

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/30/2021 9:32 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2021	Time: 9:32 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOHN'S HOSPITAL (14-0053) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-1,056,324	187,315	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-1,056,324	187,315	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: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am	
---	--	--	--	-----------------------	---	--	--

1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 800 EAST CARPENTER	PO Box:		Zip Code: 62769	County: SANGAMON					1.00
2.00	City: SPRINGFIELD	State: IL								2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. JOHN'S HOSPITAL	140053	44100	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	ST. JOHN'S HOSPITAL	14U053	44100		12/02/2020	N	P	O	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. JOHN'S HOME HEALTH AGENCY	147222	44100		01/01/1983	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. JOHN'S HOSPITAL HOSPICE PROGRAM	141503	44100		05/24/1984				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 9:32 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,413	4,968	85	46	24,689	559	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 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)			20.00	1	60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.03	1	60.02		
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.04	1	60.03		
			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: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 9:32 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
65.01				0.00	0.00	0.000000	65.01
65.02				0.00	0.00	0.000000	65.02
			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	42.58	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	1.34	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	7.05	0.000000	67.01
67.02		PEDIATRICS	2000	0.00	20.58	0.000000	67.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 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)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		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.	N		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.	N		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.	N		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.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			1,197,574	3,187,368	5,779,389	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am	
			1.00			2.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		148005		140.00
			1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEM		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			141.00
142.00	Street: 4936 LAVERNA ROAD		PO Box:					142.00
143.00	City: SPRINGFIELD		State: IL		Zip Code: 62794			143.00
								1.00
144.00	Are provider based physicians' costs included in Worksheet A?			Y				144.00
								1.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
								1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00
			Part A	Part B	Title V	Title XIX		
			1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N	N	N	N		155.00
156.00	Subprovider - IPF		N	N	N	N		156.00
157.00	Subprovider - IRF		N	N	N	N		157.00
158.00	SUBPROVIDER							158.00
159.00	SNF		N	N	N	N		159.00
160.00	HOME HEALTH AGENCY		N	N	N	N		160.00
161.00	CMHC			N	N	N		161.00
								1.00
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N				165.00
			Name	County	State	Zip Code	CBSA	FTE/Campus
			0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00
								1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99				169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 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: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:32 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	09/27/2021	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 9:32 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATTY		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:32 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGING DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:32 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 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	302	110,229	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)		302	110,229	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	64	22,910	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 HIGH RISK NEONATAL	35.00	56	17,177	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		422	150,316	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		422				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:32 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)	31,748	1,972	80,506		1.00
2.00	HMO and other (see instructions)	17,500	29,788			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	31,748	1,972	80,506		7.00
8.00	INTENSIVE CARE UNIT	6,513	1,889	15,941		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	HIGH RISK NEONATAL	0	177	13,683		12.00
13.00	NURSERY		375	2,904		13.00
14.00	Total (see instructions)	38,261	4,413	113,034	70.87	2,015.04
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	8,707	0	19,157	0.00	25.80
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	5.27
24.10	HOSPICE (non-distinct part)			590		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
27.00	Total (sum of lines 14-26)				70.87	2,046.11
28.00	Observation Bed Days		138	2,764		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			1,522		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	559	926		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: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:32 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	6,036	1,100	18,580	1.00
2.00 HMO and other (see instructions)			2,506	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 HIGH RISK NEONATAL						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,036	1,100	18,580	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:32 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	141,889,038	-1,427,029	140,462,009	4,253,837.88	33.02 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		480,810	0	480,810	2,085.72	230.52 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	7,559,311	0	7,559,311	276,159.50	27.37 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		3,793,939	0	3,793,939	122,670.65	30.93 8.00
9.00	SNF	44.00	218	-218	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		5,815,300	286,758	6,102,058	150,318.58	40.59 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,842,783	0	9,842,783	123,451.31	79.73 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		2,344,186	0	2,344,186	14,916.48	157.15 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		27,758,807	0	27,758,807	741,628.01	37.43 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		51,510,655	0	51,510,655		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,238,720	0	2,238,720		
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		121,803	0	121,803		
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)		2,101,893	0	2,101,893		
25.50	Home office wage-related (core)		10,617,538	0	10,617,538		
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: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:32 am

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	319,412	0	319,412	9,701.51	32.92	26.00
27.00	Administrative & General	5.00	15,080,092	-4,678,739	10,401,353	286,310.85	36.33	27.00
28.00	Administrative & General under contract (see inst.)		2,261,269	0	2,261,269	24,087.80	93.88	28.00
29.00	Maintenance & Repairs	6.00	3,507,724	-12,880	3,494,844	86,493.10	40.41	29.00
30.00	Operation of Plant	7.00	1,946,156	-17,349	1,928,807	76,839.10	25.10	30.00
31.00	Laundry & Linen Service	8.00	1,316,373	-17,315	1,299,058	82,458.66	15.75	31.00
32.00	Housekeeping	9.00	2,449,137	-18,977	2,430,160	161,011.44	15.09	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,138,498	-877,499	1,260,999	81,342.43	15.50	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	867,562	867,562	55,525.69	15.62	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,507,852	228,621	2,736,473	56,174.66	48.71	38.00
39.00	Central Services and Supply	14.00	658,349	25,918	684,267	38,177.60	17.92	39.00
40.00	Pharmacy	15.00	5,948,781	-230,729	5,718,052	119,110.61	48.01	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 9:32 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	132,797,057	-1,427,029	131,370,028	3,879,095.53	33.87	1.00
2.00	Excluded area salaries (see instructions)	5,815,518	286,540	6,102,058	150,318.58	40.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	126,981,539	-1,713,569	125,267,970	3,728,776.95	33.59	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,945,776	0	39,945,776	879,995.80	45.39	4.00
5.00	Subtotal wage-related costs (see inst.)	62,249,996	0	62,249,996	0.00	49.69	5.00
6.00	Total (sum of lines 3 thru 5)	229,177,311	-1,713,569	227,463,742	4,608,772.75	49.35	6.00
7.00	Total overhead cost (see instructions)	38,133,643	-4,731,387	33,402,256	1,077,233.45	31.01	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2021 9:32 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		958,013	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		17,446,279	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		20,202,191	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		1,668,816	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		597,968	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,210,969	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,625,358	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		8,654,362	17.00
18.00	Medicare Taxes - Employers Portion Only		2,036,699	18.00
19.00	Unemployment Insurance		248,650	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))		21,206	21.00
22.00	Day Care Cost and Allowances		109,301	22.00
23.00	Tuition Reimbursement		193,259	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		55,973,071	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: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/30/2021 9:32 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	9,842,783	55,973,071	1.00
2.00	Hospital	9,842,783	55,973,071	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0053 Component CCN: 14-7222		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 11/30/2021 9:32 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,092	27	921	2,040	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	408.00	22.00	885.00	1,315.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			3.46	0.00	3.46	5.00
6.00	Direct Nursing Service			12.50	0.00	12.50	6.00
7.00	Nursing Supervisor			0.45	0.00	0.45	7.00
8.00	Physical Therapy Service			4.88	0.00	4.88	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.87	0.00	2.87	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.46	0.00	0.46	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.55	0.00	0.55	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.98	0.00	0.98	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			14010			20.00
20.01				16580			20.01
20.02				19500			20.02
20.03				41180			20.03
20.04				44100			20.04
20.05				50001			20.05
20.06				99914			20.06
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,976	693	83	33	4,785	21.00
22.00	Skilled Nursing Visit Charges	1,283,714	241,422	23,039	8,680	1,556,855	22.00
23.00	Physical Therapy Visits	1,547	616	13	7	2,183	23.00
24.00	Physical Therapy Visit Charges	508,875	199,917	4,089	1,779	714,660	24.00
25.00	Occupational Therapy Visits	560	438	6	3	1,007	25.00
26.00	Occupational Therapy Visit Charges	192,888	156,186	1,902	801	351,777	26.00
27.00	Speech Pathology Visits	40	56	5	1	102	27.00
28.00	Speech Pathology Visit Charges	12,093	20,811	1,425	285	34,614	28.00
29.00	Medical Social Service Visits	59	25	1	0	85	29.00
30.00	Medical Social Service Visit Charges	24,189	11,374	286	0	35,849	30.00
31.00	Home Health Aide Visits	369	174	2	0	545	31.00
32.00	Home Health Aide Visit Charges	55,530	23,925	210	0	79,665	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,551	2,002	110	44	8,707	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,077,289	653,635	30,951	11,545	2,773,420	35.00
36.00	Total Number of Episodes (standard/non outlier)	766		70	11	847	36.00
37.00	Total Number of Outlier Episodes		86		0	86	37.00
38.00	Total Non-Routine Medical Supply Charges	41,592	5,531	1,855	229	49,207	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 14-0053 Hospice CCN: 14-1503		Period: From 07/01/2020 To 06/30/2021		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/30/2021 9:32 am	
				Hospice I					
		Unduplicated Days							
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)		
		1.00	2.00	3.00	4.00	5.00	6.00		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
1.00	Hospice Continuous Home Care							1.00	
2.00	Hospice Routine Home Care							2.00	
3.00	Hospice Inpatient Respite Care							3.00	
4.00	Hospice General Inpatient Care							4.00	
5.00	Total Hospice Days							5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
6.00	Number of patients receiving hospice care							6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00	
8.00	Average Length of Stay (line 5 / line 6)							8.00	
9.00	Unduplicated census count							9.00	
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.									
				Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
				1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
10.00	Hospice Continuous Home Care			0	0	0		10.00	
11.00	Hospice Routine Home Care			5,871	113	644	6,628	11.00	
12.00	Hospice Inpatient Respite Care			25	8	2	35	12.00	
13.00	Hospice General Inpatient Care			391	23	32	446	13.00	
14.00	Total Hospice Days			6,287	144	678	7,109	14.00	
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
15.00	Hospice Inpatient Respite Care			0	0	0	0	15.00	
16.00	Hospice General Inpatient Care			0	0	0	0	16.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/30/2021 9:32 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)			0.183770 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	113,481,244		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	689,058,257		6.00
7.00	Medicaid cost (line 1 times line 6)	126,628,236		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)	13,146,992		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)	13,146,992		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)	16,359,750	4,239,326	20,599,076 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,006,431	4,239,326	7,245,757 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	3,006,431	4,239,326	7,245,757 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	13,338,000		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,661,259		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,555,782		27.01
28.00	Non-Medicare bad debt expense (see instructions)	10,782,218		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,875,971		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,121,728		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	23,268,720		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:

