

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: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 7/5/2022 10:55 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 7/5/2022 Time: 10:55 am
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SSM HEALTH GOOD SAMARITAN HOSPITAL (14-0046) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Eileen Lamm	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Eileen Lamm		2
3	Signatory Title	REGIONAL VP- FINANCE		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	552,013	48,084	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-11,427	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	540,586	48,084	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: 14-0046		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/5/2022 10:55 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1 GOOD SAMARITAN WAY			PO Box:				1.00			
2.00	City: MT. VERNON			State: IL		Zip Code: 62864		County: JEFFERSON			
		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		SSM HEALTH GOOD SAMARITAN HOSPITAL		140046	99914	1	07/01/1966	N	P	P
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		GOOD SAMARITAN REHABILITATION UNIT		14T046	99914	5	01/01/1990	N	P	P
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021		12/31/2021		20.00
21.00	Type of Control (see instructions)						1				21.00
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00

Worksheet S-2
Part I
Date/Time Prepared:
7/5/2022 10:55 am

MCRIF32 - 17.6.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0046		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/5/2022 10:55 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1		60.01	
			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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
7/5/2022 10:55 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/5/2022 10:55 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00	2.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,121,828		76,805		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0046		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/5/2022 10:55 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269020		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/5/2022 10:55 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0046		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 7/5/2022 10:55 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/21/2022	Y	04/21/2022		17.00
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			18.00
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			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/5/2022 10:55 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		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.	JENNIFER	COHEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-989-3939	JENNIFER.COHEN@SSMHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
7/5/2022 10:55 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR GOVERNMENT REIMBUR	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: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	102	37,230	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)		102	37,230	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		114	41,610	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,650		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		124			0	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)		10	3,650			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: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,369	799	23,523			1.00
2.00	HMO and other (see instructions)	2,596	5,204				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	8	174				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)	13,369	799	23,523			7.00
8.00	INTENSIVE CARE UNIT	143	172	3,157			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		297	1,905			13.00
14.00	Total (see instructions)	13,512	1,268	28,585	0.00	851.82	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,565	56	2,340	0.00	18.05	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	869.87	27.00
28.00	Observation Bed Days		41	1,186			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			341			30.00
31.00	Employee discount days - IRF			44			31.00
32.00	Labor & delivery days (see instructions)	0	299	480			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: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,702	388	7,998	1.00
2.00 HMO and other (see instructions)			514	1,988		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,702	388	7,998	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	129	4	181	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/5/2022 10:55 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	58,261,782	0	58,261,782	1,771,784.73	32.88
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		199,499	0	199,499	1,250.00	159.60
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		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)		2,479,816	45,000	2,524,816	43,828.73	57.61
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,576,740	0	1,576,740	23,248.97	67.82
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		251,902	0	251,902	1,142.17	220.55
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		9,596,918	0	9,596,918	217,164.31	44.19
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)		23,123,521	0	23,123,521		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,204,587	0	1,204,587		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		17,464	0	17,464		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,621,988	0	3,621,988		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/5/2022 10:55 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	591,032	0	591,032	1,522.90	388.10	26.00
27.00	Administrative & General	5.00	5,205,404	-1,155,823	4,049,581	114,122.35	35.48	27.00
28.00	Administrative & General under contract (see inst.)		922,994	0	922,994	4,697.06	196.50	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	908,379	84	908,463	38,829.26	23.40	30.00
31.00	Laundry & Linen Service	8.00	112,068	306	112,374	7,106.84	15.81	31.00
32.00	Housekeeping	9.00	1,587,718	1,590	1,589,308	103,258.60	15.39	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	730,444	-512,553	217,891	19,187.32	11.36	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	512,553	512,553	26,852.48	19.09	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	345,294	5,000	350,294	7,881.03	44.45	38.00
39.00	Central Services and Supply	14.00	330,014	0	330,014	17,777.97	18.56	39.00
40.00	Pharmacy	15.00	2,069,282	60	2,069,342	49,537.36	41.77	40.00
41.00	Medical Records & Medical Records Library	16.00	229,469	0	229,469	11,641.20	19.71	41.00
42.00	Social Service	17.00	800,564	0	800,564	25,178.57	31.80	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
7/5/2022 10:55 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,985,277	0	58,985,277	1,775,231.79	33.23	1.00
2.00	Excluded area salaries (see instructions)	2,479,816	45,000	2,524,816	43,828.73	57.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	56,505,461	-45,000	56,460,461	1,731,403.06	32.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,425,560	0	11,425,560	241,555.45	47.30	4.00
5.00	Subtotal wage-related costs (see inst.)	26,762,973	0	26,762,973	0.00	47.40	5.00
6.00	Total (sum of lines 3 thru 5)	94,693,994	-45,000	94,648,994	1,972,958.51	47.97	6.00
7.00	Total overhead cost (see instructions)	13,832,662	-1,148,783	12,683,879	427,592.94	29.66	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 7/5/2022 10:55 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,473,064	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		1,923,987	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)		13,642,883	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	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		375,913	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		57,567	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		10,248	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		569	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		761,753	14.00
15.00	'Workers' Compensation Insurance		669,228	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		4,083,566	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		299,273	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		47,521	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,345,572	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: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	575,525	24,345,572	1.00
2.00	Hospital	575,525	23,123,521	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	518,592	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	703,459	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 7/5/2022 10:55 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.246453	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		14,560,398	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		2,087,346	5.00
6.00	Medicaid charges		136,414,639	6.00
7.00	Medicaid cost (line 1 times line 6)		33,619,797	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)		16,972,053	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,972,053	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)	6,598,415	1,149,896	7,748,311
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,626,199	1,149,896	2,776,095
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,626,199	1,149,896	2,776,095
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,870,649	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,195,661	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,839,477	27.01
28.00	Non-Medicare bad debt expense (see instructions)		5,031,172	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,883,763	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,659,858	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,631,911	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0046

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

Worksheet A

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati 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		13,612,036	13,612,036	0	13,612,036	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,599,145	4,599,145	0	4,599,145	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	591,032	18,893,232	19,484,264	-1,472	19,482,792	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,205,404	37,970,279	43,175,683	-431,729	42,743,954	5.00
7.00	00700	OPERATION OF PLANT	908,379	4,774,683	5,683,062	378,098	6,061,160	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	112,068	240,586	352,654	-4,678	347,976	8.00
9.00	00900	HOUSEKEEPING	1,587,718	674,825	2,262,543	-52,460	2,210,083	9.00
10.00	01000	DIETARY	730,444	1,076,278	1,806,722	-1,269,262	537,460	10.00
11.00	01100	CAFETERIA	0	0	0	1,267,777	1,267,777	11.00
13.00	01300	NURSING ADMINISTRATION	345,294	482,293	827,587	3,104	830,691	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	330,014	343,091	673,105	-32,425	640,680	14.00
15.00	01500	PHARMACY	2,069,282	13,561,421	15,630,703	-13,118,991	2,511,712	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	229,469	132,230	361,699	0	361,699	16.00
17.00	01700	SOCIAL SERVICE	800,564	242,740	1,043,304	-123	1,043,181	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	74,627	8,690	83,317	-89	83,228	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,183,553	5,302,169	19,485,722	587,030	20,072,752	30.00
31.00	03100	INTENSIVE CARE UNIT	2,624,644	2,684,904	5,309,548	-1,327,385	3,982,163	31.00
41.00	04100	SUBPROVIDER - IRF	1,241,052	623,157	1,864,209	-22,836	1,841,373	41.00
43.00	04300	NURSERY	346,450	41,031	387,481	427,435	814,916	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,855,890	10,925,591	13,781,481	-8,464,103	5,317,378	50.00
51.00	05100	RECOVERY ROOM	443,876	76,761	520,637	-9,212	511,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,121,105	885,568	4,006,673	-1,144,431	2,862,242	52.00
53.00	05300	ANESTHESIOLOGY	70,449	5,363,615	5,434,064	-279,505	5,154,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,788,078	416,860	2,204,938	-118,694	2,086,244	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,199,893	-82,832	1,117,061	-83,606	1,033,455	55.00
56.00	05600	RADIOISOTOPE	196,522	283,209	479,731	-6,661	473,070	56.00
57.00	05700	CT SCAN	479,832	260,914	740,746	-79,631	661,115	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	184,638	90,706	275,344	-16,733	258,611	58.00
59.00	05900	CARDIAC CATHETERIZATION	801,376	3,447,152	4,248,528	-2,918,162	1,330,366	59.00
60.00	06000	LABORATORY	2,198,897	4,130,450	6,329,347	-1,922,519	4,406,828	60.00
64.00	06400	INTRAVENOUS THERAPY	245,341	40,892	286,233	-9,770	276,463	64.00
65.00	06500	RESPIRATORY THERAPY	1,425,811	865,290	2,291,101	-295,580	1,995,521	65.00
66.00	06600	PHYSICAL THERAPY	1,053,869	101,901	1,155,770	-12,201	1,143,569	66.00
66.01	03951	CLINICAL NUTRITION	151,969	12,125	164,094	-7	164,087	66.01
67.00	06700	OCCUPATIONAL THERAPY	514,807	45,366	560,173	-4,880	555,293	67.00
68.00	06800	SPEECH PATHOLOGY	265,919	22,912	288,831	-1,511	287,320	68.00
69.00	06900	ELECTROCARDIOLOGY	1,473,136	1,236,353	2,709,489	-33,024	2,676,465	69.00
69.01	06901	CARDIAC REHABILITATION	159,761	35,540	195,301	7,529	202,830	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	22,485	15,304	37,789	0	37,789	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,259,864	13,259,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,627,085	4,627,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,134,202	216,122	1,350,324	13,042,875	14,393,199	73.00
74.00	07400	RENAL DIALYSIS	61,120	671,587	732,707	-14,184	718,523	74.00
76.00	03950	ENDOSCOPY	851	5,253	6,104	-6,104	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,424,771	2,371,590	5,796,361	-419,607	5,376,754	90.00
91.00	09100	EMERGENCY	2,443,053	2,100,146	4,543,199	-340,086	4,203,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,097,645	138,801,165	195,898,810	1,159,136	197,057,946	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,797	3,494	39,291	0	39,291	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	92,709	2,844	95,553	10,000	105,553	192.00
194.00	07950	OTHER NRB COST CENTER	637,121	2,244,034	2,881,155	-1,169,136	1,712,019	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	398,510	5,431,547	5,830,057	0	5,830,057	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	58,261,782	146,483,084	204,744,866	0	204,744,866	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0046

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

Worksheet A

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	209,589	13,821,625	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-3,907,627	691,518	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,767,752	28,250,544	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-19,798,933	22,945,021	5.00
7.00	00700	OPERATION OF PLANT	-58,470	6,002,690	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	347,976	8.00
9.00	00900	HOUSEKEEPING	-3,395	2,206,688	9.00
10.00	01000	DIETARY	0	537,460	10.00
11.00	01100	CAFETERIA	-503,122	764,655	11.00
13.00	01300	NURSING ADMINISTRATION	-253,599	577,092	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-952	639,728	14.00
15.00	01500	PHARMACY	-126,301	2,385,411	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-817	360,882	16.00
17.00	01700	SOCIAL SERVICE	0	1,043,181	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	0	83,228	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,096,117	13,976,635	30.00
31.00	03100	INTENSIVE CARE UNIT	-719,579	3,262,584	31.00
41.00	04100	SUBPROVIDER - IRF	-37,371	1,804,002	41.00
43.00	04300	NURSERY	0	814,916	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-572,647	4,744,731	50.00
51.00	05100	RECOVERY ROOM	0	511,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-188	2,862,054	52.00
53.00	05300	ANESTHESIOLOGY	-4,915,425	239,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-789	2,085,455	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-625,205	408,250	55.00
56.00	05600	RADIOISOTOPE	-38	473,032	56.00
57.00	05700	CT SCAN	-10,976	650,139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-4,535	254,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,330,366	59.00
60.00	06000	LABORATORY	-131,116	4,275,712	60.00
64.00	06400	INTRAVENOUS THERAPY	-32,534	243,929	64.00
65.00	06500	RESPIRATORY THERAPY	-24,618	1,970,903	65.00
66.00	06600	PHYSICAL THERAPY	0	1,143,569	66.00
66.01	03951	CLINICAL NUTRITION	0	164,087	66.01
67.00	06700	OCCUPATIONAL THERAPY	-127,041	428,252	67.00
68.00	06800	SPEECH PATHOLOGY	0	287,320	68.00
69.00	06900	ELECTROCARDIOLOGY	-652,731	2,023,734	69.00
69.01	06901	CARDIAC REHABILITATION	-14,145	188,685	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,074	29,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-718,025	12,541,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,627,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,393,199	73.00
74.00	07400	RENAL DIALYSIS	-29,295	689,228	74.00
76.00	03950	ENDOSCOPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-400,772	4,975,982	90.00
91.00	09100	EMERGENCY	-1,064,399	3,138,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,861,495	165,196,451	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,291	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	105,553	192.00
194.00	07950	OTHER NRB COST CENTER	0	1,712,019	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	5,830,057	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,861,495	172,883,371	200.00

RECLASSIFICATIONS

Provider CCN: 14-0046

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUG SUPPLY IMPLANT IV AND BLOOD					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,259,864		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,627,085		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,067,487		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
			0	30,954,436		
	B - DIETARY					
1.00	CAFETERIA	11.00	512,553	755,224		1.00
			512,553	755,224		
	D - INPATIENT L&D					
1.00	ADULTS & PEDIATRICS	30.00	786,895	550,440		1.00
2.00	NURSERY	43.00	325,111	100,494		2.00
3.00		0.00	0	0		3.00
	TOTALS		1,112,006	650,934		
	E - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	379,025		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	379,025		
	F - PUMP					
1.00	ADULTS & PEDIATRICS	30.00	0	7,519		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	18,250		2.00
3.00	SUBPROVIDER - IRF	41.00	0	2,238		3.00
4.00	NURSERY	43.00	0	1,830		4.00
			0	29,837		
	G - MEDICAL PLAZA					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,169,136		1.00
			0	1,169,136		
	I - NURSING BONUS					
1.00	OPERATION OF PLANT	7.00	84	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	306	0		2.00
3.00	HOUSEKEEPING	9.00	1,590	0		3.00
4.00	NURSING ADMINISTRATION	13.00	5,000	0		4.00
5.00	PHARMACY	15.00	60	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	394,937	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	97,500	0		7.00
8.00	SUBPROVIDER - IRF	41.00	35,000	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0046

