,123	941,123	27.02
27.03	PROFESSIONAL FEES	13,933,268	151,877,696	165,810,964	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	191,756,176	713,412,388	905,168,564	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		230,825,925		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	INTEREST EXPENSE	456,323			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)		456,323		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		230,369,602		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021

Worksheet G-3

Date/Time Prepared:
9/28/2021 4:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	905,168,564	1.00
2.00	Less contractual allowances and discounts on patients' accounts	689,799,280	2.00
3.00	Net patient revenues (line 1 minus line 2)	215,369,284	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	230,369,602	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,000,318	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	193,482	6.00
7.00	Income from investments	715,971	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	57,325	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	9,654	13.00
14.00	Revenue from meals sold to employees and guests	621,867	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	3,072,757	17.00
18.00	Revenue from sale of medical records and abstracts	21,188	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	42,158	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHANGE IN NET EQUITY OF AFFILIATES	1,648,344	24.00
24.01	DAYCARE REVENUE	561,586	24.01
24.02	GRANT REVENUE	402,852	24.02
24.03	MISCELLANEOUS INCOME	1,123,835	24.03
24.04	BILLING SERVICE/NSF FEES	85,005	24.04
24.05	SALE OF SCRAP	8,551	24.05
24.06	GAIN ON SALE OF ASSET	12,184	24.06
24.50	COVID-19 PHE Funding	7,776,129	24.50
25.00	Total other income (sum of lines 6-24)	16,352,888	25.00
26.00	Total (line 5 plus line 25)	1,352,570	26.00
27.00	CHANGE IN NET EQUITY OF INVESTEEES	0	27.00
27.01	INTEREST EXPENSE	456,323	27.01
27.02	LOSS ON SALE OF ASSET	0	27.02
27.03	BOND ISSUANCE COSTS	943,159	27.03
27.04	DONATION EXPENSES	73,668	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	1,473,150	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-120,580	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0043

Period:

Worksheet H

HHA CCN: 14-7562

From 05/01/2020
To 04/30/2021Date/Time Prepared:
9/28/2021 4:35 pm

					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
2.00 Capital Related - Movable Equipment			0		0	0
3.00 Plant Operation & Maintenance	0	0	0	0	0	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	203,754	0	21,418	0	171,683	396,855
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	694,692	0	0	0	0	694,692
7.00 Physical Therapy	166,431	0	0	0	0	166,431
8.00 Occupational Therapy	23,267	0	0	0	0	23,267
9.00 Speech Pathology	3,365	0	0	0	0	3,365
10.00 Medical Social Services	0	0	0	0	0	0
11.00 Home Health Aide	19,169	0	0	0	0	19,169
12.00 Supplies (see instructions)	0	0	0	0	0	0
13.00 Drugs	0	0	0	0	0	0
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	0	0	0	0	0	0
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	1,110,678	0	21,418	0	171,683	1,303,779
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	0	0	0		2.00
3.00 Plant Operation & Maintenance	0	0	0	0		3.00
4.00 Transportation	0	0	0	0		4.00
5.00 Administrative and General	-43,824	353,031	-3,898	349,133		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	694,692	0	694,692		6.00
7.00 Physical Therapy	0	166,431	0	166,431		7.00
8.00 Occupational Therapy	0	23,267	0	23,267		8.00
9.00 Speech Pathology	0	3,365	0	3,365		9.00
10.00 Medical Social Services	0	0	0	0		10.00
11.00 Home Health Aide	0	19,169	0	19,169		11.00
12.00 Supplies (see instructions)	0	0	0	0		12.00
13.00 Drugs	0	0	0	0		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	0	0	0		17.00
18.00 Clinic	0	0	0	0		18.00
19.00 Health Promotion Activities	0	0	0	0		19.00
20.00 Day Care Program	0	0	0	0		20.00
21.00 Home Delivered Meals Program	0	0	0	0		21.00
22.00 Homemaker Service	0	0	0	0		22.00
23.00 All Others (specify)	0	0	0	0		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	-43,824	1,259,955	-3,898	1,256,057		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: 14-0043

Period:

Worksheet H-1

HHA CCN: 14-7562

From 05/01/2020

Part I

To 04/30/2021

Date/Time Prepared:

9/28/2021 4:35 pm

Home Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	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	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	349,133	0	0	0	0	349,133	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	694,692	0	0	0	0	694,692	6.00
7.00	Physical Therapy	166,431	0	0	0	0	166,431	7.00
8.00	Occupational Therapy	23,267	0	0	0	0	23,267	8.00
9.00	Speech Pathology	3,365	0	0	0	0	3,365	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	19,169	0	0	0	0	19,169	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,256,057	0	0	0	0	1,256,057	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	349,133						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	267,432	962,124					6.00
7.00	Physical Therapy	64,070	230,501					7.00
8.00	Occupational Therapy	8,957	32,224					8.00
9.00	Speech Pathology	1,295	4,660					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	7,379	26,548					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,256,057					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0043

Period:

Worksheet H-1

HHA CCN: 14-7562

From 05/01/2020
To 04/30/2021Part II
Date/Time Prepared:
9/28/2021 4:35 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-349,133	906,924 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	694,692	6.00
7.00	Physical Therapy	0	0	0	0	166,431	7.00
8.00	Occupational Therapy	0	0	0	0	23,267	8.00
9.00	Speech Pathology	0	0	0	0	3,365	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	19,169	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-349,133	906,924 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		349,133 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.384964 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2020
To 04/30/2021Part I
Date/Time Prepared:
9/28/2021 4:35 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	16,451	17,194	89,735	123,380	29,025	1.00
2.00	Skilled Nursing Care	962,124	0	0	305,950	1,268,074	298,311	2.00
3.00	Physical Therapy	230,501	0	0	73,298	303,799	71,468	3.00
4.00	Occupational Therapy	32,224	0	0	10,247	42,471	9,991	4.00
5.00	Speech Pathology	4,660	0	0	1,482	6,142	1,445	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	26,548	0	0	8,442	34,990	8,231	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,256,057	16,451	17,194	489,154	1,778,856	418,471	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		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	35,098	0	21,257	0	2,542	18,053	1.00
2.00	Skilled Nursing Care	0	0	0	0	16,416	0	2.00
3.00	Physical Therapy	0	0	0	0	3,934	0	3.00
4.00	Occupational Therapy	0	0	0	0	550	0	4.00
5.00	Speech Pathology	0	0	0	0	81	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	453	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)	35,098	0	21,257	0	23,976	18,053	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: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2020
To 04/30/2021Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Home Health Agency I Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		14.00	15.00	16.00	24.00	25.00	26.00	
1.00	Administrative and General	11	0	6,702	236,068	0	236,068	1.00
2.00	Skilled Nursing Care	0	0	0	1,582,801	0	1,582,801	2.00
3.00	Physical Therapy	0	0	0	379,201	0	379,201	3.00
4.00	Occupational Therapy	0	0	0	53,012	0	53,012	4.00
5.00	Speech Pathology	0	0	0	7,668	0	7,668	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	43,674	0	43,674	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)	11	0	6,702	2,302,424	0	2,302,424	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	180,826	1,763,627					2.00
3.00	Physical Therapy	43,321	422,522					3.00
4.00	Occupational Therapy	6,056	59,068					4.00
5.00	Speech Pathology	876	8,544					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	4,989	48,663					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	236,068	2,302,424					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.	0.114244						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: 14-0043
HHA CCN: 14-7562Period:
From 05/01/2020
To 04/30/2021Worksheet H-2
Part II
Date/Time Prepared:
9/28/2021 4:35 pm

						Home Health Agency I	9/28/2021 4:35 PM PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				OPERATION OF PLANT (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	2,320	16,991	203,754	0	123,380	2,320	1.00
2.00	Skilled Nursing Care	0	0	694,692	0	1,268,074	0	2.00
3.00	Physical Therapy	0	0	166,431	0	303,799	0	3.00
4.00	Occupational Therapy	0	0	23,267	0	42,471	0	4.00
5.00	Speech Pathology	0	0	3,365	0	6,142	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	19,169	0	34,990	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)	2,320	16,991	1,110,678		1,778,856	2,320	20.00
21.00	Total cost to be allocated	16,451	17,194	489,154		418,471	35,098	21.00
22.00	Unit cost multiplier	7.090948	1.011948	0.440410		0.235247	15.128448	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	2,320	0	157	30,807	143	1.00
2.00	Skilled Nursing Care	0	0	0	1,014	0	0	2.00
3.00	Physical Therapy	0	0	0	243	0	0	3.00
4.00	Occupational Therapy	0	0	0	34	0	0	4.00
5.00	Speech Pathology	0	0	0	5	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	28	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	2,320	0	1,481	30,807	143	20.00
21.00	Total cost to be allocated	0	21,257	0	23,976	18,053	11	21.00
22.00	Unit cost multiplier	0.000000	9.162500	0.000000	16.189061	0.586003	0.076923	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0043