11/30/2021 9:32 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		28,012,838	28,012,838	-9,897,681	18,115,157	1.00
1.01	00101	CAP REL COSTS - CON		0	0	35,691	35,691	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	13,086,880	13,086,880	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	319,412	47,625,596	47,945,008	1,427,014	49,372,022	4.00
5.01	00580	COMMUNICATIONS	317,260	347,848	665,108	16,888	681,996	5.01
5.02	00540	INFORMATION SYSTEMS	0	26,979,600	26,979,600	0	26,979,600	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	507,804	462,671	970,475	1,097	971,572	5.03
5.04	00570	ADMITTING	-1	0	-1	1	0	5.04
5.05	00560	PATIENT ACCOUNTING	15	11,094,300	11,094,315	0	11,094,315	5.05
5.06	00590	OTHER ADMIN & GENERAL	14,255,014	125,382,551	139,637,565	-23,060,366	116,577,199	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,507,724	9,010,105	12,517,829	-12,880	12,504,949	6.00
7.00	00700	OPERATION OF PLANT	1,946,156	10,475,765	12,421,921	-322,879	12,099,042	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,316,373	1,687,386	3,003,759	-17,242	2,986,517	8.00
9.00	00900	HOUSEKEEPING	2,449,137	1,640,400	4,089,537	-51,503	4,038,034	9.00
10.00	01000	DIETARY	2,138,498	2,327,816	4,466,314	-1,821,865	2,644,449	10.00
11.00	01100	CAFETERIA	0	0	0	1,811,928	1,811,928	11.00
13.00	01300	NURSING ADMINISTRATION	2,507,852	625,941	3,133,793	228,621	3,362,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	658,349	214,726	873,075	25,918	898,993	14.00
15.00	01500	PHARMACY	5,948,781	22,640,173	28,588,954	-18,577,933	10,011,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
20.00	02000	NURSING SCHOOL	2,062,369	580,398	2,642,767	47,018	2,689,785	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,559,311	0	7,559,311	0	7,559,311	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	13,912,751	13,912,751	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	175,419	7,168	182,587	183,939	366,526	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	-1,555	-1,555	1,555	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,216,552	13,736,007	37,952,559	-2,560,327	35,392,232	30.00
31.00	03100	INTENSIVE CARE UNIT	8,586,262	6,574,123	15,160,385	670,790	15,831,175	31.00
35.00	02040	HIGH RISK NEONATAL	7,970,748	1,837,589	9,808,337	-1,007,641	8,800,696	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	698	1,030	1,728	917,495	919,223	43.00
44.00	04400	SKILLED NURSING FACILITY	218	0	218	-218	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,557,295	30,391,716	42,949,011	-26,053,296	16,895,715	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	867,518	2,227,729	3,095,247	-753,493	2,341,754	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	7,892	7,892	-7,892	0	50.02
51.00	05100	RECOVERY ROOM	2,288,816	158,678	2,447,494	3,544	2,451,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,187,685	2,181,617	5,369,302	878,732	6,248,034	52.00
53.00	05300	ANESTHESIOLOGY	268,529	2,181,030	2,449,559	-538,762	1,910,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,601,533	2,035,178	5,636,711	-1,678,510	3,958,201	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	111,958	638,104	750,062	0	750,062	55.00
56.00	05600	RADIOISOTOPE	440,375	702,379	1,142,754	115,611	1,258,365	56.00
57.00	05700	CT SCAN	782,926	760,346	1,543,272	-506,428	1,036,844	57.00
58.00	05800	MRI	417,683	64,786	482,469	-69,645	412,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,785,355	36,201,098	39,986,453	-31,644,877	8,341,576	59.00
60.00	06000	LABORATORY	4,947,124	9,424,735	14,371,859	2,903,168	17,275,027	60.00
65.00	06500	RESPIRATORY THERAPY	3,195,202	1,397,630	4,592,832	-436,064	4,156,768	65.00
66.00	06600	PHYSICAL THERAPY	5,052,103	828,274	5,880,377	66,338	5,946,715	66.00
69.00	06900	ELECTROCARDIOLOGY	2,855,509	3,427,429	6,282,938	-512,191	5,770,747	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	562,257	484,586	1,046,843	-368,342	678,501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,453,128	29,453,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,414,985	34,414,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,221,225	20,221,225	73.00
74.00	07400	RENAL DIALYSIS	0	1,959,962	1,959,962	-1,687	1,958,275	74.00
76.00	03020	OTHER ANCILLARY	1,198,048	228,005	1,426,053	1,334,960	2,761,013	76.00
76.97	07697	CARDIAC REHABILITATION	573,503	23,425	596,928	10,430	607,358	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	408,185	367,984	776,169	-104,514	671,655	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,765,971	13,856,838	18,622,809	1,017,266	19,640,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,226,386	438,220	2,664,606	-197,727	2,466,879	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,691,787	2,691,787	-2,691,787	0	113.00
116.00	11600	HOSPICE	422,606	813,430	1,236,036	-43,002	1,193,034	116.00
117.00	06950	HOME INFUSION	121,055	297,660	418,715	-16,779	401,936	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,081,573	425,052,994	566,134,567	-168,558	565,966,009	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	86,582	82,366	168,948	0	168,948	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,393,353	1,393,353	0	1,393,353	192.00
194.00	07950	NON REIMBURSABLE-OTHER	51,770	238,504	290,274	-6,791	283,483	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	444,818	-540,060	-95,242	0	-95,242	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	224,295	2,914,601	3,138,896	175,349	3,314,245	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	141,889,038	429,141,758	571,030,796	0	571,030,796	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,549,518	19,664,675	1.00
1.01	00101	CAP REL COSTS - CON	-15,895	19,796	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	131,964	13,218,844	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-19,115,384	30,256,638	4.00
5.01	00580	COMMUNICATIONS	-136,458	545,538	5.01
5.02	00540	INFORMATION SYSTEMS	4,319,373	31,298,973	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	0	971,572	5.03
5.04	00570	ADMITTING	3,379,735	3,379,735	5.04
5.05	00560	PATIENT ACCOUNTING	-4,908,182	6,186,133	5.05
5.06	00590	OTHER ADMIN & GENERAL	-95,868,097	20,709,102	5.06
6.00	00600	MAINTENANCE & REPAIRS	-58,194	12,446,755	6.00
7.00	00700	OPERATION OF PLANT	-3,948,406	8,150,636	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,990,293	996,224	8.00
9.00	00900	HOUSEKEEPING	0	4,038,034	9.00
10.00	01000	DIETARY	0	2,644,449	10.00
11.00	01100	CAFETERIA	-10,987	1,800,941	11.00
13.00	01300	NURSING ADMINISTRATION	-80,664	3,281,750	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	898,993	14.00
15.00	01500	PHARMACY	-41,266	9,969,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,138,921	6,138,921	16.00
20.00	02000	NURSING SCHOOL	-2,651,658	38,127	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-862,815	6,696,496	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	13,912,751	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	-38,075	328,451	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,483,461	32,908,771	30.00
31.00	03100	INTENSIVE CARE UNIT	-5,161	15,826,014	31.00
35.00	02040	HIGH RISK NEONATAL	-161,581	8,639,115	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	919,223	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,715	16,892,000	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	-314,860	2,026,894	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	2,451,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,372,902	4,875,132	52.00
53.00	05300	ANESTHESIOLOGY	-152,216	1,758,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-44,725	3,913,476	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	750,062	55.00
56.00	05600	RADIOISOTOPE	0	1,258,365	56.00
57.00	05700	CT SCAN	-7,227	1,029,617	57.00
58.00	05800	MRI	0	412,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	-250,831	8,090,745	59.00
60.00	06000	LABORATORY	-2,173	17,272,854	60.00
65.00	06500	RESPIRATORY THERAPY	-9,621	4,147,147	65.00
66.00	06600	PHYSICAL THERAPY	-40,524	5,906,191	66.00
69.00	06900	ELECTROCARDIOLOGY	-3,197,152	2,573,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,816	669,685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	29,453,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,414,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,221,225	73.00
74.00	07400	RENAL DIALYSIS	0	1,958,275	74.00
76.00	03020	OTHER ANCILLARY	0	2,761,013	76.00
76.97	07697	CARDIAC REHABILITATION	0	607,358	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	671,655	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-10,785,851	8,854,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	2,466,879	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,193,034	116.00
117.00	06950	HOME INFUSION	0	401,936	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-133,047,679	432,918,330	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	168,948	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,393,353	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	283,483	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	-95,242	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	3,314,245	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-133,047,679	437,983,117	200.00