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	OPERATING ROOM	50.00	97,734	0	9.00
10.00	RECOVERY ROOM	51.00	25,269	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	161,801	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	4,728	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	13,150	0	13.00
14.00	CT SCAN	57.00	204	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	33,773	0	15.00
16.00	LABORATORY	60.00	787	0	16.00
17.00	INTRAVENOUS THERAPY	64.00	10,000	0	17.00
18.00	RESPIRATORY THERAPY	65.00	384	0	18.00
19.00	PHYSICAL THERAPY	66.00	138	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	30,813	0	20.00
21.00	CARDIAC REHABILITATION	69.01	10,000	0	21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	65,500	0	22.00
23.00	CLINIC	90.00	88,910	0	23.00
24.00	EMERGENCY	91.00	68,155	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	10,000	0	25.00
	TOTALS		1,155,823	0	
J - ENDOSCOPY					
1.00	OPERATING ROOM	50.00	851	4,702	1.00
	TOTALS		851	4,702	
500.00	Grand Total: Increases		2,781,233	33,943,294	500.00

RECLASSIFICATIONS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
7/5/2022 10:55 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUG SUPPLY IMPLANT IV AND BLOOD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	89,211	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,472	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	137,043	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,011	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	4,984	0		5.00
6.00	HOUSEKEEPING	9.00	0	53,422	0		6.00
7.00	DIETARY	10.00	0	1,378	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,896	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,588	0		9.00
10.00	PHARMACY	15.00	0	13,119,051	0		10.00
11.00	SOCIAL SERVICE	17.00	0	123	0		11.00
12.00	PARAMED ED PRGM-LABARATORY ED	23.00	0	89	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,152,761	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	616,786	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	60,074	0		15.00
16.00	OPERATING ROOM	50.00	0	8,567,390	0		16.00
17.00	RECOVERY ROOM	51.00	0	34,481	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	370,542	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	279,505	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	123,422	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	96,756	0		21.00
22.00	RADIOISOTOPE	56.00	0	6,661	0		22.00
23.00	CT SCAN	57.00	0	79,835	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,733	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	2,951,935	0		25.00
26.00	LABORATORY	60.00	0	1,923,306	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	19,770	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	295,964	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	12,339	0		29.00
30.00	CLINICAL NUTRITION	66.01	0	7	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	4,880	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	1,511	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	63,837	0		33.00
34.00	CARDIAC REHABILITATION	69.01	0	2,471	0		34.00
35.00	RENAL DIALYSIS	74.00	0	14,184	0		35.00
36.00	ENDOSCOPY	76.00	0	551	0		36.00
37.00	CLINIC	90.00	0	438,226	0		37.00
38.00	EMERGENCY	91.00	0	408,241	0		38.00
			0	30,954,436			
B - DIETARY							
1.00	DIETARY	10.00	512,553	755,224	0		1.00
			512,553	755,224			
D - INPATIENT L&D							
1.00	INTENSIVE CARE UNIT	31.00	396,499	429,850	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	714,754	220,936	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	753	148	0		3.00
	TOTALS		1,112,006	650,934			
E - UTILITIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	307,999	0		1.00
2.00	HOUSEKEEPING	9.00	0	628	0		2.00
3.00	DIETARY	10.00	0	107	0		3.00
4.00	CLINIC	90.00	0	70,291	0		4.00
			0	379,025			
F - PUMP							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,837	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	29,837			
G - MEDICAL PLAZA							
1.00	OTHER_NRB_COST_CENTER	194.00	0	1,169,136	0		1.00
			0	1,169,136			
I - NURSING BONUS							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,155,823	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0046

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
	TOTALS		1,155,823	0		
	J - ENDOSCOPY					
1.00	ENDOSCOPY	76.00	851	4,702	0	1.00
	TOTALS		851	4,702		
500.00	Grand Total: Decreases		2,781,233	33,943,294		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
7/5/2022 10:55 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	590,251	0	0	0	0	1.00	
2.00	Land Improvements	7,284,047	959,488	0	959,488	0	2.00	
3.00	Buildings and Fixtures	158,768,544	1,750	0	1,750	2,896	3.00	
4.00	Building Improvements	32,543,436	0	0	0	1,340	4.00	
5.00	Fixed Equipment	15,455,303	5,352	0	5,352	0	5.00	
6.00	Movable Equipment	52,284,177	5,667,910	0	5,667,910	814,831	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	266,925,758	6,634,500	0	6,634,500	819,067	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	266,925,758	6,634,500	0	6,634,500	819,067	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	590,251	0					1.00
2.00	Land Improvements	8,243,535	0					2.00
3.00	Buildings and Fixtures	158,767,398	0					3.00
4.00	Building Improvements	32,542,096	0					4.00
5.00	Fixed Equipment	15,460,655	0					5.00
6.00	Movable Equipment	57,137,256	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	272,741,191	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	272,741,191	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	7,792,081	0	5,819,955	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,599,145	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,391,226	0	5,819,955	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	13,612,036				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,599,145				2.00
3.00	Total (sum of lines 1-2)	0	18,211,181				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
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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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,001,670	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,495,826	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,497,496	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	5,819,955	0	0	0	13,821,625	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-4,804,308	0	0	0	691,518	2.00
3.00	Total (sum of lines 1-2)	1,015,647	0	0	0	14,513,143	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0046

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

Worksheet A-8

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-38,058	ADMINISTRATIVE & GENERAL	5.00	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	-14,602,044			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-5,517,315			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-503,122	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	B	-126,301	PHARMACY	15.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-817	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-5,695	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	B	-9,544,142	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0046

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

Worksheet A-8

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISCELLANEOUS REVENUE	B	-58,451	OPERATION OF PLANT	7.00	0	33.01
33.02	MISCELLANEOUS REVENUE	B	-3,308	HOUSEKEEPING	9.00	0	33.02
33.03	MISCELLANEOUS REVENUE	B	-846	CENTRAL SERVICES & SUPPLY	14.00	0	33.03
33.04	MISCELLANEOUS REVENUE	B	-175,425	ADULTS & PEDIATRICS	30.00	0	33.04
33.05	MISCELLANEOUS REVENUE	B	-2,212	INTENSIVE CARE UNIT	31.00	0	33.05
33.06	MISCELLANEOUS REVENUE	B	-45,231	OPERATING ROOM	50.00	0	33.06
33.07	MISCELLANEOUS REVENUE	B	-789	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	MISCELLANEOUS REVENUE	B	-610,749	RADIOLOGY-THERAPEUTIC	55.00	0	33.08
33.09	MISCELLANEOUS REVENUE	B	-10,976	CT SCAN	57.00	0	33.09
33.10	MISCELLANEOUS REVENUE	B	-4,535	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.10
33.11	MISCELLANEOUS REVENUE	B	-64,550	LABORATORY	60.00	0	33.11
33.12	MISCELLANEOUS REVENUE	B	-32,534	INTRAVENOUS THERAPY	64.00	0	33.12
33.13	MISCELLANEOUS REVENUE	B	-10,049	RESPIRATORY THERAPY	65.00	0	33.13
33.14	MISCELLANEOUS REVENUE	B	-447	ELECTROCARDIOLOGY	69.00	0	33.14
33.15	MISCELLANEOUS REVENUE	B	251	CARDIAC REHABILITATION	69.01	0	33.15
33.16	MISCELLANEOUS REVENUE	B	-1,360	ELECTROENCEPHALOGRAPHY	70.00	0	33.16
33.17	MISCELLANEOUS REVENUE	B	-8,108	CLINIC	90.00	0	33.17
33.18	MARKETING	A	-7,444	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	MARKETING	A	-7,111	CLINIC	90.00	0	33.19
33.20	RECRUITMENT	A	-35	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	RECRUITMENT	A	-23,000	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	RECRUITMENT	A	-252,000	NURSING ADMINISTRATION	13.00	0	33.22
33.23	RECRUITMENT	A	-2,300	ADULTS & PEDIATRICS	30.00	0	33.23
33.24	RECRUITMENT	A	-995	OPERATING ROOM	50.00	0	33.24
33.25	RECRUITMENT	A	-2,879	LABORATORY	60.00	0	33.25
33.26	RECRUITMENT	A	-3,200	EMERGENCY	91.00	0	33.26
33.27	LOBBYING	B	-5,593	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	GIFT	B	-24,725	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29	GIFT	B	-33,401	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	GIFT	B	-19	OPERATION OF PLANT	7.00	0	33.30
33.31	GIFT	B	-87	HOUSEKEEPING	9.00	0	33.31
33.32	GIFT	B	-1,599	NURSING ADMINISTRATION	13.00	0	33.32
33.33	GIFT	B	-106	CENTRAL SERVICES & SUPPLY	14.00	0	33.33
33.34	GIFT	B	-19	ADULTS & PEDIATRICS	30.00	9	33.34
33.35	GIFT	B	-38	INTENSIVE CARE UNIT	31.00	0	33.35
33.36	GIFT	B	-16	RADIOLOGY-THERAPEUTIC	55.00	0	33.36
33.37	GIFT	B	-38	RADIOISOTOPE	56.00	0	33.37
33.38	GIFT	B	-19	LABORATORY	60.00	0	33.38
33.39	GIFT	B	-19	RESPIRATORY THERAPY	65.00	0	33.39
33.40	GIFT	B	-175	ELECTROCARDIOLOGY	69.00	0	33.40
33.41	GIFT	B	-626	CLINIC	90.00	0	33.41
33.42	GIFT	B	-1,918	EMERGENCY	91.00	0	33.42
33.43	ENTERTAINMENT	B	-91	ADMINISTRATIVE & GENERAL	5.00	0	33.43
33.44	ENTERTAINMENT	B	-188	DELIVERY ROOM & LABOR ROOM	52.00	0	33.44
33.45	PHYSICIAN PART A BENEFITS	A	-127,041	OCCUPATIONAL THERAPY	67.00	0	33.45
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,861,495				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0046

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

Worksheet A-8-1

Date/Time Prepared:
7/5/2022 10:55 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	209,589	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	902,376	0 2.00
3.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE - INTEREST	0	4,804,308 3.00
4.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	8,792,512	0 4.00
4.01		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	15,346,070	25,245,529 4.01
4.02		71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-718,025	0 4.02
4.03		0.00			0	0 4.03
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		24,532,522	30,049,837 5.00

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

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

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

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

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

6.00	G	SSM HEALTH	100.00	FRAN SISTERS	100.00	6.00
7.00	G	SSM HEALTH	100.00	FRAN SISTERS	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	CHURCH				100.00

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

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

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

Provider CCN: 14-0046

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

Worksheet A-8-1

Date/Time Prepared:
7/5/2022 10:55 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	209,589	9		1.00
2.00	902,376	9		2.00
3.00	-4,804,308	11		3.00
4.00	8,792,512	0		4.00
4.01	-9,899,459	0		4.01
4.02	-718,025	0		4.02
4.03	0	0		4.03
5.00	-5,517,315			5.00

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

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

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

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

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

6.00	HOME OFFICE	6.00
7.00	SSM HOSPITALS	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0046

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

Worksheet A-8-2

Date/Time Prepared:
7/5/2022 10:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	247,745	247,745	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,961,101	5,880,045	81,056	197,500	450	2.00
3.00	31.00	INTENSIVE CARE UNIT	719,159	715,221	3,938	211,500	18	3.00
4.00	41.00	SUBPROVIDER - IRF	86,706	21,803	64,903	181,301	566	4.00
5.00	50.00	OPERATING ROOM	526,421	526,421	0	246,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	4,915,425	4,915,425	0	239,400	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	14,440	14,440	0	271,900	0	7.00
8.00	60.00	LABORATORY	80,062	57,762	22,300	260,300	131	8.00
9.00	65.00	RESPIRATORY THERAPY	16,380	12,442	3,938	211,500	18	9.00
10.00	69.00	ELECTROCARDIOLOGY	733,150	541,878	191,272	211,500	797	10.00
11.00	69.01	CARDIAC REHABILITATION	18,463	12,288	6,175	211,501	40	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	11,900	1,700	10,200	211,500	51	12.00
13.00	74.00	RENAL DIALYSIS	59,870	-7,750	67,620	197,500	322	13.00
14.00	90.00	CLINIC	384,927	384,927	0	197,500	0	14.00
15.00	91.00	EMERGENCY	1,059,281	1,059,281	0	197,500	0	15.00
200.00			14,835,030	14,383,628	451,402		2,393	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	42,728	2,136	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,830	92	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	49,335	2,467	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	16,394	820	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	1,830	92	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	81,041	4,052	0	0	0	10.00
11.00	69.01	CARDIAC REHABILITATION	4,067	203	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	5,186	259	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	30,575	1,529	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			232,986	11,650	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	247,745		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	42,728	38,328	5,918,373		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	1,830	2,108	717,329		3.00
4.00	41.00	SUBPROVIDER - IRF	0	49,335	15,568	37,371		4.00
5.00	50.00	OPERATING ROOM	0	0	0	526,421		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	4,915,425		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	14,440		7.00
8.00	60.00	LABORATORY	0	16,394	5,906	63,668		8.00
9.00	65.00	RESPIRATORY THERAPY	0	1,830	2,108	14,550		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	81,041	110,231	652,109		10.00
11.00	69.01	CARDIAC REHABILITATION	0	4,067	2,108	14,396		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	5,186	5,014	6,714		12.00
13.00	74.00	RENAL DIALYSIS	0	30,575	37,045	29,295		13.00
14.00	90.00	CLINIC	0	0	0	384,927		14.00
15.00	91.00	EMERGENCY	0	0	0	1,059,281		15.00
200.00			0	232,986	218,416	14,602,044		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/5/2022 10:55 am