Period:

Worksheet H-2

HHA CCN: 14-7562

From 05/01/2020
To 04/30/2021Part II
Date/Time Prepared:
9/28/2021 4:35 pmHome Health
Agency I

PPS

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		15.00	16.00		
1.00	Administrative and General	0	1,228,285		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	1,228,285		20.00
21.00	Total cost to be allocated	0	6,702		21.00
22.00	Unit cost multiplier	0.000000	0.005456		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2020

Part I

To 04/30/2021

Date/Time Prepared:

9/28/2021 4:35 pm

Title XVIII

Home Health

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 Agency I	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,763,627		1,763,627	3,259	541.16	1.00
2.00	Physical Therapy	3.00	422,522	0	422,522	1,709	247.23	2.00
3.00	Occupational Therapy	4.00	59,068	0	59,068	250	236.27	3.00
4.00	Speech Pathology	5.00	8,544	0	8,544	50	170.88	4.00
5.00	Medical Social Services	6.00	0	0	0	0	0.00	5.00
6.00	Home Health Aide	7.00	48,663	0	48,663	147	331.04	6.00
7.00	Total (sum of lines 1-6)		2,302,424	0	2,302,424	5,415		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	1,970			8.00
9.00	Physical Therapy		99914	0	831			9.00
10.00	Occupational Therapy		99914	0	138			10.00
11.00	Speech Pathology		99914	0	16			11.00
12.00	Medical Social Services		99914	0	0			12.00
13.00	Home Health Aide		99914	0	150			13.00
14.00	Total (sum of lines 8-13)			0	3,105			14.00
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	3,332	3,332	4,024	0.828032	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,970		0	1,066,085		1.00
2.00	Physical Therapy	0	831		0	205,448		2.00
3.00	Occupational Therapy	0	138		0	32,605		3.00
4.00	Speech Pathology	0	16		0	2,734		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	150		0	49,656		6.00
7.00	Total (sum of lines 1-6)	0	3,105		0	1,356,528		7.00
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2020
To 04/30/2021Part I
Date/Time Prepared:
9/28/2021 4:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	4,024	0	0	3,332	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,066,085						1.00
2.00	Physical Therapy	205,448						2.00
3.00	Occupational Therapy	32,605						3.00
4.00	Speech Pathology	2,734						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	49,656						6.00
7.00	Total (sum of lines 1-6)	1,356,528						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0043

Period:

Worksheet H-3

HHA CCN: 14-7562

From 05/01/2020
To 04/30/2021Part II
Date/Time Prepared:
9/28/2021 4:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.465792	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.305803	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.463449	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.828104	4,024	3,332	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.428546	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0043		Period: From 05/01/2020 To 04/30/2021		Worksheet H-4 Part I-II Date/Time Prepared: 9/28/2021 4:35 pm	
HHA CCN: 14-7562		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	0	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	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	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	0	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	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	574,000	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	12,737	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	1,352	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	42,574	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	0	16.00
17.00	Total Other Payments	0	0	0	17.00
18.00	DME Payments	0	0	0	18.00
19.00	Oxygen Payments	0	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	630,663	0	22.00
23.00	Excess reasonable cost (from line 8)	0	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	630,663	0	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	630,663	0	26.00
27.00	Reimbursable bad debts (from your records)	0	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	630,663	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	0	30.99
31.00	Subtotal (see instructions)	0	630,663	0	31.00
31.01	Sequestration adjustment (see instructions)	0	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	0	31.02
32.00	Interim payments (see instructions)	0	630,663	0	32.00
33.00	Tentative settlement (for contractor use only)	0	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	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	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0043 HHA CCN: 14-7562		Period: From 05/01/2020 To 04/30/2021		Worksheet H-5 Date/Time Prepared: 9/28/2021 4:35 pm	
				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		630,663	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01			0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50			0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		630,663	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01			0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50			0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		630,663	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0043

Period:
From 05/01/2020
To 04/30/2021Worksheet L
Parts I-III
Date/Time Prepared:
9/28/2021 4:35 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,064,976	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	42,395	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)	35.94	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)	1,107,371	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