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - COLLEGE OF NURSING DEPREC COSTS					
1.00	CAP REL COSTS - CON	1.01	0	14,452		1.00
	0		0	14,452		
	C - MEDICAL CARE ADMIN COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	77,893	0		1.00
	0		77,893	0		
	D - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	867,562	944,366		1.00
	0		867,562	944,366		
	E - NURSERY AND LABOR/DELIVERY COSTS					
1.00	NURSERY	43.00	751,036	193,145		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	847,952	175,431		2.00
	0		1,598,988	368,576		
	F - MOVE LEFTOVER SNF AND PSYCH EXP'S					
1.00	EMERGENCY	91.00	218	0		1.00
	0		218	0		
	G - TO KEEP EXPS CONSISTENT WITH REVS					
1.00	EMERGENCY	91.00	0	7,892		1.00
	0		0	7,892		
	I - INTERPRETER SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	0	30,053		1.00
	0		0	30,053		
	J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	19,952,427		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	0		0	19,952,427		
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,248,686		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	34,414,985		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	0		0	63,663,671		
	N - LEGAL FEES					
1.00	OTHER ADMIN & GENERAL	5.06	0	8,261		1.00
	TOTALS		0	8,261		

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	O - UTILITIES/TELEPHONE FOR PDC					
1.00	OPERATION OF PLANT	7.00	0	11		1.00
2.00	COMMUNICATIONS	5.01	0	16,736		2.00
			0	16,747		
	P - PHARMACY CONTINUING EDUCATION/SERVI					
1.00	PARAMED ED (PHARMACY)	23.03	161,439	22,500		1.00
			161,439	22,500		
	Q - NURSING BONUSES					
1.00	OTHER ADMIN & GENERAL	5.06	4,500	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	10,036	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	9,143	0		3.00
4.00	HIGH RISK NEONATAL	35.00	7,357	0		4.00
5.00	OPERATING ROOM	50.00	4,811	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	5,000	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	4,000	0		7.00
8.00	RESPIRATORY THERAPY	65.00	2,500	0		8.00
9.00	OTHER ANCILLARY	76.00	2,643	0		9.00
10.00	CARDIAC REHABILITATION	76.97	1,000	0		10.00
11.00	EMERGENCY	91.00	4,286	0		11.00
12.00	EMERGENCY					12.00
			55,276	0		
	R - NEW GRAD RN ONSITE TRAINING					
1.00	ADULTS & PEDIATRICS	30.00	12,088	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	9,696	0		2.00
3.00	EMERGENCY	91.00	10,412	0		3.00
			32,196	0		
	S - ACADEMIC SUPPORT					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	13,834,858		1.00
	COSTS APPRV					
			0	13,834,858		
	T - OUTPATIENT ROUTINE SERVICES					
1.00	OTHER ANCILLARY	76.00	881,471	521,491		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
			881,471	521,491		
	U - RADIOLOGY ADMINISTRATION					
1.00	RADIOISOTOPE	56.00	88,434	28,662		1.00
2.00	CT SCAN	57.00	157,224	31,027		2.00
3.00	MRI	58.00	83,877	2,644		3.00
			329,535	62,333		
	V - SHORT-TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,427,014		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
			0	1,427,014		

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	X - MOVEABLE EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,331,130		1.00
	0		0	12,331,130		
	Y - CAPITAL INSURANCE EXPENSE					
1.00	OTHER CAP REL COSTS	3.00	0	533,103		1.00
	0		0	533,103		
	Z - PASTORAL CARE EXPENSE					
1.00	PARAMED ED (PASTORAL CARE)	23.04	0	1,555		1.00
	TOTALS		0	1,555		
	AB - SIGN ON & RETENTION BONUS					
1.00	PHARMACY	15.00	4,500	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	291,976	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	95,000	0		3.00
4.00	HIGH RISK NEONATAL	35.00	57,112	0		4.00
5.00	OPERATING ROOM	50.00	40,000	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	20,000	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	10,000	0		7.00
8.00	MRI	58.00	5,000	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	15,000	0		9.00
10.00	LABORATORY	60.00	20,000	0		10.00
11.00	RESPIRATORY THERAPY	65.00	35,000	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	10,000	0		12.00
13.00	EMERGENCY	91.00	70,000	0		13.00
14.00	HOME HEALTH AGENCY	101.00	10,000	0		14.00
	0		683,588	0		
	AC - MOB BUILDING RECLASS					
1.00	OTHER ADMIN & GENERAL	5.06	0	46,871		1.00
2.00	OTHER ANCILLARY	76.00	0	37,335		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	85,968		3.00
4.00	LABORATORY	60.00	0	25,191		4.00
5.00	PHYSICAL THERAPY	66.00	0	122,057		5.00
6.00	NON REIMBURSABLE-RETAIL	194.02	0	28,049		6.00
	PHARMACY					
	0		0	345,471		
	AD - RETAIL PHARMACY MANAGER SALARY					
1.00	NON REIMBURSABLE-RETAIL	194.02	147,300	0		1.00
	PHARMACY					
	0		147,300	0		
	AE - LEFTOVER SALARIES					
1.00	ADMITTING	5.04	1	0		1.00
2.00	PATIENT ACCOUNTING	5.05	0	15		2.00
	0		1	15		
	AF - COVID EXPENSE RECLASS					
1.00	COMMUNICATIONS	5.01	223	0		1.00
2.00	PURCHASING/RECEIVING/STORES	5.03	1,097	0		2.00
3.00	OPERATION OF PLANT	7.00	0	39,930		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	73		4.00
5.00	HOUSEKEEPING	9.00	394	0		5.00
6.00	NURSING ADMINISTRATION	13.00	424,295	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	40,290	0		7.00
8.00	PHARMACY	15.00	112,578	0		8.00
9.00	NURSING SCHOOL	20.00	65,710	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	402,552	539,698		10.00
11.00	INTENSIVE CARE UNIT	31.00	945,675	133,948		11.00
12.00	HIGH RISK NEONATAL	35.00	481	0		12.00
13.00	OPERATING ROOM	50.00	10,056	0		13.00
14.00	GASTRODIAGNOSTIC UNIT	50.01	40,071	0		14.00
15.00	RECOVERY ROOM	51.00	4,268	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	71	0		16.00
17.00	ANESTHESIOLOGY	53.00	159	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	14,153	64,999		18.00
19.00	RADIOISOTOPE	56.00	573	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	6,941	0		20.00
21.00	LABORATORY	60.00	95,651	2,816,593		21.00
22.00	RESPIRATORY THERAPY	65.00	490,936	0		22.00
23.00	PHYSICAL THERAPY	66.00	5,578	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	21,383	0		24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	204,442		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	268,798		26.00
27.00	CARDIAC REHABILITATION	76.97	9,430	0		27.00
28.00	EMERGENCY	91.00	1,163,028	0		28.00
	0		3,855,593	4,068,481		