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	13,821,625	13,821,625				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	691,518		691,518			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,250,544	349,176	109	28,599,829		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,945,021	1,862,392	33,621	2,008,252	26,849,286	5.00
7.00	00700	OPERATION OF PLANT	6,002,690	2,211,673	181,463	450,521	8,846,347	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	347,976	152,480	129	55,728	556,313	8.00
9.00	00900	HOUSEKEEPING	2,206,688	355,559	2,047	788,163	3,352,457	9.00
10.00	01000	DIETARY	537,460	137,275	1,318	108,056	784,109	10.00
11.00	01100	CAFETERIA	764,655	358,572	0	254,183	1,377,410	11.00
13.00	01300	NURSING ADMINISTRATION	577,092	68,028	38,746	173,716	857,582	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	639,728	0	1,183	163,659	804,570	14.00
15.00	01500	PHARMACY	2,385,411	121,138	2,642	1,026,220	3,535,411	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	360,882	145,379	0	113,797	620,058	16.00
17.00	01700	SOCIAL SERVICE	1,043,181	124,580	0	397,012	1,564,773	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	83,228	22,951	0	37,009	143,188	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,976,635	2,010,066	1,649	7,619,924	23,608,274	30.00
31.00	03100	INTENSIVE CARE UNIT	3,262,584	628,029	21,270	1,153,325	5,065,208	31.00
41.00	04100	SUBPROVIDER - IRF	1,804,002	323,751	25	632,815	2,760,593	41.00
43.00	04300	NURSERY	814,916	38,407	0	333,038	1,186,361	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,744,731	1,164,900	113,504	1,465,171	7,488,306	50.00
51.00	05100	RECOVERY ROOM	511,425	0	0	232,657	744,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,862,054	346,415	7,954	1,273,588	4,490,011	52.00
53.00	05300	ANESTHESIOLOGY	239,134	9,180	5,449	34,937	288,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,085,455	802,958	31,669	889,081	3,809,163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	408,250	0	16,642	601,567	1,026,459	55.00
56.00	05600	RADIOISOTOPE	473,032	0	186	97,458	570,676	56.00
57.00	05700	CT SCAN	650,139	138,315	6,386	238,058	1,032,898	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	254,076	77,854	41,427	91,565	464,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,330,366	236,143	21,322	414,164	2,001,995	59.00
60.00	06000	LABORATORY	4,275,712	318,623	12,683	1,090,858	5,697,876	60.00
64.00	06400	INTRAVENOUS THERAPY	243,929	48,555	0	126,628	419,112	64.00
65.00	06500	RESPIRATORY THERAPY	1,970,903	52,787	13,311	707,273	2,744,274	65.00
66.00	06600	PHYSICAL THERAPY	1,143,569	134,119	560	522,699	1,800,947	66.00
66.01	03951	CLINICAL NUTRITION	164,087	0	0	75,364	239,451	66.01
67.00	06700	OCCUPATIONAL THERAPY	428,252	123,469	166	255,301	807,188	67.00
68.00	06800	SPEECH PATHOLOGY	287,320	24,421	1,645	131,873	445,259	68.00
69.00	06900	ELECTROCARDIOLOGY	2,023,734	628,280	16,976	745,832	3,414,822	69.00
69.01	06901	CARDIAC REHABILITATION	188,685	0	252	84,187	273,124	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	29,715	46,583	446	11,151	87,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,541,839	0	0	0	12,541,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,627,085	0	0	0	4,627,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,393,199	0	860	594,578	14,988,637	73.00
74.00	07400	RENAL DIALYSIS	689,228	0	0	30,310	719,538	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,975,982	113,858	19,003	1,742,491	6,851,334	90.00
91.00	09100	EMERGENCY	3,138,714	558,854	1,920	1,245,348	4,944,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	165,196,451	13,734,770	596,563	28,017,557	164,432,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,291	51,030	584	17,752	108,657	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	105,553	12,946	5,343	50,935	174,777	192.00
194.00	07950	OTHER NRB COST CENTER	1,712,019	22,879	88,268	315,958	2,139,124	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	5,830,057	0	760	197,627	6,028,444	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	172,883,371	13,821,625	691,518	28,599,829	172,883,371	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/5/2022 10:55 am

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	26,849,286					5.00
7.00	00700	OPERATION OF PLANT	1,626,454	10,472,801				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	102,281	169,911	828,505			8.00
9.00	00900	HOUSEKEEPING	616,369	396,207	0	4,365,033		9.00
10.00	01000	DIETARY	144,163	152,968	0	67,400	1,148,640	10.00
11.00	01100	CAFETERIA	253,245	399,563	0	176,054	0	11.00
13.00	01300	NURSING ADMINISTRATION	157,672	75,805	0	33,401	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	147,925	0	0	0	0	14.00
15.00	01500	PHARMACY	650,007	134,986	0	59,477	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114,001	161,999	0	71,379	0	16.00
17.00	01700	SOCIAL SERVICE	287,693	138,822	0	61,167	0	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	26,326	25,575	0	11,269	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,340,566	2,239,853	630,200	986,913	873,709	30.00
31.00	03100	INTENSIVE CARE UNIT	931,269	699,825	84,579	308,353	117,260	31.00
41.00	04100	SUBPROVIDER - IRF	507,552	360,762	62,690	158,957	86,914	41.00
43.00	04300	NURSERY	218,120	42,798	51,036	18,857	70,757	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,376,770	1,298,071	0	571,950	0	50.00
51.00	05100	RECOVERY ROOM	136,804	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	825,515	386,017	0	170,085	0	52.00
53.00	05300	ANESTHESIOLOGY	53,079	10,230	0	4,507	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	700,337	894,752	0	394,241	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,721	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	104,922	0	0	0	0	56.00
57.00	05700	CT SCAN	189,904	154,127	0	67,911	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,479	86,754	0	38,225	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	368,079	263,139	0	115,943	0	59.00
60.00	06000	LABORATORY	1,047,589	355,047	0	156,439	0	60.00
64.00	06400	INTRAVENOUS THERAPY	77,056	54,106	0	23,840	0	64.00
65.00	06500	RESPIRATORY THERAPY	504,551	58,822	0	25,918	0	65.00
66.00	06600	PHYSICAL THERAPY	331,115	149,452	0	65,851	0	66.00
66.01	03951	CLINICAL NUTRITION	44,025	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	148,406	137,583	0	60,621	0	67.00
68.00	06800	SPEECH PATHOLOGY	81,864	27,213	0	11,990	0	68.00
69.00	06900	ELECTROCARDIOLOGY	627,836	700,105	0	308,477	0	69.00
69.01	06901	CARDIAC REHABILITATION	50,215	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,160	51,908	0	22,872	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,305,892	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	850,717	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,755,751	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	132,291	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,259,659	126,874	0	55,903	0	90.00
91.00	09100	EMERGENCY	909,138	622,742	0	274,389	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,295,518	10,376,016	828,505	4,322,389	1,148,640	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,977	56,864	0	25,055	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,134	14,426	0	6,356	0	192.00
194.00	07950	OTHER NRB COST CENTER	393,291	25,495	0	11,233	0	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	1,108,366	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	26,849,286	10,472,801	828,505	4,365,033	1,148,640	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/5/2022 10:55 am

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	2,206,272					11.00
13.00	01300	NURSING ADMINISTRATION	15,371	1,139,831				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,481	320	967,296			14.00
15.00	01500	PHARMACY	90,801	72	2,910	4,473,664		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,069	0	0	0	977,506	16.00
17.00	01700	SOCIAL SERVICE	35,128	23,729	7	1,885	0	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	3,275	24	5	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	674,226	344,415	61,163	11,603	67,502	30.00
31.00	03100	INTENSIVE CARE UNIT	102,047	170,636	32,743	4,263	14,414	31.00
41.00	04100	SUBPROVIDER - IRF	55,992	43,104	3,187	171	5,424	41.00
43.00	04300	NURSERY	29,467	24,809	0	0	4,496	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	129,639	89,720	461,667	53,395	129,557	50.00
51.00	05100	RECOVERY ROOM	20,586	17,996	1,829	1,540	12,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	112,688	112,052	19,658	2,745	24,226	52.00
53.00	05300	ANESTHESIOLOGY	3,091	0	14,830	31,275	41,599	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,667	12,999	6,940	1,015	36,007	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	53,227	14,609	5,694	0	5,616	55.00
56.00	05600	RADIOISOTOPE	8,623	0	13,798	177	15,076	56.00
57.00	05700	CT SCAN	21,063	0	7,425	180	89,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,102	7	3,135	491	17,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,646	17,780	156,621	424	58,491	59.00
60.00	06000	LABORATORY	96,520	33	102,048	129	123,398	60.00
64.00	06400	INTRAVENOUS THERAPY	11,204	9,575	1,049	162	1,812	64.00
65.00	06500	RESPIRATORY THERAPY	62,580	658	17,496	2,310	25,610	65.00
66.00	06600	PHYSICAL THERAPY	46,249	0	655	86	13,489	66.00
66.01	03951	CLINICAL NUTRITION	6,668	0	0	0	125	66.01
67.00	06700	OCCUPATIONAL THERAPY	22,589	0	259	35	5,426	67.00
68.00	06800	SPEECH PATHOLOGY	11,668	0	80	0	1,967	68.00
69.00	06900	ELECTROCARDIOLOGY	65,992	31,451	3,388	151	34,501	69.00
69.01	06901	CARDIAC REHABILITATION	7,449	7,249	131	7	1,109	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	987	0	0	0	405	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	31,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,609	44,850	4,822	677	114,180	73.00
74.00	07400	RENAL DIALYSIS	2,682	0	753	211	3,008	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	154,177	86,698	23,322	134,772	16,667	90.00
91.00	09100	EMERGENCY	110,189	85,898	21,660	3,332	54,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,154,752	1,138,684	967,275	251,036	977,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,571	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,507	1,104	0	0	0	192.00
194.00	07950	OTHER NRB COST CENTER	27,956	43	7	0	0	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	17,486	0	14	4,222,628	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,206,272	1,139,831	967,296	4,473,664	977,506	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM-LABARATOR Y ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	2,113,204					17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	0	209,662				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,607,401	0	35,445,825	0	35,445,825	30.00
31.00	03100	INTENSIVE CARE UNIT	215,728	0	7,746,325	0	7,746,325	31.00
41.00	04100	SUBPROVIDER - IRF	159,900	0	4,205,246	0	4,205,246	41.00
43.00	04300	NURSERY	130,175	0	1,776,876	0	1,776,876	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	11,599,075	0	11,599,075	50.00
51.00	05100	RECOVERY ROOM	0	0	935,292	0	935,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,142,997	0	6,142,997	52.00
53.00	05300	ANESTHESIOLOGY	0	0	447,311	0	447,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,934,121	0	5,934,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,294,326	0	1,294,326	55.00
56.00	05600	RADIOISOTOPE	0	0	713,272	0	713,272	56.00
57.00	05700	CT SCAN	0	0	1,563,066	0	1,563,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	704,419	0	704,419	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,019,118	0	3,019,118	59.00
60.00	06000	LABORATORY	0	209,662	7,788,741	0	7,788,741	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	597,916	0	597,916	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,442,219	0	3,442,219	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,407,844	0	2,407,844	66.00
66.01	03951	CLINICAL NUTRITION	0	0	290,269	0	290,269	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,182,107	0	1,182,107	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	580,041	0	580,041	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,186,723	0	5,186,723	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	339,284	0	339,284	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	180,227	0	180,227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,875,235	0	14,875,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,509,751	0	5,509,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	17,961,526	0	17,961,526	73.00
74.00	07400	RENAL DIALYSIS	0	0	858,483	0	858,483	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	8,709,406	0	8,709,406	90.00
91.00	09100	EMERGENCY	0	0	7,026,815	0	7,026,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,113,204	209,662	158,463,856	0	158,463,856	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	212,124	0	212,124	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	233,304	0	233,304	192.00
194.00	07950	OTHER NRB COST CENTER	0	0	2,597,149	0	2,597,149	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	11,376,938	0	11,376,938	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,113,204	209,662	172,883,371	0	172,883,371	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	349,176	109	349,285	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,862,392	33,621	1,896,013	5.00
7.00	00700	OPERATION OF PLANT	0	2,211,673	181,463	2,393,136	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	152,480	129	152,609	8.00
9.00	00900	HOUSEKEEPING	0	355,559	2,047	357,606	9.00
10.00	01000	DIETARY	0	137,275	1,318	138,593	10.00
11.00	01100	CAFETERIA	0	358,572	0	358,572	11.00
13.00	01300	NURSING ADMINISTRATION	675	68,028	38,746	107,222	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	64,492	0	1,183	65,675	14.00
15.00	01500	PHARMACY	199,815	121,138	2,642	323,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	145,379	0	145,379	16.00
17.00	01700	SOCIAL SERVICE	0	124,580	0	124,580	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	0	22,951	0	22,951	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,762	2,010,066	1,649	2,074,477	30.00
31.00	03100	INTENSIVE CARE UNIT	20,442	628,029	21,270	669,741	31.00
41.00	04100	SUBPROVIDER - IRF	5,480	323,751	25	329,256	41.00
43.00	04300	NURSERY	0	38,407	0	38,407	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	431,424	1,164,900	113,504	1,709,828	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	346,415	7,954	354,369	52.00
53.00	05300	ANESTHESIOLOGY	0	9,180	5,449	14,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	802,958	31,669	834,627	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,404	0	16,642	51,046	55.00
56.00	05600	RADIOISOTOPE	0	0	186	186	56.00
57.00	05700	CT SCAN	69,625	138,315	6,386	214,326	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	77,854	41,427	119,281	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,900	236,143	21,322	294,365	59.00
60.00	06000	LABORATORY	0	318,623	12,683	331,306	60.00
64.00	06400	INTRAVENOUS THERAPY	0	48,555	0	48,555	64.00
65.00	06500	RESPIRATORY THERAPY	83,440	52,787	13,311	149,538	65.00
66.00	06600	PHYSICAL THERAPY	158	134,119	560	134,837	66.00
66.01	03951	CLINICAL NUTRITION	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	123,469	166	123,635	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,421	1,645	26,066	68.00
69.00	06900	ELECTROCARDIOLOGY	174,377	628,280	16,976	819,633	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	252	252	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,583	446	47,029	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	860	860	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	936,518	113,858	19,003	1,069,379	90.00
91.00	09100	EMERGENCY	0	558,854	1,920	560,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,120,512	13,734,770	596,563	16,451,845	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,030	584	51,614	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,946	5,343	18,289	192.00
194.00	07950	OTHER NRB COST CENTER	1,540,851	22,879	88,268	1,651,998	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	760	760	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,661,363	13,821,625	691,518	18,174,506	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/5/2022 10:55 am