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:32 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
AG - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,043,241	1.00
2.00	CAP REL COSTS - CON	1.01	0	17,728	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	630,818	3.00
	TOTALS		0	2,691,787	
500.00	Grand Total: Increases		8,691,060	120,846,183	500.00

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:32 am

	Decreases					11/30/2021 9:32 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - COLLEGE OF NURSING DEPREC COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,452	9	1.00
	0		0	14,452		
	C - MEDICAL CARE ADMIN COSTS					
1.00	OTHER ADMIN & GENERAL	5.06	77,893	0	0	1.00
	0		77,893	0		
	D - CAFETERIA COSTS					
1.00	DIETARY	10.00	867,562	944,366	0	1.00
	0		867,562	944,366		
	E - NURSERY AND LABOR/DELIVERY COSTS					
1.00	ADULTS & PEDIATRICS	30.00	1,598,988	368,576	0	1.00
2.00		0.00	0	0	0	2.00
	0		1,598,988	368,576		
	F - MOVE LEFTOVER SNF AND PSYCH EXP'S					
1.00	SKILLED NURSING FACILITY	44.00	218	0	0	1.00
	0		218	0		
	G - TO KEEP EXPS CONSISTENT WITH REVS					
1.00	PAIN MANAGEMENT CENTER	50.02	0	7,892	0	1.00
	0		0	7,892		
	I - INTERPRETER SERVICES					
1.00	OTHER ADMIN & GENERAL	5.06	0	30,053	0	1.00
	0		0	30,053		
	J - DRUGS CHARGED TO PATIENTS					
1.00	PHARMACY	15.00	0	18,324,704	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,824	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,471	0	3.00
4.00	OPERATING ROOM	50.00	0	44,994	0	4.00
5.00	GASTRODIAGNOSTIC UNIT	50.01	0	37,595	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	62	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96,610	0	7.00
8.00	RADIOISOTOPE	56.00	0	2,058	0	8.00
9.00	CT SCAN	57.00	0	498,352	0	9.00
10.00	MRI	58.00	0	142,601	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	190,834	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	699	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	299	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	531,338	0	14.00
15.00	HYPERBARIC OXYGEN THERAPY	76.98	0	73,962	0	15.00
16.00	EMERGENCY	91.00	0	24	0	16.00
	0		0	19,952,427		
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS					
1.00	ADULTS & PEDIATRICS	30.00	0	388,227	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	262,572	0	2.00
3.00	HIGH RISK NEONATAL	35.00	0	968,261	0	3.00
4.00	NURSERY	43.00	0	21,074	0	4.00
5.00	OPERATING ROOM	50.00	0	25,909,486	0	5.00
6.00	GASTRODIAGNOSTIC UNIT	50.01	0	755,969	0	6.00
7.00	RECOVERY ROOM	51.00	0	724	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	134,603	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	535,487	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,309,021	0	10.00
11.00	CT SCAN	57.00	0	196,327	0	11.00
12.00	MRI	58.00	0	18,565	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	31,405,412	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	904,705	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	5,856	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,763	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	358,775	0	17.00
18.00	RENAL DIALYSIS	74.00	0	1,687	0	18.00
19.00	OTHER ANCILLARY	76.00	0	104,620	0	19.00
20.00	HYPERBARIC OXYGEN THERAPY	76.98	0	19,010	0	20.00
21.00	EMERGENCY	91.00	0	173,488	0	21.00
22.00	HOME HEALTH AGENCY	101.00	0	141,641	0	22.00
23.00	HOSPICE	116.00	0	28,619	0	23.00
24.00	HOME INFUSION	117.00	0	16,779	0	24.00
	0		0	63,663,671		
	N - LEGAL FEES					
1.00	NURSING SCHOOL	20.00	0	8,261	0	1.00
	TOTALS		0	8,261		
	O - UTILITIES/TELEPHONE FOR PDC					
1.00	CARDIAC CATHETERIZATION	59.00	0	16,747	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	16,747		

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:32 am

	Decreases						11/30/2021 9:32 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	P - PHARMACY CONTINUING EDUCATION/SERVI						
1.00	PHARMACY	15.00	161,439	22,500	0		1.00
	0		161,439	22,500			
	Q - NURSING BONUSES						
1.00	NURSING ADMINISTRATION	13.00	55,276	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
	0		55,276	0			
	R - NEW GRAD RN ONSITE TRAINING						
1.00	NURSING ADMINISTRATION	13.00	32,196	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		32,196	0			
	S - ACADEMIC SUPPORT						
1.00	OTHER ADMIN & GENERAL	5.06	0	13,834,858	0		1.00
	0		0	13,834,858			
	T - OUTPATIENT ROUTINE SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	797,571	461,843	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	78,675	58,525	0		2.00
3.00	HIGH RISK NEONATAL	35.00	663	73	0		3.00
4.00	NURSERY	43.00	4,562	1,050	0		4.00
	0		881,471	521,491			
	U - RADIOLOGY ADMINISTRATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	329,535	62,333	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		329,535	62,333			
	V - SHORT-TERM DISABILITY						
1.00	COMMUNICATIONS	5.01	71	0	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	67,399	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	12,880	0	0		3.00
4.00	OPERATION OF PLANT	7.00	17,349	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	17,315	0	0		5.00
6.00	HOUSEKEEPING	9.00	19,371	0	0		6.00
7.00	DIETARY	10.00	9,937	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	108,202	0	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	14,372	0	0		9.00
10.00	PHARMACY	15.00	39,068	0	0		10.00
11.00	NURSING SCHOOL	20.00	10,431	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	225,701	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	120,429	0	0		13.00
14.00	HIGH RISK NEONATAL	35.00	103,594	0	0		14.00
15.00	OPERATING ROOM	50.00	153,683	0	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	35,119	0	0		16.00
17.00	ANESTHESIOLOGY	53.00	3,372	0	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	56,131	0	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	57,825	0	0		19.00
20.00	LABORATORY	60.00	54,267	0	0		20.00
21.00	RESPIRATORY THERAPY	65.00	59,096	0	0		21.00
22.00	PHYSICAL THERAPY	66.00	55,142	0	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	9,473	0	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	9,567	0	0		24.00
25.00	OTHER ANCILLARY	76.00	3,360	0	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	11,542	0	0		26.00
27.00	EMERGENCY	91.00	65,058	0	0		27.00
28.00	HOME HEALTH AGENCY	101.00	66,086	0	0		28.00
29.00	HOSPICE	116.00	14,383	0	0		29.00
30.00	NON REIMBURSABLE-OTHER	194.00	6,791	0	0		30.00
	0		1,427,014	0			
	X - MOVEABLE EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,331,130	9		1.00
	0		0	12,331,130			

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/30/2021 9:32 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	Y - CAPITAL INSURANCE EXPENSE						
1.00	OTHER ADMIN & GENERAL	5.06	0	533,103	0		1.00
	0		0	533,103			
	Z - PASTORAL CARE EXPENSE						
1.00	OTHER ADMIN & GENERAL	5.06	0	1,555	0		1.00
	TOTALS		0	1,555			
	AB - SIGN ON & RETENTION BONUS						
1.00	OTHER ADMIN & GENERAL	5.06	683,588	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	0		683,588	0			
	AC - MOB BUILDING RECLASS						
1.00	OPERATION OF PLANT	7.00	0	345,471	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
	0		0	345,471			
	AD - RETAIL PHARMACY MANAGER SALARY						
1.00	PHARMACY	15.00	147,300	0	0		1.00
	0		147,300	0			
	AE - LEFTOVER SALARIES						
1.00	OTHER ADMIN & GENERAL	5.06	1	0	0		1.00
2.00	PATIENT ACCOUNTING	5.05	15	0	0		2.00
	0		16	0			
	AF - COVID EXPENSE RECLASS						
1.00	OTHER ADMIN & GENERAL	5.06	3,855,593	4,035,955	0		1.00
2.00	HOUSEKEEPING	9.00	0	32,526	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
	0		3,855,593	4,068,481			
	AG - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	2,691,787	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
	TOTALS		0	2,691,787			
500.00	Grand Total: Decreases		10,118,089	119,419,154			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 9:32 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	23,936,963	112,500	0	112,500	0	1.00	
2.00	Land Improvements	10,992,753	0	0	0	0	2.00	
3.00	Buildings and Fixtures	515,703,535	52,104,254	0	52,104,254	0	3.00	
4.00	Building Improvements	30,554,631	0	0	0	8,187,972	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	173,927,798	37,888,508	0	37,888,508	7,553,418	6.00	
7.00	HIT designated Assets	42,138,146	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	797,253,826	90,105,262	0	90,105,262	15,741,390	8.00	
9.00	Reconciling Items	32,334,790	47,251,607	0	47,251,607	0	9.00	
10.00	Total (line 8 minus line 9)	764,919,036	42,853,655	0	42,853,655	15,741,390	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	24,049,463	0					1.00
2.00	Land Improvements	10,992,753	0					
3.00	Buildings and Fixtures	567,807,789	0					
4.00	Building Improvements	22,366,659	0					
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	204,262,888	0					
7.00	HIT designated Assets	42,138,146	0					
8.00	Subtotal (sum of lines 1-7)	871,617,698	0					
9.00	Reconciling Items	79,586,397	0					
10.00	Total (line 8 minus line 9)	792,031,301	0					

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 9:32 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	28,012,838	0	0	0	0	1.00
1.01	CAP REL COSTS - CON	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	28,012,838	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	28,012,838				1.00
1.01	CAP REL COSTS - CON	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	28,012,838				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	661,614,497	0	661,614,497	0.759065	404,660	1.00
1.01	CAP REL COSTS - CON	5,740,313	0	5,740,313	0.006586	3,511	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	204,262,888	0	204,262,888	0.234349	124,932	2.00
3.00	Total (sum of lines 1-2)	871,617,698	0	871,617,698	1.000000	533,103	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	404,660	19,048,803	0	1.00
1.01	CAP REL COSTS - CON	0	0	3,511	14,452	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	124,932	13,028,704	0	2.00
3.00	Total (sum of lines 1-2)	0	0	533,103	32,091,959	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	211,212	404,660	0	0	19,664,675	1.00
1.01	CAP REL COSTS - CON	1,833	3,511	0	0	19,796	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	65,208	124,932	0	0	13,218,844	2.00
3.00	Total (sum of lines 1-2)	278,253	533,103	0	0	32,903,315	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:32 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. 5.00	
				Cost Center	Line #		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,832,029	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS - CON (chapter 2)	B	-15,895	CAP REL COSTS - CON	1.01	11	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-565,610	CAP REL COSTS-MVBLE EQUIP	2.00	11	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	-34,833	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-49,905	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)	B	-57,404	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-42,452,021			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	5,606,437			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-17,812	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-197	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-2,679,936	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-10,987	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS - CON		0	CAP REL COSTS - CON	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:32 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 #		
			3.00	4.00	5.00	
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00 TUITION, FEES, BOOKS, ETC.	B		0PARAMED ED (CLINICAL LAB SCIENCE)	23.00	0	33.00
33.01 TUITION, FEES, BOOKS, ETC.	B	-38,075	PARAMED ED (PHARMACY)	23.03	0	33.01
33.02 TUITION, FEES, BOOKS, ETC.	B	-8,478	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03 MISCELLANEOUS OTHER OPERATING R	B	-84,062	COMMUNICATIONS	5.01	0	33.03
33.04 MISCELLANEOUS OTHER OPERATING R	B	-115	PATIENT ACCOUNTING	5.05	0	33.04
33.05 MISCELLANEOUS OTHER OPERATING R	B	-2,788,676	OTHER ADMIN & GENERAL	5.06	0	33.05
34.00 MISCELLANEOUS OTHER OPERATING R	B	-8,289	MAINTENANCE & REPAIRS	6.00	0	34.00
34.01 MISCELLANEOUS OTHER OPERATING R	B	-4,964	LAUNDRY & LINEN SERVICE	8.00	0	34.01
34.02 MISCELLANEOUS OTHER OPERATING R	B	-46,760	NURSING ADMINISTRATION	13.00	0	34.02
35.00 MISCELLANEOUS OTHER OPERATING R	B	-9,789	NURSING SCHOOL	20.00	0	35.00
35.01 MISCELLANEOUS OTHER OPERATING R	B	-862,815	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	35.01
35.02 MISCELLANEOUS OTHER OPERATING R	B	-3,340	RADIOLOGY-DIAGNOSTIC	54.00	0	35.02
35.03 MISCELLANEOUS OTHER OPERATING R	B	-55,000	CARDIAC CATHETERIZATION	59.00	0	35.03
36.00 MISCELLANEOUS OTHER OPERATING R	B	-2,173	LABORATORY	60.00	0	36.00
36.01 MISCELLANEOUS OTHER OPERATING R	B	-18,368	PHYSICAL THERAPY	66.00	0	36.01
36.03 MISCELLANEOUS OTHER OPERATING R	B	-234,933	ELECTROCARDIOLOGY	69.00	0	36.03
36.05 MISCELLANEOUS OTHER OPERATING R	B	-234,174	EMERGENCY	91.00	0	36.05
36.06 RENTAL OF HOSPITAL SPACE	B	-2,338,019	OPERATION OF PLANT	7.00	0	36.06
36.07 RENTAL OF HOSPITAL SPACE	B	-21,223	PHYSICAL THERAPY	66.00	0	36.07
36.08 INTERCOMPANY REVENUE	B	-17,563	COMMUNICATIONS	5.01	0	36.08
36.10 INTERCOMPANY REVENUE	B	-220,890	OTHER ADMIN & GENERAL	5.06	0	36.10
36.11 INTERCOMPANY REVENUE	B	-1,140,475	OPERATION OF PLANT	7.00	0	36.11
36.12 INTERCOMPANY REVENUE	B	-10,221	NURSING ADMINISTRATION	13.00	0	36.12
36.13 INTERCOMPANY REVENUE	B	-23,454	PHARMACY	15.00	0	36.13
36.14 INTERCOMPANY REVENUE	B	-41,385	RADIOLOGY-DIAGNOSTIC	54.00	0	36.14
36.17 INTERCOMPANY REVENUE	B	-195,831	CARDIAC CATHETERIZATION	59.00	0	36.17
36.18 INTERCOMPANY REVENUE	B	-80,039	ELECTROCARDIOLOGY	69.00	0	36.18
36.19 INTERCOMPANY REVENUE	B	-153,365	EMERGENCY	91.00	0	36.19
37.00 EMPLOYEE HEALTH INSURANCE	B	-31,559,777	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
37.01 ADVERTISING/SPONSORSHIP	A	-350	NURSING SCHOOL	20.00	0	37.01
37.02 ADVERTISING/SPONSORSHIP	A	-1,500	EMERGENCY	91.00	0	37.02
37.04 LOBBYING COSTS	A	-70,615	OTHER ADMIN & GENERAL	5.06	0	37.04
37.06 PENSION	A	15,631,167	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.06
37.07 MEDICAL GROUP PURCHASED SERVICE	A	-46,892,033	OTHER ADMIN & GENERAL	5.06	0	37.07
37.08 PROPERTY TAX	A	-217,879	OTHER ADMIN & GENERAL	5.06	0	37.08
37.09 PROPERTY TAX	A	-412,508	OPERATION OF PLANT	7.00	0	37.09
37.11 PROPERTY TAX	A	290	NURSING SCHOOL	20.00	0	37.11
37.12 MEDICAID ASSESSMENT	A	-22,063,503	OTHER ADMIN & GENERAL	5.06	0	37.12
37.13 NON-PATIENT CARE TRAVEL	A	-231	OTHER ADMIN & GENERAL	5.06	0	37.13
37.14 NON-PATIENT CARE TRAVEL	A	-583	HIGH RISK NEONATAL	35.00	0	37.14
37.15 NON-PATIENT CARE TRAVEL	A	-809	PHYSICAL THERAPY	66.00	0	37.15
37.16 NONALLOWABLE MEALS	A	-776,571	OTHER ADMIN & GENERAL	5.06	0	37.16
37.17 ASSET RE-LIFING DEPRECIATION	A	3,381,547	CAP REL COSTS-BLDG & FIXT	1.00	9	37.17
37.18 ASSET RE-LIFING DEPRECIATION	A	697,574	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:32 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 #		
				3.00	4.00		
37.21	ALCOHOL EXPENSE	A	-7,886	OTHER ADMIN & GENERAL	5.06	0	37.21
38.00	ALCOHOL EXPENSE	A	-1,220	OPERATING ROOM	50.00	0	38.00
39.00	ALCOHOL EXPENSE	A	-124	PHYSICAL THERAPY	66.00	0	39.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-133,047,679				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: 14-0053