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	1,920,541					5.00
7.00	00700	OPERATION OF PLANT	116,338	2,514,977				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,316	40,803	201,409			8.00
9.00	00900	HOUSEKEEPING	44,088	95,147	0	506,467		9.00
10.00	01000	DIETARY	10,312	36,734	0	7,820	194,779	10.00
11.00	01100	CAFETERIA	18,114	95,953	0	20,427	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,278	18,204	0	3,875	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,581	0	0	0	0	14.00
15.00	01500	PHARMACY	46,494	32,416	0	6,901	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,154	38,903	0	8,282	0	16.00
17.00	01700	SOCIAL SERVICE	20,578	33,337	0	7,097	0	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	1,883	6,142	0	1,307	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	310,518	537,887	153,201	114,512	148,158	30.00
31.00	03100	INTENSIVE CARE UNIT	66,613	168,059	20,561	35,778	19,884	31.00
41.00	04100	SUBPROVIDER - IRF	36,305	86,635	15,240	18,443	14,738	41.00
43.00	04300	NURSERY	15,602	10,278	12,407	2,188	11,999	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,479	311,724	0	66,362	0	50.00
51.00	05100	RECOVERY ROOM	9,785	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,048	92,699	0	19,735	0	52.00
53.00	05300	ANESTHESIOLOGY	3,797	2,457	0	523	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,094	214,869	0	45,743	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,499	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,505	0	0	0	0	56.00
57.00	05700	CT SCAN	13,584	37,013	0	7,880	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,114	20,833	0	4,435	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,328	63,191	0	13,453	0	59.00
60.00	06000	LABORATORY	74,933	85,262	0	18,151	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,512	12,993	0	2,766	0	64.00
65.00	06500	RESPIRATORY THERAPY	36,090	14,126	0	3,007	0	65.00
66.00	06600	PHYSICAL THERAPY	23,684	35,890	0	7,641	0	66.00
66.01	03951	CLINICAL NUTRITION	3,149	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	10,615	33,040	0	7,034	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,856	6,535	0	1,391	0	68.00
69.00	06900	ELECTROCARDIOLOGY	44,908	168,126	0	35,792	0	69.00
69.01	06901	CARDIAC REHABILITATION	3,592	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,156	12,465	0	2,654	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,938	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,851	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,116	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,463	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	90,102	30,468	0	6,486	0	90.00
91.00	09100	EMERGENCY	65,030	149,547	0	31,837	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,809,402	2,491,736	201,409	501,520	194,779	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,429	13,655	0	2,907	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,298	3,464	0	737	0	192.00
194.00	07950	OTHER NRB COST CENTER	28,132	6,122	0	1,303	0	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	79,280	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,920,541	2,514,977	201,409	506,467	194,779	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/5/2022 10:55 am

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	496,171					11.00
13.00	01300	NURSING ADMINISTRATION	3,457	146,385				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,257	41	81,553			14.00
15.00	01500	PHARMACY	20,420	9	245	442,614		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,264	0	0	0	204,372	16.00
17.00	01700	SOCIAL SERVICE	7,900	3,047	1	186	0	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	736	3	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,629	44,234	5,156	1,148	14,122	30.00
31.00	03100	INTENSIVE CARE UNIT	22,949	21,914	2,760	422	3,016	31.00
41.00	04100	SUBPROVIDER - IRF	12,592	5,536	269	17	1,135	41.00
43.00	04300	NURSERY	6,627	3,186	0	0	941	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,155	11,522	38,928	5,283	26,973	50.00
51.00	05100	RECOVERY ROOM	4,630	2,311	154	152	2,606	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,343	14,391	1,657	272	5,068	52.00
53.00	05300	ANESTHESIOLOGY	695	0	1,250	3,094	8,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,691	1,669	585	100	7,533	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,970	1,876	480	0	1,175	55.00
56.00	05600	RADIOISOTOPE	1,939	0	1,163	18	3,154	56.00
57.00	05700	CT SCAN	4,737	0	626	18	18,736	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,822	1	264	49	3,620	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,241	2,283	13,204	42	12,237	59.00
60.00	06000	LABORATORY	21,706	4	8,603	13	25,816	60.00
64.00	06400	INTRAVENOUS THERAPY	2,520	1,230	88	16	379	64.00
65.00	06500	RESPIRATORY THERAPY	14,074	84	1,475	229	5,358	65.00
66.00	06600	PHYSICAL THERAPY	10,401	0	55	8	2,822	66.00
66.01	03951	CLINICAL NUTRITION	1,500	0	0	0	26	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,080	0	22	4	1,135	67.00
68.00	06800	SPEECH PATHOLOGY	2,624	0	7	0	411	68.00
69.00	06900	ELECTROCARDIOLOGY	14,841	4,039	286	15	7,218	69.00
69.01	06901	CARDIAC REHABILITATION	1,675	931	11	1	232	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	222	0	0	0	85	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,831	5,760	407	67	23,888	73.00
74.00	07400	RENAL DIALYSIS	603	0	63	21	629	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	34,673	11,134	1,966	13,334	3,487	90.00
91.00	09100	EMERGENCY	24,781	11,032	1,826	330	11,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	484,585	146,237	81,551	24,839	204,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	353	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,014	142	0	0	0	192.00
194.00	07950	OTHER NRB COST CENTER	6,287	6	1	0	0	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	3,932	0	1	417,775	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	496,171	146,385	81,553	442,614	204,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM-LABARATOR Y ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	201,575					17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	0	33,474				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	153,327		3,801,413	0	3,801,413	30.00
31.00	03100	INTENSIVE CARE UNIT	20,578		1,066,361	0	1,066,361	31.00
41.00	04100	SUBPROVIDER - IRF	15,253		543,148	0	543,148	41.00
43.00	04300	NURSERY	12,417		118,120	0	118,120	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		2,316,149	0	2,316,149	50.00
51.00	05100	RECOVERY ROOM	0		22,480	0	22,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		588,137	0	588,137	52.00
53.00	05300	ANESTHESIOLOGY	0		35,575	0	35,575	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		1,183,770	0	1,183,770	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		87,393	0	87,393	55.00
56.00	05600	RADIOISOTOPE	0		15,155	0	15,155	56.00
57.00	05700	CT SCAN	0		299,828	0	299,828	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		157,537	0	157,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		438,402	0	438,402	59.00
60.00	06000	LABORATORY	0		579,117	0	579,117	60.00
64.00	06400	INTRAVENOUS THERAPY	0		75,606	0	75,606	64.00
65.00	06500	RESPIRATORY THERAPY	0		232,619	0	232,619	65.00
66.00	06600	PHYSICAL THERAPY	0		221,722	0	221,722	66.00
66.01	03951	CLINICAL NUTRITION	0		5,595	0	5,595	66.01
67.00	06700	OCCUPATIONAL THERAPY	0		183,683	0	183,683	67.00
68.00	06800	SPEECH PATHOLOGY	0		44,501	0	44,501	68.00
69.00	06900	ELECTROCARDIOLOGY	0		1,103,967	0	1,103,967	69.00
69.01	06901	CARDIAC REHABILITATION	0		7,722	0	7,722	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0		63,747	0	63,747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		170,692	0	170,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		67,535	0	67,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		247,191	0	247,191	73.00
74.00	07400	RENAL DIALYSIS	0		11,149	0	11,149	74.00
76.00	03950	ENDOSCOPY	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		1,282,311	0	1,282,311	90.00
91.00	09100	EMERGENCY	0		871,796	0	871,796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	201,575	0	15,842,421	0	15,842,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		70,175	0	70,175	190.00
191.00	19100	RESEARCH	0		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		26,566	0	26,566	192.00
194.00	07950	OTHER NRB COST CENTER	0		1,697,708	0	1,697,708	194.00
194.01	07951	OTHER NRB COST CENTER	0		0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0		0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0		504,162	0	504,162	194.03
200.00		Cross Foot Adjustments		33,474	33,474	0	33,474	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	201,575	33,474	18,174,506	0	18,174,506	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	385,425					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,218,301				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,737	819	57,670,750			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	51,934	253,706	4,049,581	-26,849,286	146,034,085	5.00
7.00	00700	OPERATION OF PLANT	61,674	1,369,382	908,463	0	8,846,347	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,252	974	112,374	0	556,313	8.00
9.00	00900	HOUSEKEEPING	9,915	15,449	1,589,308	0	3,352,457	9.00
10.00	01000	DIETARY	3,828	9,947	217,891	0	784,109	10.00
11.00	01100	CAFETERIA	9,999	0	512,553	0	1,377,410	11.00
13.00	01300	NURSING ADMINISTRATION	1,897	292,380	350,294	0	857,582	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,926	330,014	0	804,570	14.00
15.00	01500	PHARMACY	3,378	19,935	2,069,342	0	3,535,411	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,054	0	229,469	0	620,058	16.00
17.00	01700	SOCIAL SERVICE	3,474	0	800,564	0	1,564,773	17.00
23.00	02300	PARAMED ED PRGM-LABORATORY ED	640	0	74,627	0	143,188	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,052	12,446	15,365,385	0	23,608,274	30.00
31.00	03100	INTENSIVE CARE UNIT	17,513	160,510	2,325,645	0	5,065,208	31.00
41.00	04100	SUBPROVIDER - IRF	9,028	188	1,276,052	0	2,760,593	41.00
43.00	04300	NURSERY	1,071	0	671,561	0	1,186,361	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,484	856,514	2,954,475	0	7,488,306	50.00
51.00	05100	RECOVERY ROOM	0	0	469,145	0	744,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,660	60,020	2,568,152	0	4,490,011	52.00
53.00	05300	ANESTHESIOLOGY	256	41,118	70,449	0	288,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,391	238,980	1,792,806	0	3,809,163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	125,586	1,213,043	0	1,026,459	55.00
56.00	05600	RADIOISOTOPE	0	1,400	196,522	0	570,676	56.00
57.00	05700	CT SCAN	3,857	48,188	480,036	0	1,032,898	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,171	312,616	184,638	0	464,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,585	160,900	835,149	0	2,001,995	59.00
60.00	06000	LABORATORY	8,885	95,708	2,199,684	0	5,697,876	60.00
64.00	06400	INTRAVENOUS THERAPY	1,354	0	255,341	0	419,112	64.00
65.00	06500	RESPIRATORY THERAPY	1,472	100,449	1,426,195	0	2,744,274	65.00
66.00	06600	PHYSICAL THERAPY	3,740	4,223	1,054,007	0	1,800,947	66.00
66.01	03951	CLINICAL NUTRITION	0	0	151,969	0	239,451	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,443	1,252	514,807	0	807,188	67.00
68.00	06800	SPEECH PATHOLOGY	681	12,411	265,919	0	445,259	68.00
69.00	06900	ELECTROCARDIOLOGY	17,520	128,101	1,503,949	0	3,414,822	69.00
69.01	06901	CARDIAC REHABILITATION	0	1,901	169,761	0	273,124	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,299	3,362	22,485	0	87,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,541,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,627,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,486	1,198,949	0	14,988,637	73.00
74.00	07400	RENAL DIALYSIS	0	0	61,120	0	719,538	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,175	143,396	3,513,681	0	6,851,334	90.00
91.00	09100	EMERGENCY	15,584	14,485	2,511,208	0	4,944,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	383,003	4,501,758	56,496,613	-26,849,286	137,583,083	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,423	4,410	35,797	0	108,657	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	361	40,316	102,709	0	174,777	192.00
194.00	07950	OTHER NRB COST CENTER	638	666,083	637,121	0	2,139,124	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	5,734	398,510	0	6,028,444	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,821,625	691,518	28,599,829		26,849,286	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.860738	0.132518	0.495916		0.183856	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			349,285		1,920,541	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.006057		0.013151	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: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			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	262,080					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,252	30,925				8.00
9.00	00900	HOUSEKEEPING	9,915	0	247,913			9.00
10.00	01000	DIETARY	3,828	0	3,828	30,925		10.00
11.00	01100	CAFETERIA	9,999	0	9,999	0	50,280,580	11.00
13.00	01300	NURSING ADMINISTRATION	1,897	0	1,897	0	350,294	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	330,014	14.00
15.00	01500	PHARMACY	3,378	0	3,378	0	2,069,342	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,054	0	4,054	0	229,469	16.00
17.00	01700	SOCIAL SERVICE	3,474	0	3,474	0	800,564	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	640	0	640	0	74,627	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,052	23,523	56,052	23,523	15,365,385	30.00
31.00	03100	INTENSIVE CARE UNIT	17,513	3,157	17,513	3,157	2,325,645	31.00
41.00	04100	SUBPROVIDER - IRF	9,028	2,340	9,028	2,340	1,276,052	41.00
43.00	04300	NURSERY	1,071	1,905	1,071	1,905	671,561	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,484	0	32,484	0	2,954,475	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	469,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,660	0	9,660	0	2,568,152	52.00
53.00	05300	ANESTHESIOLOGY	256	0	256	0	70,449	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,391	0	22,391	0	1,792,806	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,213,043	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	196,522	56.00
57.00	05700	CT SCAN	3,857	0	3,857	0	480,036	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,171	0	2,171	0	184,638	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,585	0	6,585	0	835,149	59.00
60.00	06000	LABORATORY	8,885	0	8,885	0	2,199,684	60.00
64.00	06400	INTRAVENOUS THERAPY	1,354	0	1,354	0	255,341	64.00
65.00	06500	RESPIRATORY THERAPY	1,472	0	1,472	0	1,426,195	65.00
66.00	06600	PHYSICAL THERAPY	3,740	0	3,740	0	1,054,007	66.00
66.01	03951	CLINICAL NUTRITION	0	0	0	0	151,969	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,443	0	3,443	0	514,807	67.00
68.00	06800	SPEECH PATHOLOGY	681	0	681	0	265,919	68.00
69.00	06900	ELECTROCARDIOLOGY	17,520	0	17,520	0	1,503,949	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	169,761	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,299	0	1,299	0	22,485	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	1,198,949	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	61,120	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,175	0	3,175	0	3,513,681	90.00
91.00	09100	EMERGENCY	15,584	0	15,584	0	2,511,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	259,658	30,925	245,491	30,925	49,106,443	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,423	0	1,423	0	35,797	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	361	0	361	0	102,709	192.00
194.00	07950	OTHER NRB COST CENTER	638	0	638	0	637,121	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	398,510	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,472,801	828,505	4,365,033	1,148,640	2,206,272	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.960321	26.790784	17.607116	37.142765	0.043879	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,514,977	201,409	506,467	194,779	496,171	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.596219	6.512821	2.042922	6.298432	0.009868	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	662,023					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	186	18,231,195				14.00
15.00	01500	PHARMACY	42	54,851	4,797,646			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	642,979,057		16.00
17.00	01700	SOCIAL SERVICE	13,782	123	2,021	0	30,925	17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	14	89	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	200,040	1,152,784	12,443	44,409,234	23,523	30.00
31.00	03100	INTENSIVE CARE UNIT	99,107	617,135	4,572	9,482,716	3,157	31.00
41.00	04100	SUBPROVIDER - IRF	25,035	60,073	183	3,568,260	2,340	41.00
43.00	04300	NURSERY	14,409	0	0	2,957,865	1,905	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,110	8,701,260	57,262	85,118,217	0	50.00
51.00	05100	RECOVERY ROOM	10,452	34,481	1,651	8,193,845	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,081	370,505	2,944	15,938,302	0	52.00
53.00	05300	ANESTHESIOLOGY	0	279,506	33,540	27,367,831	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,550	130,800	1,089	23,688,563	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,485	107,326	0	3,694,445	0	55.00
56.00	05600	RADIOISOTOPE	0	260,069	190	9,918,405	0	56.00
57.00	05700	CT SCAN	0	139,947	193	58,919,726	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4	59,093	527	11,383,944	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,327	2,951,934	455	38,480,955	0	59.00
60.00	06000	LABORATORY	19	1,923,367	138	81,183,218	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,561	19,770	174	1,192,115	0	64.00
65.00	06500	RESPIRATORY THERAPY	382	329,751	2,477	16,848,899	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,339	92	8,874,515	0	66.00
66.01	03951	CLINICAL NUTRITION	0	7	0	82,030	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	4,879	38	3,569,860	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,511	0	1,294,005	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,267	63,851	162	22,698,123	0	69.00
69.01	06901	CARDIAC REHABILITATION	4,210	2,471	7	729,758	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	266,600	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,094,557	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,019,028	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,049	90,889	726	75,118,504	0	73.00
74.00	07400	RENAL DIALYSIS	0	14,184	226	1,978,940	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50,355	439,560	144,532	10,965,149	0	90.00
91.00	09100	EMERGENCY	49,890	408,241	3,573	35,941,448	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	661,357	18,230,796	269,215	642,979,057	30,925	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	641	0	0	0	0	192.00
194.00	07950	OTHER NRB COST CENTER	25	136	0	0	0	194.00
194.01	07951	OTHER NRB COST CENTER	0	0	0	0	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	263	4,528,431	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,139,831	967,296	4,473,664	977,506	2,113,204	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.721739	0.053057	0.932471	0.001520	68.333193	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	146,385	81,553	442,614	204,372	201,575	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.221118	0.004473	0.092256	0.000318	6.518189	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	13.00	14.00	15.00	16.00	17.00	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			PARAMED ED PRGM-LABARATOR Y ED (ASSIGNED TIME)	
			23.00	
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
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-LABARATORY ED	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	100	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	03951	CLINICAL NUTRITION	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHABILITATION	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03950	ENDOSCOPY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	OTHER NRB COST CENTER	0	194.00
194.01	07951	OTHER NRB COST CENTER	0	194.01
194.02	07952	NONREIMBURSABLE COST CENTER	0	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	209,662	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,096.620000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,474	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	334.740000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0046

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

Worksheet B-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		PARAMED ED PRGM-LABARATOR Y ED (ASSIGNED TIME)		
		23.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/5/2022 10:55 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,445,825		35,445,825	38,328	35,484,153	30.00
31.00	03100	INTENSIVE CARE UNIT	7,746,325		7,746,325	2,108	7,748,433	31.00
41.00	04100	SUBPROVIDER - IRF	4,205,246		4,205,246	15,568	4,220,814	41.00
43.00	04300	NURSERY	1,776,876		1,776,876	0	1,776,876	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,599,075		11,599,075	0	11,599,075	50.00
51.00	05100	RECOVERY ROOM	935,292		935,292	0	935,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,142,997		6,142,997	0	6,142,997	52.00
53.00	05300	ANESTHESIOLOGY	447,311		447,311	0	447,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,934,121		5,934,121	0	5,934,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,294,326		1,294,326	0	1,294,326	55.00
56.00	05600	RADIOISOTOPE	713,272		713,272	0	713,272	56.00
57.00	05700	CT SCAN	1,563,066		1,563,066	0	1,563,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	704,419		704,419	0	704,419	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,019,118		3,019,118	0	3,019,118	59.00
60.00	06000	LABORATORY	7,788,741		7,788,741	5,906	7,794,647	60.00
64.00	06400	INTRAVENOUS THERAPY	597,916		597,916	0	597,916	64.00
65.00	06500	RESPIRATORY THERAPY	3,442,219	0	3,442,219	2,108	3,444,327	65.00
66.00	06600	PHYSICAL THERAPY	2,407,844	0	2,407,844	0	2,407,844	66.00
66.01	03951	CLINICAL NUTRITION	290,269	0	290,269	0	290,269	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,182,107	0	1,182,107	0	1,182,107	67.00
68.00	06800	SPEECH PATHOLOGY	580,041	0	580,041	0	580,041	68.00
69.00	06900	ELECTROCARDIOLOGY	5,186,723		5,186,723	110,231	5,296,954	69.00
69.01	06901	CARDIAC REHABILITATION	339,284		339,284	2,108	341,392	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	180,227		180,227	5,014	185,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,875,235		14,875,235	0	14,875,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,509,751		5,509,751	0	5,509,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,961,526		17,961,526	0	17,961,526	73.00
74.00	07400	RENAL DIALYSIS	858,483		858,483	37,045	895,528	74.00
76.00	03950	ENDOSCOPY	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,709,406		8,709,406	0	8,709,406	90.00
91.00	09100	EMERGENCY	7,026,815		7,026,815	0	7,026,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,703,191		1,703,191		1,703,191	92.00
200.00		Subtotal (see instructions)	160,167,047	0	160,167,047	218,416	160,385,463	200.00
201.00		Less Observation Beds	1,703,191		1,703,191		1,703,191	201.00
202.00		Total (see instructions)	158,463,856	0	158,463,856	218,416	158,682,272	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/5/2022 10:55 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS			9.00	10.00				
30.00	03000	ADULTS & PEDIATRICS	42,882,872		42,882,872			30.00
31.00	03100	INTENSIVE CARE UNIT	9,482,716		9,482,716			31.00
41.00	04100	SUBPROVIDER - IRF	3,568,260		3,568,260			41.00
43.00	04300	NURSERY	2,957,865		2,957,865			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,731,576	51,386,641	85,118,217	0.136270	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,727,160	4,466,685	8,193,845	0.114146	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,531,096	2,407,206	15,938,302	0.385424	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,776,365	14,591,466	27,367,831	0.016344	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,646,320	17,042,243	23,688,563	0.250506	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	802,230	2,892,215	3,694,445	0.350344	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,884,580	8,033,825	9,918,405	0.071914	0.000000	56.00
57.00	05700	CT SCAN	17,815,214	41,104,512	58,919,726	0.026529	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,087,833	9,296,111	11,383,944	0.061878	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,680,535	18,800,420	38,480,955	0.078457	0.000000	59.00
60.00	06000	LABORATORY	38,049,298	43,133,920	81,183,218	0.095940	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	5,990	1,186,125	1,192,115	0.501559	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,846,945	2,001,954	16,848,899	0.204299	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,471,085	3,403,430	8,874,515	0.271321	0.000000	66.00
66.01	03951	CLINICAL NUTRITION	190	81,840	82,030	3.538571	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,739,275	830,585	3,569,860	0.331135	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	742,545	551,460	1,294,005	0.448253	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,170,690	12,527,433	22,698,123	0.228509	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	1,500	728,258	729,758	0.464927	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	238,390	28,210	266,600	0.676020	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,412,140	6,682,417	18,094,557	0.822083	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,258,122	9,760,906	21,019,028	0.262132	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,431,739	40,686,765	75,118,504	0.239109	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,927,640	51,300	1,978,940	0.433810	0.000000	74.00
76.00	03950	ENDOSCOPY	0	0	0	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,222,081	7,743,068	10,965,149	0.794281	0.000000	90.00
91.00	09100	EMERGENCY	9,919,225	26,022,223	35,941,448	0.195507	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	250,506	1,275,856	1,526,362	1.115850	0.000000	92.00
200.00		Subtotal (see instructions)	316,261,983	326,717,074	642,979,057			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	316,261,983	326,717,074	642,979,057			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.136270			50.00
51.00	05100	RECOVERY ROOM	0.114146			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385424			52.00
53.00	05300	ANESTHESIOLOGY	0.016344			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250506			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.350344			55.00
56.00	05600	RADIOISOTOPE	0.071914			56.00
57.00	05700	CT SCAN	0.026529			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.061878			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078457			59.00
60.00	06000	LABORATORY	0.096013			60.00
64.00	06400	INTRAVENOUS THERAPY	0.501559			64.00
65.00	06500	RESPIRATORY THERAPY	0.204424			65.00
66.00	06600	PHYSICAL THERAPY	0.271321			66.00
66.01	03951	CLINICAL NUTRITION	3.538571			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.331135			67.00
68.00	06800	SPEECH PATHOLOGY	0.448253			68.00
69.00	06900	ELECTROCARDIOLOGY	0.233365			69.00
69.01	06901	CARDIAC REHABILITATION	0.467815			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.694827			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.822083			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262132			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239109			73.00
74.00	07400	RENAL DIALYSIS	0.452529			74.00
76.00	03950	ENDOSCOPY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.794281			90.00
91.00	09100	EMERGENCY	0.195507			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.115850			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/5/2022 10:55 am

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,445,825		35,445,825	38,328	35,484,153	30.00
31.00	03100	INTENSIVE CARE UNIT	7,746,325		7,746,325	2,108	7,748,433	31.00
41.00	04100	SUBPROVIDER - IRF	4,205,246		4,205,246	15,568	4,220,814	41.00
43.00	04300	NURSERY	1,776,876		1,776,876	0	1,776,876	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,599,075		11,599,075	0	11,599,075	50.00
51.00	05100	RECOVERY ROOM	935,292		935,292	0	935,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,142,997		6,142,997	0	6,142,997	52.00
53.00	05300	ANESTHESIOLOGY	447,311		447,311	0	447,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,934,121		5,934,121	0	5,934,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,294,326		1,294,326	0	1,294,326	55.00
56.00	05600	RADIOISOTOPE	713,272		713,272	0	713,272	56.00
57.00	05700	CT SCAN	1,563,066		1,563,066	0	1,563,066	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	704,419		704,419	0	704,419	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,019,118		3,019,118	0	3,019,118	59.00
60.00	06000	LABORATORY	7,788,741		7,788,741	5,906	7,794,647	60.00
64.00	06400	INTRAVENOUS THERAPY	597,916		597,916	0	597,916	64.00
65.00	06500	RESPIRATORY THERAPY	3,442,219	0	3,442,219	2,108	3,444,327	65.00
66.00	06600	PHYSICAL THERAPY	2,407,844	0	2,407,844	0	2,407,844	66.00
66.01	03951	CLINICAL NUTRITION	290,269	0	290,269	0	290,269	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,182,107	0	1,182,107	0	1,182,107	67.00
68.00	06800	SPEECH PATHOLOGY	580,041	0	580,041	0	580,041	68.00
69.00	06900	ELECTROCARDIOLOGY	5,186,723		5,186,723	110,231	5,296,954	69.00
69.01	06901	CARDIAC REHABILITATION	339,284		339,284	2,108	341,392	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	180,227		180,227	5,014	185,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,875,235		14,875,235	0	14,875,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,509,751		5,509,751	0	5,509,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,961,526		17,961,526	0	17,961,526	73.00
74.00	07400	RENAL DIALYSIS	858,483		858,483	37,045	895,528	74.00
76.00	03950	ENDOSCOPY	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,709,406		8,709,406	0	8,709,406	90.00
91.00	09100	EMERGENCY	7,026,815		7,026,815	0	7,026,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,703,191		1,703,191		1,703,191	92.00
200.00		Subtotal (see instructions)	160,167,047	0	160,167,047	218,416	160,385,463	200.00
201.00		Less Observation Beds	1,703,191		1,703,191		1,703,191	201.00
202.00		Total (see instructions)	158,463,856	0	158,463,856	218,416	158,682,272	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/5/2022 10:55 am