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 9:32 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	29,000,077	29,014,777	1.00
2.00	5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES - ISC	31,296,101	26,976,251	2.00
3.00	5.06	OTHER ADMIN & GENERAL	CONTRACTED SERVICES - SSC	10,244,268	8,419,315	3.00
3.01	20.00	NURSING SCHOOL	CONTRACTED SERVICES - HSHS	266,776	228,649	3.01
3.02	5.06	OTHER ADMIN & GENERAL	RELATED SERVICES	-1,441,664	-1,441,664	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	929,504	2,823,372	3.03
3.04	5.04	ADMITTING	SBO FEE - ADMITTING	3,379,735	0	3.04
3.05	5.05	PATIENT ACCOUNTING	SBO FEE - PATIENT ACCOUNTING	6,186,233	11,094,300	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	SBO FEE - MEDICAL RECORDS	6,139,118	0	3.06
3.07	1.00	CAP REL COSTS-BLDG & FIXT	HSHS IL REGIONAL	670,101	670,101	3.07
3.08	5.02	INFORMATION SYSTEMS	HSHS IL REGIONAL	2,703	3,180	3.08
3.09	5.06	OTHER ADMIN & GENERAL	HSHS IL REGIONAL	3,981,884	3,996,583	3.09
4.00	7.00	OPERATION OF PLANT	HSHS IL REGIONAL	193,539	193,539	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	HSHS IL REGIONAL	739,060	2,724,389	4.01
4.02	13.00	NURSING ADMINISTRATION	HSHS IL REGIONAL	251,562	251,562	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HSHS IL REGIONAL	0	1,278,206	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			91,838,997	86,232,560	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	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	0.00	HOSPITAL SISTERS HEALTH SYSTEM	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0053

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 9:32 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	-14,700	0		1.00
2.00	4,319,850	0		2.00
3.00	1,824,953	0		3.00
3.01	38,127	0		3.01
3.02	0	0		3.02
3.03	-1,893,868	0		3.03
3.04	3,379,735	0		3.04
3.05	-4,908,067	0		3.05
3.06	6,139,118	0		3.06
3.07	0	9		3.07
3.08	-477	0		3.08
3.09	-14,699	0		3.09
4.00	0	0		4.00
4.01	-1,985,329	0		4.01
4.02	0	0		4.02
4.03	-1,278,206	0		4.03
5.00	5,606,437			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0053

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 9:32 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	OTHER ADMIN & GENERAL	25,157,492	23,971,516	1,185,976	211,500	5,172	1.00
2.00	13.00	NURSING ADMINISTRATION	72,897	0	72,897	211,500	484	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,788,306	2,300,820	487,486	211,500	2,998	3.00
4.00	31.00	INTENSIVE CARE UNIT	27,938	0	27,938	211,500	224	4.00
5.00	35.00	HIGH RISK NEONATAL	231,668	125,128	106,540	211,500	695	5.00
6.00	50.00	OPERATING ROOM	6,404	0	6,404	246,400	33	6.00
7.00	50.01	GASTRODIAGNOSTIC UNIT	314,860	314,860	0	246,400	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,394,255	1,314,630	79,625	211,500	210	8.00
9.00	53.00	ANESTHESIOLOGY	300,000	0	300,000	239,400	1,284	9.00
10.00	57.00	CT SCAN	7,227	7,227	0	271,900	0	10.00
11.00	60.00	LABORATORY	267,000	0	267,000	260,300	4,043	11.00
12.00	65.00	RESPIRATORY THERAPY	9,621	9,621	0	211,500	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	2,953,460	2,778,267	175,193	211,500	701	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	19,391	6,172	13,219	211,500	104	14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	102,720	0	102,720	211,500	1,056	15.00
16.00	91.00	EMERGENCY	10,396,812	10,396,812	0	211,500	0	16.00
200.00			44,050,051	41,225,053	2,824,998		17,004	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	OTHER ADMIN & GENERAL	525,903	26,295	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	49,214	2,461	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	304,845	15,242	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	22,777	1,139	0	0	0	4.00
5.00	35.00	HIGH RISK NEONATAL	70,670	3,534	0	0	0	5.00
6.00	50.00	OPERATING ROOM	3,909	195	0	0	0	6.00
7.00	50.01	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	21,353	1,068	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	147,784	7,389	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	505,958	25,298	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	71,280	3,564	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	10,575	529	0	0	0	14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	107,377	5,369	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			1,841,645	92,083	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	OTHER ADMIN & GENERAL	0	525,903	660,073	24,631,589		1.00
2.00	13.00	NURSING ADMINISTRATION	0	49,214	23,683	23,683		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	304,845	182,641	2,483,461		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	22,777	5,161	5,161		4.00
5.00	35.00	HIGH RISK NEONATAL	0	70,670	35,870	160,998		5.00
6.00	50.00	OPERATING ROOM	0	3,909	2,495	2,495		6.00
7.00	50.01	GASTRODIAGNOSTIC UNIT	0	0	0	314,860		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	21,353	58,272	1,372,902		8.00
9.00	53.00	ANESTHESIOLOGY	0	147,784	152,216	152,216		9.00
10.00	57.00	CT SCAN	0	0	0	7,227		10.00
11.00	60.00	LABORATORY	0	505,958	0	0		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	9,621		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	71,280	103,913	2,882,180		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	10,575	2,644	8,816		14.00
15.00	76.98	HYPERBARIC OXYGEN THERAPY	0	107,377	0	0		15.00
16.00	91.00	EMERGENCY	0	0	0	10,396,812		16.00
200.00			0	1,841,645	1,226,968	42,452,021		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	19,664,675	19,664,675			1.00
1.01	00101	CAP REL COSTS - CON	19,796	0	19,796		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,218,844		13,218,844		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	30,256,638	89,218	0	8,382	30,354,238
5.01	00580	COMMUNICATIONS	545,538	36,686	0	1,183,512	68,750
5.02	00540	INFORMATION SYSTEMS	31,298,973	225,304	0	0	0
5.03	00550	PURCHASING/RECEIVING/STORES	971,572	194,980	0	4,644	110,225
5.04	00570	ADMITTING	3,379,735	48,038	0	1,480	0
5.05	00560	PATIENT ACCOUNTING	6,186,133	7,942	0	1,087	0
5.06	00590	OTHER ADMIN & GENERAL	20,709,102	1,740,115	0	334,071	2,073,906
6.00	00600	MAINTENANCE & REPAIRS	12,446,755	69,275	0	190,380	756,966
7.00	00700	OPERATION OF PLANT	8,150,636	9,423,134	0	523,412	417,770
8.00	00800	LAUNDRY & LINEN SERVICE	996,224	636,836	0	28,794	281,369
9.00	00900	HOUSEKEEPING	4,038,034	105,700	0	5,588	526,361
10.00	01000	DIETARY	2,644,449	218,345	0	2,118	273,126
11.00	01100	CAFETERIA	1,800,941	149,045	0	1,446	187,910
13.00	01300	NURSING ADMINISTRATION	3,281,750	210,428	0	280,064	592,706
14.00	01400	CENTRAL SERVICES & SUPPLY	898,993	515,863	0	42,628	148,209
15.00	01500	PHARMACY	9,969,755	109,359	0	4,309	1,238,501
16.00	01600	MEDICAL RECORDS & LIBRARY	6,138,921	101,878	0	0	0
20.00	02000	NURSING SCHOOL	38,127	0	19,796	143,385	458,672
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,696,496	0	0	0	1,637,309
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,912,751	162,452	0	0	16,871
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	6,100	0	0	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	328,451	0	0	0	72,962
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,908,771	1,196,642	0	556,015	4,832,492
31.00	03100	INTENSIVE CARE UNIT	15,826,014	375,556	0	710,306	2,046,102
35.00	02040	HIGH RISK NEONATAL	8,639,115	174,340	0	111,691	1,717,910
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	919,223	35,802	0	17,203	161,834
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,892,000	635,915	0	3,180,149	2,698,444
50.01	05001	GASTRODIAGNOSTIC UNIT	2,026,894	71,591	0	474,985	196,579
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	2,451,038	150,402	0	121,690	496,671
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,875,132	192,179	0	92,335	871,922
53.00	05300	ANESTHESIOLOGY	1,758,581	9,760	0	298,309	57,466
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,913,476	227,420	0	994,642	701,772
55.00	05500	RADIOLOGY-THERAPEUTIC	750,062	0	0	494,597	24,250
56.00	05600	RADIOISOTOPE	1,258,365	92,542	0	1,158	114,661
57.00	05700	CT SCAN	1,029,617	32,739	0	173,272	203,632
58.00	05800	MRI	412,824	38,341	0	396,646	109,718
59.00	05900	CARDIAC CATHETERIZATION	8,090,745	401,262	0	1,784,619	812,983
60.00	06000	LABORATORY	17,272,854	231,989	0	204,705	1,084,818
65.00	06500	RESPIRATORY THERAPY	4,147,147	41,279	0	145,068	793,721
66.00	06600	PHYSICAL THERAPY	5,906,191	21,461	0	69,298	1,083,525
69.00	06900	ELECTROCARDIOLOGY	2,573,595	322,738	0	277,922	623,235
70.00	07000	ELECTROENCEPHALOGRAPHY	669,685	21,835	0	70,001	119,710
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,453,128	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,414,985	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,221,225	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,958,275	20,391	0	254	0
76.00	03020	OTHER ANCILLARY	2,761,013	34,519	0	1,525	450,258
76.97	07697	CARDIAC REHABILITATION	607,358	71,180	0	26,213	126,477
76.98	07698	HYPERBARIC OXYGEN THERAPY	671,655	33,474	0	12,156	85,911
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,854,224	216,739	0	167,828	1,288,493
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,466,879	57,076	0	6,293	470,076
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,193,034	19,021	0	28	88,419