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,882,872		42,882,872			30.00
31.00	03100	INTENSIVE CARE UNIT	9,482,716		9,482,716			31.00
41.00	04100	SUBPROVIDER - IRF	3,568,260		3,568,260			41.00
43.00	04300	NURSERY	2,957,865		2,957,865			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,731,576	51,386,641	85,118,217	0.136270	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,727,160	4,466,685	8,193,845	0.114146	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,531,096	2,407,206	15,938,302	0.385424	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,776,365	14,591,466	27,367,831	0.016344	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,646,320	17,042,243	23,688,563	0.250506	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	802,230	2,892,215	3,694,445	0.350344	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,884,580	8,033,825	9,918,405	0.071914	0.000000	56.00
57.00	05700	CT SCAN	17,815,214	41,104,512	58,919,726	0.026529	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,087,833	9,296,111	11,383,944	0.061878	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,680,535	18,800,420	38,480,955	0.078457	0.000000	59.00
60.00	06000	LABORATORY	38,049,298	43,133,920	81,183,218	0.095940	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	5,990	1,186,125	1,192,115	0.501559	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,846,945	2,001,954	16,848,899	0.204299	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,471,085	3,403,430	8,874,515	0.271321	0.000000	66.00
66.01	03951	CLINICAL NUTRITION	190	81,840	82,030	3.538571	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,739,275	830,585	3,569,860	0.331135	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	742,545	551,460	1,294,005	0.448253	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,170,690	12,527,433	22,698,123	0.228509	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	1,500	728,258	729,758	0.464927	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	238,390	28,210	266,600	0.676020	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,412,140	6,682,417	18,094,557	0.822083	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,258,122	9,760,906	21,019,028	0.262132	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,431,739	40,686,765	75,118,504	0.239109	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,927,640	51,300	1,978,940	0.433810	0.000000	74.00
76.00	03950	ENDOSCOPY	0	0	0	0.000000	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,222,081	7,743,068	10,965,149	0.794281	0.000000	90.00
91.00	09100	EMERGENCY	9,919,225	26,022,223	35,941,448	0.195507	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	250,506	1,275,856	1,526,362	1.115850	0.000000	92.00
200.00		Subtotal (see instructions)	316,261,983	326,717,074	642,979,057			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	316,261,983	326,717,074	642,979,057			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.136270			50.00
51.00	05100	RECOVERY ROOM	0.114146			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385424			52.00
53.00	05300	ANESTHESIOLOGY	0.016344			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250506			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.350344			55.00
56.00	05600	RADIOISOTOPE	0.071914			56.00
57.00	05700	CT SCAN	0.026529			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.061878			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078457			59.00
60.00	06000	LABORATORY	0.096013			60.00
64.00	06400	INTRAVENOUS THERAPY	0.501559			64.00
65.00	06500	RESPIRATORY THERAPY	0.204424			65.00
66.00	06600	PHYSICAL THERAPY	0.271321			66.00
66.01	03951	CLINICAL NUTRITION	3.538571			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.331135			67.00
68.00	06800	SPEECH PATHOLOGY	0.448253			68.00
69.00	06900	ELECTROCARDIOLOGY	0.233365			69.00
69.01	06901	CARDIAC REHABILITATION	0.467815			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.694827			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.822083			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262132			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239109			73.00
74.00	07400	RENAL DIALYSIS	0.452529			74.00
76.00	03950	ENDOSCOPY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.794281			90.00
91.00	09100	EMERGENCY	0.195507			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.115850			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,599,075	2,316,149	9,282,926	0	0
51.00	05100	RECOVERY ROOM	935,292	22,480	912,812	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,142,997	588,137	5,554,860	0	0
53.00	05300	ANESTHESIOLOGY	447,311	35,575	411,736	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,934,121	1,183,770	4,750,351	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,294,326	87,393	1,206,933	0	0
56.00	05600	RADIOISOTOPE	713,272	15,155	698,117	0	0
57.00	05700	CT SCAN	1,563,066	299,828	1,263,238	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	704,419	157,537	546,882	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,019,118	438,402	2,580,716	0	0
60.00	06000	LABORATORY	7,788,741	579,117	7,209,624	0	0
64.00	06400	INTRAVENOUS THERAPY	597,916	75,606	522,310	0	0
65.00	06500	RESPIRATORY THERAPY	3,442,219	232,619	3,209,600	0	0
66.00	06600	PHYSICAL THERAPY	2,407,844	221,722	2,186,122	0	0
66.01	03951	CLINICAL NUTRITION	290,269	5,595	284,674	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,182,107	183,683	998,424	0	0
68.00	06800	SPEECH PATHOLOGY	580,041	44,501	535,540	0	0
69.00	06900	ELECTROCARDIOLOGY	5,186,723	1,103,967	4,082,756	0	0
69.01	06901	CARDIAC REHABILITATION	339,284	7,722	331,562	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	180,227	63,747	116,480	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,875,235	170,692	14,704,543	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,509,751	67,535	5,442,216	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	17,961,526	247,191	17,714,335	0	0
74.00	07400	RENAL DIALYSIS	858,483	11,149	847,334	0	0
76.00	03950	ENDOSCOPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,709,406	1,282,311	7,427,095	0	0
91.00	09100	EMERGENCY	7,026,815	871,796	6,155,019	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,703,191	182,463	1,520,728	0	0
200.00		Subtotal (sum of lines 50 thru 199)	110,992,775	10,495,842	100,496,933	0	0
201.00		Less Observation Beds	1,703,191	182,463	1,520,728	0	0
202.00		Total (line 200 minus line 201)	109,289,584	10,313,379	98,976,205	0	0

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

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description				Title XIX		Hospital	PPS
				Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
				6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		11,599,075	85,118,217	0.136270	50.00
51.00	05100	RECOVERY ROOM		935,292	8,193,845	0.114146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,142,997	15,938,302	0.385424	52.00
53.00	05300	ANESTHESIOLOGY		447,311	27,367,831	0.016344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,934,121	23,688,563	0.250506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,294,326	3,694,445	0.350344	55.00
56.00	05600	RADIOISOTOPE		713,272	9,918,405	0.071914	56.00
57.00	05700	CT SCAN		1,563,066	58,919,726	0.026529	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		704,419	11,383,944	0.061878	58.00
59.00	05900	CARDIAC CATHETERIZATION		3,019,118	38,480,955	0.078457	59.00
60.00	06000	LABORATORY		7,788,741	81,183,218	0.095940	60.00
64.00	06400	INTRAVENOUS THERAPY		597,916	1,192,115	0.501559	64.00
65.00	06500	RESPIRATORY THERAPY		3,442,219	16,848,899	0.204299	65.00
66.00	06600	PHYSICAL THERAPY		2,407,844	8,874,515	0.271321	66.00
66.01	03951	CLINICAL NUTRITION		290,269	82,030	3.538571	66.01
67.00	06700	OCCUPATIONAL THERAPY		1,182,107	3,569,860	0.331135	67.00
68.00	06800	SPEECH PATHOLOGY		580,041	1,294,005	0.448253	68.00
69.00	06900	ELECTROCARDIOLOGY		5,186,723	22,698,123	0.228509	69.00
69.01	06901	CARDIAC REHABILITATION		339,284	729,758	0.464927	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		180,227	266,600	0.676020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,875,235	18,094,557	0.822083	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		5,509,751	21,019,028	0.262132	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		17,961,526	75,118,504	0.239109	73.00
74.00	07400	RENAL DIALYSIS		858,483	1,978,940	0.433810	74.00
76.00	03950	ENDOSCOPY		0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		8,709,406	10,965,149	0.794281	90.00
91.00	09100	EMERGENCY		7,026,815	35,941,448	0.195507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		1,703,191	1,526,362	1.115850	92.00
200.00		Subtotal (sum of lines 50 thru 199)		110,992,775	584,087,344		200.00
201.00		Less Observation Beds		1,703,191	0		201.00
202.00		Total (line 200 minus line 201)		109,289,584	584,087,344		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Title XVIII			Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,801,413	0	3,801,413	24,709	153.85	30.00
31.00	INTENSIVE CARE UNIT	1,066,361		1,066,361	3,157	337.78	31.00
41.00	SUBPROVIDER - IRF	543,148	0	543,148	2,340	232.11	41.00
43.00	NURSERY	118,120		118,120	1,905	62.01	43.00
200.00	Total (lines 30 through 199)	5,529,042		5,529,042	32,111		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	13,369	2,056,821				
31.00	INTENSIVE CARE UNIT	143	48,303				
41.00	SUBPROVIDER - IRF	1,565	363,252				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	15,077	2,468,376				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Title XVIII		Hospital	PPS		
			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	2,316,149	85,118,217	0.027211	19,331,894	526,040	50.00
51.00	05100	RECOVERY ROOM	22,480	8,193,845	0.002744	1,950,210	5,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	588,137	15,938,302	0.036901	18,676	689	52.00
53.00	05300	ANESTHESIOLOGY	35,575	27,367,831	0.001300	3,031,910	3,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,770	23,688,563	0.049972	4,510,475	225,397	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	87,393	3,694,445	0.023655	0	0	55.00
56.00	05600	RADIOISOTOPE	15,155	9,918,405	0.001528	828,680	1,266	56.00
57.00	05700	CT SCAN	299,828	58,919,726	0.005089	8,702,525	44,287	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157,537	11,383,944	0.013839	1,087,425	15,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	438,402	38,480,955	0.011393	6,274,615	71,487	59.00
60.00	06000	LABORATORY	579,117	81,183,218	0.007133	17,570,403	125,330	60.00
64.00	06400	INTRAVENOUS THERAPY	75,606	1,192,115	0.063422	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	232,619	16,848,899	0.013806	6,874,132	94,904	65.00
66.00	06600	PHYSICAL THERAPY	221,722	8,874,515	0.024984	2,385,130	59,590	66.00
66.01	03951	CLINICAL NUTRITION	5,595	82,030	0.068207	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	183,683	3,569,860	0.051454	787,125	40,501	67.00
68.00	06800	SPEECH PATHOLOGY	44,501	1,294,005	0.034390	194,765	6,698	68.00
69.00	06900	ELECTROCARDIOLOGY	1,103,967	22,698,123	0.048637	4,657,180	226,511	69.00
69.01	06901	CARDIAC REHABILITATION	7,722	729,758	0.010582	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	63,747	266,600	0.239111	139,320	33,313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,692	18,094,557	0.009433	5,204,318	49,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,535	21,019,028	0.003213	5,347,173	17,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,191	75,118,504	0.003291	15,334,462	50,466	73.00
74.00	07400	RENAL DIALYSIS	11,149	1,978,940	0.005634	1,041,615	5,868	74.00
76.00	03950	ENDOSCOPY	0	0	0.000000	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,282,311	10,965,149	0.116944	1,550	181	90.00
91.00	09100	EMERGENCY	871,796	35,941,448	0.024256	4,765,191	115,584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	182,463	1,526,362	0.119541	148,480	17,749	92.00
200.00		Total (lines 50 through 199)	10,495,842	584,087,344		110,187,254	1,736,474	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0046		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 7/5/2022 10:55 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	24,709	0.00	13,369	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,157	0.00	143	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,340	0.00	1,565	41.00		
43.00	04300	NURSERY	0	0	1,905	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	32,111		15,077	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	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	209,662	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
66.01	03951	CLINICAL NUTRITION	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0	69.01
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
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	209,662	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	85,118,217	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,193,845	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,938,302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,367,831	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,688,563	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,694,445	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,918,405	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	58,919,726	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,383,944	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,480,955	0.000000	59.00
60.00	06000	LABORATORY	0	209,662	209,662	81,183,218	0.002583	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,192,115	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,848,899	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,874,515	0.000000	66.00
66.01	03951	CLINICAL NUTRITION	0	0	0	82,030	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,569,860	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,294,005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,698,123	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	729,758	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	266,600	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,094,557	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,019,028	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	75,118,504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,978,940	0.000000	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,965,149	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,941,448	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,526,362	0.000000	92.00
200.00		Total (lines 50 through 199)	0	209,662	209,662	584,087,344		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	19,331,894	0	19,180,640	0
51.00	05100	RECOVERY ROOM	0.000000	1,950,210	0	3,905,200	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	18,676	0	1,205	0
53.00	05300	ANESTHESIOLOGY	0.000000	3,031,910	0	3,157,260	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,510,475	0	7,816,846	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	490,465	0
56.00	05600	RADIOISOTOPE	0.000000	828,680	0	2,853,385	0
57.00	05700	CT SCAN	0.000000	8,702,525	0	15,159,850	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,087,425	0	3,733,140	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,274,615	0	8,661,474	0
60.00	06000	LABORATORY	0.002583	17,570,403	45,384	8,228,010	21,253
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	6,874,132	0	368,239	0
66.00	06600	PHYSICAL THERAPY	0.000000	2,385,130	0	23,445	0
66.01	03951	CLINICAL NUTRITION	0.000000	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	787,125	0	2,645	0
68.00	06800	SPEECH PATHOLOGY	0.000000	194,765	0	4,445	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,657,180	0	5,247,322	0
69.01	06901	CARDIAC REHABILITATION	0.000000	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	139,320	0	8,660	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,204,318	0	3,273,371	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,347,173	0	5,440,878	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,334,462	0	20,997,635	0
74.00	07400	RENAL DIALYSIS	0.000000	1,041,615	0	11,100	0
76.00	03950	ENDOSCOPY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	1,550	0	480,425	0
91.00	09100	EMERGENCY	0.000000	4,765,191	0	8,769,629	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	148,480	0	396,049	0
200.00		Total (lines 50 through 199)		110,187,254	45,384	118,211,318	21,253