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
117.00	06950	HOME INFUSION	401,936	0	0	5,511	26,220	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	432,918,330	18,776,891	19,796	13,149,719	30,148,912	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	168,948	80,516	0	6,749	18,753	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,393,353	698,332	0	43,316	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	283,483	85,234	0	18,637	9,742	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	-95,242	23,702	0	0	96,345	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	3,314,245	0	0	423	80,486	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	437,983,117	19,664,675	19,796	13,218,844	30,354,238	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS	1,834,486					5.01
5.02	00540	INFORMATION SYSTEMS	104,469	31,628,746				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	7,785	107,327	1,396,533			5.03
5.04	00570	ADMITTING	31,642	489,970	0	3,950,865		5.04
5.05	00560	PATIENT ACCOUNTING	28,880	3,187,140	0	0	9,411,182	5.05
5.06	00590	OTHER ADMIN & GENERAL	155,699	1,703,230	38,817	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	18,583	237,986	20,409	0	0	6.00
7.00	00700	OPERATION OF PLANT	66,298	121,326	3,604	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,767	0	12,652	0	0	8.00
9.00	00900	HOUSEKEEPING	9,292	79,329	2,069	0	0	9.00
10.00	01000	DIETARY	21,597	93,328	323	0	0	10.00
11.00	01100	CAFETERIA	0	60,663	221	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	27,122	508,636	1,442	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,776	116,660	0	0	0	14.00
15.00	01500	PHARMACY	18,583	830,616	282,558	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,601	965,941	0	0	0	16.00
20.00	02000	NURSING SCHOOL	18,081	755,954	208	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,256	23,332	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	753	18,666	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	4	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	356,098	8,413,487	24,016	281,797	671,121	30.00
31.00	03100	INTENSIVE CARE UNIT	73,580	1,628,568	29,521	106,973	254,764	31.00
35.00	02040	HIGH RISK NEONATAL	48,719	51,330	1,278	108,793	259,100	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	125,992	1,192	9,967	23,738	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	141,887	3,014,484	0	431,177	1,026,882	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	7,032	485,304	4,611	39,733	94,627	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	9,543	443,306	1,734	43,947	104,662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	502	676,626	15,692	53,102	126,466	52.00
53.00	05300	ANESTHESIOLOGY	17,077	559,966	17,135	112,391	267,668	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,997	587,964	5,322	160,478	382,191	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,036	275,317	572	29,247	69,654	55.00
56.00	05600	RADIOISOTOPE	7,534	116,660	8,895	36,384	86,652	56.00
57.00	05700	CT SCAN	3,516	27,998	2,226	267,777	637,733	57.00
58.00	05800	MRI	3,014	74,662	772	52,634	125,351	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,956	410,642	2,263	481,894	1,149,555	59.00
60.00	06000	LABORATORY	49,974	877,280	48,442	307,070	731,311	60.00
65.00	06500	RESPIRATORY THERAPY	9,292	219,320	5,105	120,667	287,378	65.00
66.00	06600	PHYSICAL THERAPY	44,701	867,947	187	61,866	147,338	66.00
69.00	06900	ELECTROCARDIOLOGY	30,638	298,649	1,829	185,708	442,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,529	74,662	0	18,286	43,549	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	445,300	200,579	477,696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	352,848	214,359	510,513	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	371,822	885,524	73.00
74.00	07400	RENAL DIALYSIS	2,260	46,664	4,661	13,223	31,493	74.00
76.00	03020	OTHER ANCILLARY	16,323	93,328	0	23,493	55,949	76.00
76.97	07697	CARDIAC REHABILITATION	2,762	93,328	224	5,358	12,760	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,534	219,320	1,333	8,494	20,228	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	76,343	1,259,923	17,757	191,161	455,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	39,176	979,940	141	6,859	16,336	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,009	0	1,681	5,006	11,923	116.00
117.00	06950	HOME INFUSION	2,260	13,999	0	620	1,477	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,609,476	31,236,770	1,357,044	3,950,865	9,411,182	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,260	0	839	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	145,152	223,986	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	73,831	93,328	29	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	3,767	74,662	951	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	37,670	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,834,486	31,628,746	1,396,533	3,950,865	9,411,182	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL	26,754,940	26,754,940				5.06
6.00	00600	MAINTENANCE & REPAIRS	13,740,354	893,961	14,634,315			6.00
7.00	00700	OPERATION OF PLANT	18,706,180	1,217,043	6,053,702	25,976,925		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,959,642	127,496	6,371	2,034,912	4,128,421	8.00
9.00	00900	HOUSEKEEPING	4,766,373	310,105	423,487	337,746	0	9.00
10.00	01000	DIETARY	3,253,286	211,662	221,301	697,689	0	10.00
11.00	01100	CAFETERIA	2,200,226	143,149	151,215	476,250	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,902,148	318,939	155,888	672,390	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,728,129	112,434	127,429	1,648,359	0	14.00
15.00	01500	PHARMACY	12,453,681	810,249	76,032	349,441	6,813	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,229,341	470,348	17,415	325,535	0	16.00
20.00	02000	NURSING SCHOOL	1,434,223	93,312	36,530	957,432	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,358,393	543,805	425	0	14,605	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,092,074	916,844	0	519,090	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	25,519	1,660	0	19,491	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	401,417	26,117	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,240,439	3,203,656	1,179,988	3,823,681	691,542	30.00
31.00	03100	INTENSIVE CARE UNIT	21,051,384	1,369,624	456,619	1,200,032	157,948	31.00
35.00	02040	HIGH RISK NEONATAL	11,112,276	722,976	446,425	557,077	70,162	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,294,951	84,251	60,741	114,399	17,641	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,020,938	1,823,070	1,638,731	2,031,968	275,068	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,401,356	221,296	59,042	228,758	19,925	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,822,993	248,728	151,215	480,586	30,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,903,956	449,178	364,446	614,077	94,685	52.00
53.00	05300	ANESTHESIOLOGY	3,098,353	201,582	324,943	31,185	5,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,028,262	457,266	323,244	726,686	61,912	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,651,735	107,464	22,512	0	5,454	55.00
56.00	05600	RADIOISOTOPE	1,722,851	112,090	45,025	295,702	34,943	56.00
57.00	05700	CT SCAN	2,378,510	154,748	42,476	104,614	0	57.00
58.00	05800	MRI	1,213,962	78,982	35,680	122,513	10,202	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,179,919	857,499	389,931	1,282,172	91,426	59.00
60.00	06000	LABORATORY	20,808,443	1,353,818	252,733	741,284	1,446	60.00
65.00	06500	RESPIRATORY THERAPY	5,768,977	375,335	572,154	131,901	853	65.00
66.00	06600	PHYSICAL THERAPY	8,202,514	533,664	62,440	68,576	12,231	66.00
69.00	06900	ELECTROCARDIOLOGY	4,756,592	309,469	218,752	1,031,258	6,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,024,257	66,639	55,644	69,769	8,371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,576,703	1,989,351	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,492,705	2,309,191	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,478,571	1,397,417	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,077,221	135,146	34,830	65,155	2,146	74.00
76.00	03020	OTHER ANCILLARY	3,436,408	223,576	19,964	110,302	0	76.00