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0046		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/5/2022 10:55 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.136270	19,180,640	0	0	2,613,746	50.00
51.00	05100	RECOVERY ROOM	0.114146	3,905,200	0	0	445,763	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385424	1,205	0	0	464	52.00
53.00	05300	ANESTHESIOLOGY	0.016344	3,157,260	0	0	51,602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250506	7,816,846	0	0	1,958,167	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.350344	490,465	0	0	171,831	55.00
56.00	05600	RADIOISOTOPE	0.071914	2,853,385	0	0	205,198	56.00
57.00	05700	CT SCAN	0.026529	15,159,850	0	0	402,176	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.061878	3,733,140	0	0	230,999	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078457	8,661,474	0	0	679,553	59.00
60.00	06000	LABORATORY	0.095940	8,228,010	3,435	0	789,395	60.00
64.00	06400	INTRAVENOUS THERAPY	0.501559	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.204299	368,239	0	0	75,231	65.00
66.00	06600	PHYSICAL THERAPY	0.271321	23,445	0	0	6,361	66.00
66.01	03951	CLINICAL NUTRITION	3.538571	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.331135	2,645	0	0	876	67.00
68.00	06800	SPEECH PATHOLOGY	0.448253	4,445	0	0	1,992	68.00
69.00	06900	ELECTROCARDIOLOGY	0.228509	5,247,322	0	0	1,199,060	69.00
69.01	06901	CARDIAC REHABILITATION	0.464927	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.676020	8,660	0	0	5,854	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.822083	3,273,371	0	0	2,690,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262132	5,440,878	0	0	1,426,228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239109	20,997,635	0	78,097	5,020,724	73.00
74.00	07400	RENAL DIALYSIS	0.433810	11,100	0	0	4,815	74.00
76.00	03950	ENDOSCOPY	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.794281	480,425	0	110	381,592	90.00
91.00	09100	EMERGENCY	0.195507	8,769,629	0	0	1,714,524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.115850	396,049	0	0	441,931	92.00
200.00		Subtotal (see instructions)		118,211,318	3,435	78,207	20,519,065	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		118,211,318	3,435	78,207	20,519,065	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
7/5/2022 10:55 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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	330	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
66.01	03951	CLINICAL NUTRITION	0	0		66.01
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
69.01	06901	CARDIAC REHABILITATION	0	0		69.01
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	0	18,674		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	ENDOSCOPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	87		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	330	18,761		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	330	18,761		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 7/5/2022 10:55 am	
					Component CCN: 14-T046			
					Title XVIII		Subprovider - IRF	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	2,316,149	85,118,217	0.027211	10,345	281	50.00
51.00	05100	RECOVERY ROOM	22,480	8,193,845	0.002744	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	588,137	15,938,302	0.036901	0	0	52.00
53.00	05300	ANESTHESIOLOGY	35,575	27,367,831	0.001300	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,770	23,688,563	0.049972	37,090	1,853	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	87,393	3,694,445	0.023655	0	0	55.00
56.00	05600	RADIOISOTOPE	15,155	9,918,405	0.001528	3,325	5	56.00
57.00	05700	CT SCAN	299,828	58,919,726	0.005089	66,600	339	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157,537	11,383,944	0.013839	2,770	38	58.00
59.00	05900	CARDIAC CATHETERIZATION	438,402	38,480,955	0.011393	0	0	59.00
60.00	06000	LABORATORY	579,117	81,183,218	0.007133	393,585	2,807	60.00
64.00	06400	INTRAVENOUS THERAPY	75,606	1,192,115	0.063422	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	232,619	16,848,899	0.013806	431,550	5,958	65.00
66.00	06600	PHYSICAL THERAPY	221,722	8,874,515	0.024984	1,916,535	47,883	66.00
66.01	03951	CLINICAL NUTRITION	5,595	82,030	0.068207	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	183,683	3,569,860	0.051454	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	44,501	1,294,005	0.034390	257,450	8,854	68.00
69.00	06900	ELECTROCARDIOLOGY	1,103,967	22,698,123	0.048637	32,695	1,590	69.00
69.01	06901	CARDIAC REHABILITATION	7,722	729,758	0.010582	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	63,747	266,600	0.239111	1,210	289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,692	18,094,557	0.009433	109,440	1,032	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,535	21,019,028	0.003213	563	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,191	75,118,504	0.003291	324,673	1,068	73.00
74.00	07400	RENAL DIALYSIS	11,149	1,978,940	0.005634	47,100	265	74.00
76.00	03950	ENDOSCOPY	0	0	0.000000	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,282,311	10,965,149	0.116944	0	0	90.00
91.00	09100	EMERGENCY	871,796	35,941,448	0.024256	277,030	6,720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,526,362	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	10,313,379	584,087,344		3,911,961	78,984	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0046
Component CCN: 14-T046

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

Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	209,662	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
66.01	03951	CLINICAL NUTRITION	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0	69.01
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
76.00	03950	ENDOSCOPY	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	209,662	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0046
Component CCN: 14-T046

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

Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

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	85,118,217	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,193,845	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,938,302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,367,831	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,688,563	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,694,445	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,918,405	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	58,919,726	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,383,944	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,480,955	0.000000	59.00
60.00	06000	LABORATORY	0	209,662	209,662	81,183,218	0.002583	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,192,115	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,848,899	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,874,515	0.000000	66.00
66.01	03951	CLINICAL NUTRITION	0	0	0	82,030	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,569,860	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,294,005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,698,123	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	729,758	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	266,600	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,094,557	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,019,028	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	75,118,504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,978,940	0.000000	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,965,149	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,941,448	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,526,362	0.000000	92.00
200.00		Total (lines 50 through 199)	0	209,662	209,662	584,087,344		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0046 Component CCN: 14-T046		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/5/2022 10:55 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	10,345	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	37,090	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	3,325	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	66,600	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	2,770	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.002583	393,585	1,017	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	431,550	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,916,535	0	0	0	66.00
66.01	03951	CLINICAL NUTRITION		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	257,450	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	32,695	0	0	0	69.00
69.01	06901	CARDIAC REHABILITATION		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,210	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	109,440	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	563	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	324,673	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	47,100	0	0	0	74.00
76.00	03950	ENDOSCOPY		0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	277,030	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			3,911,961	1,017	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		3,801,413	0	3,801,413	24,709	153.85	30.00
31.00	INTENSIVE CARE UNIT		1,066,361		1,066,361	3,157	337.78	31.00
41.00	SUBPROVIDER - IRF		543,148	0	543,148	2,340	232.11	41.00
43.00	NURSERY		118,120		118,120	1,905	62.01	43.00
200.00	Total (lines 30 through 199)		5,529,042		5,529,042	32,111		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		799	122,926				
31.00	INTENSIVE CARE UNIT		172	58,098				
41.00	SUBPROVIDER - IRF		56	12,998				
43.00	NURSERY		297	18,417				
200.00	Total (lines 30 through 199)		1,324	212,439				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Title XIX		Hospital		PPS	
		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	2,316,149	85,118,217	0.027211	0	0 50.00
51.00	05100	RECOVERY ROOM	22,480	8,193,845	0.002744	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	588,137	15,938,302	0.036901	0	0 52.00
53.00	05300	ANESTHESIOLOGY	35,575	27,367,831	0.001300	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,770	23,688,563	0.049972	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	87,393	3,694,445	0.023655	0	0 55.00
56.00	05600	RADIOISOTOPE	15,155	9,918,405	0.001528	0	0 56.00
57.00	05700	CT SCAN	299,828	58,919,726	0.005089	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157,537	11,383,944	0.013839	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	438,402	38,480,955	0.011393	0	0 59.00
60.00	06000	LABORATORY	579,117	81,183,218	0.007133	0	0 60.00
64.00	06400	INTRAVENOUS THERAPY	75,606	1,192,115	0.063422	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	232,619	16,848,899	0.013806	0	0 65.00
66.00	06600	PHYSICAL THERAPY	221,722	8,874,515	0.024984	0	0 66.00
66.01	03951	CLINICAL NUTRITION	5,595	82,030	0.068207	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	183,683	3,569,860	0.051454	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	44,501	1,294,005	0.034390	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,103,967	22,698,123	0.048637	0	0 69.00
69.01	06901	CARDIAC REHABILITATION	7,722	729,758	0.010582	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	63,747	266,600	0.239111	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,692	18,094,557	0.009433	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,535	21,019,028	0.003213	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,191	75,118,504	0.003291	0	0 73.00
74.00	07400	RENAL DIALYSIS	11,149	1,978,940	0.005634	0	0 74.00
76.00	03950	ENDOSCOPY	0	0	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,282,311	10,965,149	0.116944	0	0 90.00
91.00	09100	EMERGENCY	871,796	35,941,448	0.024256	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	182,463	1,526,362	0.119541	0	0 92.00
200.00		Total (lines 50 through 199)	10,495,842	584,087,344		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0046		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 7/5/2022 10:55 am	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	24,709	0.00	799	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	3,157	0.00	172	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,340	0.00	56	41.00		
43.00	04300	NURSERY		0	1,905	0.00	297	43.00		
200.00		Total (lines 30 through 199)		0	32,111		1,324	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	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description			Title XIX		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	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	209,662 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
66.01	03951	CLINICAL NUTRITION	0	0	0	0	0 66.01
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
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0 69.01
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
76.00	03950	ENDOSCOPY	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	209,662 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

			Title XIX		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	85,118,217	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,193,845	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,938,302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,367,831	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,688,563	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,694,445	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,918,405	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	58,919,726	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,383,944	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,480,955	0.000000	59.00
60.00	06000	LABORATORY	0	209,662	209,662	81,183,218	0.002583	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,192,115	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,848,899	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,874,515	0.000000	66.00
66.01	03951	CLINICAL NUTRITION	0	0	0	82,030	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,569,860	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,294,005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,698,123	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	729,758	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	266,600	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,094,557	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,019,028	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	75,118,504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,978,940	0.000000	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,965,149	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,941,448	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,526,362	0.000000	92.00
200.00		Total (lines 50 through 199)	0	209,662	209,662	584,087,344		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Title XIX		Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0
56.00	05600	RADIOISOTOPE	0.000000	0	0	0
57.00	05700	CT SCAN	0.000000	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0
60.00	06000	LABORATORY	0.002583	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0
66.01	03951	CLINICAL NUTRITION	0.000000	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0
69.01	06901	CARDIAC REHABILITATION	0.000000	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0
76.00	03950	ENDOSCOPY	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0
91.00	09100	EMERGENCY	0.000000	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0
200.00		Total (lines 50 through 199)		0	0	0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0046

Period:

Worksheet D

Component CCN: 14-T046

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
7/5/2022 10:55 am

				Title XIX		Subprovider - IRF		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	2,316,149	85,118,217	0.027211	0	0	50.00	
51.00	05100	RECOVERY ROOM	22,480	8,193,845	0.002744	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	588,137	15,938,302	0.036901	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	35,575	27,367,831	0.001300	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,770	23,688,563	0.049972	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	87,393	3,694,445	0.023655	0	0	55.00	
56.00	05600	RADIOISOTOPE	15,155	9,918,405	0.001528	0	0	56.00	
57.00	05700	CT SCAN	299,828	58,919,726	0.005089	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157,537	11,383,944	0.013839	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	438,402	38,480,955	0.011393	0	0	59.00	
60.00	06000	LABORATORY	579,117	81,183,218	0.007133	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	75,606	1,192,115	0.063422	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	232,619	16,848,899	0.013806	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	221,722	8,874,515	0.024984	0	0	66.00	
66.01	03951	CLINICAL NUTRITION	5,595	82,030	0.068207	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	183,683	3,569,860	0.051454	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	44,501	1,294,005	0.034390	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,103,967	22,698,123	0.048637	0	0	69.00	
69.01	06901	CARDIAC REHABILITATION	7,722	729,758	0.010582	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	63,747	266,600	0.239111	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,692	18,094,557	0.009433	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,535	21,019,028	0.003213	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	247,191	75,118,504	0.003291	0	0	73.00	
74.00	07400	RENAL DIALYSIS	11,149	1,978,940	0.005634	0	0	74.00	
76.00	03950	ENDOSCOPY	0	0	0.000000	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,282,311	10,965,149	0.116944	0	0	90.00	
91.00	09100	EMERGENCY	871,796	35,941,448	0.024256	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,526,362	0.000000	0	0	92.00	
200.00	Total (lines 50 through 199)		10,313,379	584,087,344		0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0046
Component CCN: 14-T046

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

Worksheet D
Part IV
Date/Time Prepared:
7/5/2022 10:55 am

			Title XIX		Subprovider - IRF	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	209,662
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
66.01	03951	CLINICAL NUTRITION	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	06901	CARDIAC REHABILITATION	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03950	ENDOSCOPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	0	0	209,662

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0046 Component CCN: 14-T046		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/5/2022 10:55 am	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	85,118,217	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	8,193,845	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,938,302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,367,831	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,688,563	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,694,445	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,918,405	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	58,919,726	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,383,944	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,480,955	0.000000	59.00
60.00	06000	LABORATORY	0	209,662	209,662	81,183,218	0.002583	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,192,115	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,848,899	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,874,515	0.000000	66.00
66.01	03951	CLINICAL NUTRITION	0	0	0	82,030	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,569,860	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,294,005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,698,123	0.000000	69.00
69.01	06901	CARDIAC REHABILITATION	0	0	0	729,758	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	266,600	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,094,557	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,019,028	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	75,118,504	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,978,940	0.000000	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,965,149	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	35,941,448	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,526,362	0.000000	92.00
200.00		Total (lines 50 through 199)	0	209,662	209,662	584,087,344		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0046 Component CCN: 14-T046		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/5/2022 10:55 am	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.002583	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
66.01	03951	CLINICAL NUTRITION		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	06901	CARDIAC REHABILITATION		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	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		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03950	ENDOSCOPY		0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0046

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

Worksheet D-1

Date/Time Prepared:
7/5/2022 10:55 am

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,709	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,709	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)	23,523	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)	13,369	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)	35,484,153	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)	35,484,153	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)	35,484,153	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)	1,436.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	19,198,954	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)	19,198,954	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0046

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

Worksheet D-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	7,748,433	3,157	2,454.37	143	350,975
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)					21,081,148
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,631,077
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,105,124
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,781,858
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,886,982
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,744,095
	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)					1,186
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,436.08
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,703,191

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0046

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

Worksheet D-1

Date/Time Prepared:
7/5/2022 10:55 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,801,413	35,484,153	0.107130	1,703,191	182,463	90.00
91.00 Nursing Program cost	0	35,484,153	0.000000	1,703,191	0	91.00
92.00 Allied health cost	0	35,484,153	0.000000	1,703,191	0	92.00
93.00 All other Medical Education	0	35,484,153	0.000000	1,703,191	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0046 Component CCN: 14-T046	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/5/2022 10:55 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				
			1.00	
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,340	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,340	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)	2,340	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,565	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)	4,220,814	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)	4,220,814	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)	4,220,814	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)	1,803.77	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,822,900	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,822,900	41.00	

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0046 Component CCN: 14-T046	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/5/2022 10:55 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,025,980	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,848,880	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					363,252	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					80,001	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					443,253	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,405,627	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0046 Component CCN: 14-T046		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 7/5/2022 10:55 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	543,148	4,220,814	0.128683	0	0	90.00
91.00	Nursing Program cost	0	4,220,814	0.000000	0	0	91.00
92.00	Allied health cost	0	4,220,814	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,220,814	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/5/2022 10:55 am
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,709	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,709	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)		23,523	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)		799	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,905	15.00
16.00	Nursery days (title V or XIX only)		297	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)		35,484,153	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)		35,484,153	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)		35,484,153	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)		1,436.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,147,428	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,147,428	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0046

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

Worksheet D-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Title XIX		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	1,776,876	1,905	932.74	297	277,024
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,748,433	3,157	2,454.37	172	422,152
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)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,846,604
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					199,441
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					199,441
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,647,163
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)					1,186
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,436.08
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,703,191

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0046

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

Worksheet D-1

Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Title XIX		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	3,801,413	35,484,153	0.107130	1,703,191	182,463
91.00	Nursing Program cost	0	35,484,153	0.000000	1,703,191	0
92.00	Allied health cost	0	35,484,153	0.000000	1,703,191	0
93.00	All other Medical Education	0	35,484,153	0.000000	1,703,191	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0046 Component CCN: 14-T046	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/5/2022 10:55 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,340	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,340	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)		2,340	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)		56	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,905	15.00
16.00	Nursery days (title V or XIX only)		297	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)		4,220,814	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)		4,220,814	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)		4,220,814	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)		1,803.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		101,011	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)		101,011	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0046 Component CCN: 14-T046	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/5/2022 10:55 am	
				Title XIX		Subprovider - IRF	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					101,011	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					12,998	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,998	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					88,013	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0046 Component CCN: 14-T046		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 7/5/2022 10:55 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	543,148	4,220,814	0.128683	0	0	90.00
91.00	Nursing Program cost	0	4,220,814	0.000000	0	0	91.00
92.00	Allied health cost	0	4,220,814	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,220,814	0.000000	0	0	93.00

Health Financial Systems		SSM HEALTH GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/5/2022 10:55 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		20,028,725	30.00
31.00	03100	INTENSIVE CARE UNIT		3,453,270	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136270	19,331,894	50.00
51.00	05100	RECOVERY ROOM	0.114146	1,950,210	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385424	18,676	52.00
53.00	05300	ANESTHESIOLOGY	0.016344	3,031,910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250506	4,510,475	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.350344	0	55.00
56.00	05600	RADIOISOTOPE	0.071914	828,680	56.00
57.00	05700	CT SCAN	0.026529	8,702,525	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.061878	1,087,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078457	6,274,615	59.00
60.00	06000	LABORATORY	0.096013	17,570,403	60.00
64.00	06400	INTRAVENOUS THERAPY	0.501559	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.204424	6,874,132	65.00
66.00	06600	PHYSICAL THERAPY	0.271321	2,385,130	66.00
66.01	03951	CLINICAL NUTRITION	3.538571	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.331135	787,125	67.00
68.00	06800	SPEECH PATHOLOGY	0.448253	194,765	68.00
69.00	06900	ELECTROCARDIOLOGY	0.233365	4,657,180	69.00
69.01	06901	CARDIAC REHABILITATION	0.467815	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.694827	139,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.822083	5,204,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262132	5,347,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239109	15,334,462	73.00
74.00	07400	RENAL DIALYSIS	0.452529	1,041,615	74.00
76.00	03950	ENDOSCOPY	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.794281	1,550	90.00
91.00	09100	EMERGENCY	0.195507	4,765,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.115850	148,480	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		110,187,254	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)		110,187,254	202.00

Health Financial Systems		SSM HEALTH GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN: 14-T046	Date/Time Prepared: 7/5/2022 10:55 am	
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF		2,244,585	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136270	10,345	50.00
51.00	05100	RECOVERY ROOM	0.114146	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385424	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016344	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250506	37,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.350344	0	55.00
56.00	05600	RADIOISOTOPE	0.071914	3,325	56.00
57.00	05700	CT SCAN	0.026529	66,600	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.061878	2,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078457	0	59.00
60.00	06000	LABORATORY	0.096013	393,585	60.00
64.00	06400	INTRAVENOUS THERAPY	0.501559	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.204424	431,550	65.00
66.00	06600	PHYSICAL THERAPY	0.271321	1,916,535	66.00
66.01	03951	CLINICAL NUTRITION	3.538571	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.331135	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.448253	257,450	68.00
69.00	06900	ELECTROCARDIOLOGY	0.233365	32,695	69.00
69.01	06901	CARDIAC REHABILITATION	0.467815	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.694827	1,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.822083	109,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262132	563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239109	324,673	73.00
74.00	07400	RENAL DIALYSIS	0.452529	47,100	74.00
76.00	03950	ENDOSCOPY	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.794281	0	90.00
91.00	09100	EMERGENCY	0.195507	277,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.115850	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,911,961	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)		3,911,961	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/5/2022 10:55 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		20,330,715	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,032,187	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)		638,718	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		233,251	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)		120.75	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.03	31.00
32.00	Sum of lines 30 and 31		28.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.83	33.00
34.00	Disproportionate share adjustment (see instructions)		877,666	34.00

Health Financial Systems		SSM HEALTH GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/5/2022 10:55 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)		0.000187594	0.000143055	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,555,154	1,028,851	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,163,170	259,327	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,422,497		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		30,535,034		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			30,535,034	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,226,578	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			698,529	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)			45,384	58.00
59.00	Total (sum of amounts on lines 49 through 58)			33,505,525	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			33,505,525	61.00
62.00	Deductibles billed to program beneficiaries			2,817,548	62.00
63.00	Coinsurance billed to program beneficiaries			126,882	63.00
64.00	Allowable bad debts (see instructions)			944,698	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			614,054	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			792,990	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			31,175,149	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			80,919	70.93
70.94	HRR adjustment amount (see instructions)			-139,679	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
7/5/2022 10:55 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31,116,389	0	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		30,564,376	0	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		552,013	0	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		746,960	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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	0	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/5/2022 10:55 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,330,715	0	20,330,715		20,330,715
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,032,187	0		7,032,187	7,032,187
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	638,718	0	638,718		638,718
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	233,251	0		233,251	233,251
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1283	0.1283	0.1283	0.1283	
11.00	Disproportionate share adjustment (see instructions)	34.00	877,666	0	652,108	225,558	877,666
11.01	Uncompensated care payments	36.00	1,422,497	0	1,163,170	259,327	1,422,497
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	30,535,034	0	22,784,711	7,750,323	30,535,034
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	30,535,034	0	22,784,711	7,750,323	30,535,034
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,226,578	0	1,661,367	565,211	2,226,578

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/5/2022 10:55 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	698,529	0	432,195	266,334	698,529	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	24,878,273	8,581,868	33,460,141	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,072,023	0	1,543,989	528,034	2,072,023	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	154,555	0	117,378	37,177	154,555	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,226,578	0	1,661,367	565,211	2,226,578	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/5/2022 10:55 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,330,715	20,330,715		20,330,715	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,032,187		7,032,187	7,032,187	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	638,718	638,718		638,718	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	233,251		233,251	233,251	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1283	0.1283	0.1283		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	877,666	652,108	225,558	877,666	11.00
11.01	Uncompensated care payments	36.00	1,422,497	1,163,170	259,327	1,422,497	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	30,535,034	22,784,711	7,750,323	30,535,034	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	30,535,034	22,784,711	7,750,323	30,535,034	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,226,578	1,661,367	565,211	2,226,578	16.00
17.00	Special add-on payments for new technologies	54.00	698,529	432,195	266,334	698,529	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			24,878,273	8,581,868	33,460,141	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/5/2022 10:55 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,072,023	1,543,989	528,034	2,072,023	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	154,555	117,378	37,177	154,555	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,226,578	1,661,367	565,211	2,226,578	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	80,919	80,919	0	80,919	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-139,679	-128,731	-10,948	-139,679	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/5/2022 10:55 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,091	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,497,812	2.00
3.00	OPPS payments		19,861,825	3.00
4.00	Outlier payment (see instructions)		142,916	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		21,253	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,091	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		81,642	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)		81,642	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)		81,642	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		62,551	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)		19,091	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)		20,025,994	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		85	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,582,830	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)		16,462,170	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)		16,462,170	30.00
31.00	Primary payer payments		1,121	31.00
32.00	Subtotal (line 30 minus line 31)		16,461,049	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)		892,095	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		579,862	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		719,269	36.00
37.00	Subtotal (see instructions)		17,040,911	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,040,911	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		16,992,827	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)		48,084	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/5/2022 10:55 am
	Title XVIII	Hospital	PPS
			1.00
MEDICARE PART B ANCILLARY COSTS			
200.00	Part B Combined Billed Days		0200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
7/5/2022 10:55 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		30,012,294		16,441,576	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		463,202		421,522	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	09/28/2021	88,880	09/28/2021	129,729	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		88,880		129,729	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)		30,564,376		16,992,827	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		552,013		48,084	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		31,116,389		17,040,911	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0046
 Component CCN: 14-T046

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/5/2022 10:55 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,198,727			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	09/28/2021	23,911			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		23,911			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,222,638			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		11,427			0	6.02
7.00	Total Medicare program liability (see instructions)		3,211,211			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 7/5/2022 10:55 am
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0046 Component CCN: 14-T046	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 7/5/2022 10:55 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,800,755 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0281 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			106,429 3.00
4.00	Outlier Payments			302,749 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.410959 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,209,933 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,209,933 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,209,933 19.00
20.00	Deductibles			1,484 20.00
21.00	Subtotal (line 19 minus line 20)			3,208,449 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			3,208,449 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,684 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,745 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,210,194 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,017 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,211,211 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,222,638 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-11,427 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			19,325 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			302,749 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/5/2022 10:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,077	2,604		26.00
27.00	Total Inpatient Days (see instructions)	29,500	29,500		27.00
28.00	Ratio of inpatient days to total inpatient days	0.511085	0.088271		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/5/2022 10:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,978,940	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			44,479,957	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			44,479,957	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			20,538,156	42.00
43.00	Primary payer payments (see instructions)			1,121	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			20,537,035	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			65,016,992	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.684128	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.315872	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 14-0046

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

Worksheet G

Date/Time Prepared:
7/5/2022 10:55 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	745,780	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	53,882,552	0	0	0	4.00
5.00	Other receivable	2,736,970	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,833,066	0	0	0	6.00
7.00	Inventory	4,111,398	0	0	0	7.00
8.00	Prepaid expenses	2,464,436	0	0	0	8.00
9.00	Other current assets	-13,200,449	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	23,907,621	0	0	0	11.00
FIXED ASSETS						
12.00	Land	590,251	0	0	0	12.00
13.00	Land improvements	6,818,606	0	0	0	13.00
14.00	Accumulated depreciation	-5,615,675	0	0	0	14.00
15.00	Buildings	158,767,397	0	0	0	15.00
16.00	Accumulated depreciation	-55,541,197	0	0	0	16.00
17.00	Leasehold improvements	19,336,297	0	0	0	17.00
18.00	Accumulated depreciation	-8,102,234	0	0	0	18.00
19.00	Fixed equipment	15,460,655	0	0	0	19.00
20.00	Accumulated depreciation	-9,577,433	0	0	0	20.00
21.00	Automobiles and trucks	263,986	0	0	0	21.00
22.00	Accumulated depreciation	-254,589	0	0	0	22.00
23.00	Major movable equipment	69,347,555	0	0	0	23.00
24.00	Accumulated depreciation	-49,566,096	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	141,927,523	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,869,118	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	16,099,710	1,062,787	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,968,828	1,062,787	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	187,803,972	1,062,787	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-31,876,161	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,898,590	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	954,995	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	14,146,170	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-9,876,406	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	56,067,094	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	56,067,094	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	46,190,688	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	141,613,284				52.00
53.00	Specific purpose fund		1,062,787			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	141,613,284	1,062,787	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	187,803,972	1,062,787	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0046

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

Worksheet G-1

Date/Time Prepared:
7/5/2022 10:55 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		104,584,084		1,361,652		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		36,330,926				2.00
3.00	Total (sum of line 1 and line 2)		140,915,010		1,361,652		3.00
4.00	RELATED ORG TRANSFERS	698,274		-298,865		-25,000	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)		698,274		-298,865		10.00
11.00	Subtotal (line 3 plus line 10)		141,613,284		1,062,787		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)		141,613,284		1,062,787		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	25,000		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)	25,000		0			3.00
4.00	RELATED ORG TRANSFERS		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)	-25,000		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: 14-0046

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
7/5/2022 10:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	45,840,737		45,840,737	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,568,260		3,568,260	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)	49,408,997		49,408,997	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,482,716		9,482,716	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,482,716		9,482,716	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	58,891,713		58,891,713	17.00
18.00	Ancillary services	243,978,457	291,675,926	535,654,383	18.00
19.00	Outpatient services	13,391,812	35,041,146	48,432,958	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	115,450	406	115,856	27.00
27.01	ORGAN ACQUISITION CHARGES	0	0	0	27.01
27.02	PROFESSIONAL FEES	8,301,091	1,236,204	9,537,295	27.02
27.03	EMPLOYEE CHARGES	4,691,595	9,277,043	13,968,638	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	329,370,118	337,230,725	666,600,843	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		204,744,866		29.00
30.00	ROUNDING	4			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)		4		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		204,744,870		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0046

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

Worksheet G-3

Date/Time Prepared:
7/5/2022 10:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	666,600,843	1.00
2.00	Less contractual allowances and discounts on patients' accounts	457,168,863	2.00
3.00	Net patient revenues (line 1 minus line 2)	209,431,980	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	204,744,870	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,687,110	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,680,109	6.00
7.00	Income from investments	469,008	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	1,265	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	500,087	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	400,443	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	19,201,292	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	22,252,204	25.00
26.00	Total (line 5 plus line 25)	26,939,314	26.00
27.00	NON OPERATING LOSSES	-9,391,612	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-9,391,612	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	36,330,926	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0046	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 7/5/2022 10:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,072,023	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		154,555	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)		75.35	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)		2,226,578	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