76.97	07697	CARDIAC REHABILITATION	945,660	61,526	146,543	227,445	303	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,060,105	68,971	23,787	106,960	8,256	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,527,733	815,067	323,668	692,557	224,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,042,776	263,027	13,168	182,378	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,321,121	85,953	0	60,779	0	116.00
117.00	06950	HOME INFUSION	452,023	29,409	19,964	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	431,099,620	26,307,093	14,554,460	23,140,149	1,852,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	278,065	18,091	11,893	257,278	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,504,139	162,922	12,743	2,231,410	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	564,284	36,713	52,246	272,353	2,276,067	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	104,185	6,778	2,973	75,735	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	3,432,824	223,343	0	0	0	194.02
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	437,983,117	26,754,940	14,634,315	25,976,925	4,128,421	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,837,711					9.00
10.00	01000	DIETARY	325,882	4,709,820				10.00
11.00	01100	CAFETERIA	0	0	2,970,840			11.00
13.00	01300	NURSING ADMINISTRATION	214,567	0	48,856	6,312,788		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,542	0	33,192	0	4,136,085	14.00
15.00	01500	PHARMACY	105,055	0	103,573	320,984	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
20.00	02000	NURSING SCHOOL	151,162	0	41,151	127,531	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	148,722	0	240,157	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	886	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	5,889	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	10,003	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,191,526	3,779,414	616,104	1,909,371	0	30.00
31.00	03100	INTENSIVE CARE UNIT	350,289	811,267	227,857	706,155	0	31.00
35.00	02040	HIGH RISK NEONATAL	157,529	0	170,517	528,453	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	8,171	0	18,631	57,739	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,566	0	315,150	976,687	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	66,004	0	22,863	70,857	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	138,269	0	46,179	143,114	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,820	98,155	100,570	311,679	0	52.00
53.00	05300	ANESTHESIOLOGY	9,444	0	11,070	34,307	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	209,208	0	81,415	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,243	6,951	0	55.00
56.00	05600	RADIOISOTOPE	87,334	0	10,943	0	0	56.00
57.00	05700	CT SCAN	31,570	0	24,871	0	0	57.00
58.00	05800	MRI	30,827	0	12,101	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	276,485	746	86,986	0	0	59.00
60.00	06000	LABORATORY	211,171	0	158,507	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	29,766	0	96,917	300,355	0	65.00
66.00	06600	PHYSICAL THERAPY	18,623	0	106,684	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	299,725	0	66,745	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,215	0	15,502	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,900,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,235,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,146	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	34,222	0	53,071	164,472	0	76.00
76.97	07697	CARDIAC REHABILITATION	66,535	0	12,137	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	36,875	0	8,628	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	196,739	20,238	145,935	452,271	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	46,668	144,628	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	9,532	29,542	0	116.00
117.00	06950	HOME INFUSION	0	0	3,147	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,085,878	4,709,820	2,948,791	6,285,096	4,136,085	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	51,732	0	1,501	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	621,840	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	78,261	0	1,320	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	10,292	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	8,936	27,692	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,837,711	4,709,820	2,970,840	6,312,788	4,136,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	14,225,828					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,042,639				16.00
20.00	02000	NURSING SCHOOL	0	0	2,841,341			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	9,306,107		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		15,528,894	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0	0			23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0			23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0			23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0			23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0			23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,548	2,437,814	1,441,584	3,491,059	5,825,454	30.00
31.00	03100	INTENSIVE CARE UNIT	48,957	255,513	926,585	85,236	142,232	31.00
35.00	02040	HIGH RISK NEONATAL	4,668	92,326	10,710	206,309	344,263	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	2,388	124,375	15,556	202,290	337,556	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,913	0	0	2,546,093	4,248,608	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	43,224	2,847	4,750	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	8,055	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,818	0	83,771	1,241,871	2,072,283	52.00
53.00	05300	ANESTHESIOLOGY	128,051	0	0	44,879	74,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	331,344	552,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	74,742	124,721	56.00
57.00	05700	CT SCAN	0	0	0	18,700	31,203	57.00
58.00	05800	MRI	0	0	0	21,044	35,116	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	39,017	14,904	24,870	59.00
60.00	06000	LABORATORY	108	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,896	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,451	2,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	335	559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,015,094	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,522	0	27,541	0	0	74.00
76.00	03020	OTHER ANCILLARY	3,747	0	0	5,526	9,221	76.00
76.97	07697	CARDIAC REHABILITATION	164	0	42,842	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	114,755	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	46,162	5,132,611	53,297	1,017,477	1,697,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	23,716	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	77,252	0	0			116.00
117.00	06950	HOME INFUSION	65,653	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,559,996	8,042,639	2,822,598	9,306,107	15,528,894	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
						15.00	16.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	18,743	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	1,665,832	0	0	0	0	194.02
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,225,828	8,042,639	2,841,341	9,306,107	15,528,894	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	52,559					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				437,537		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					0	23.04
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
35.00	02040	HIGH RISK NEONATAL	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
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	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	52,559	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	437,537	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,559	0	0	437,537	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	0	194.02
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)	52,559	0	0	437,537	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,913,180	-9,316,513	69,596,667	30.00
31.00	03100	INTENSIVE CARE UNIT	27,789,698	-227,468	27,562,230	31.00
35.00	02040	HIGH RISK NEONATAL	14,423,691	-550,572	13,873,119	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	2,338,689	-539,846	1,798,843	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,017,792	-6,794,701	35,223,091	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	4,140,922	-7,597	4,133,325	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	5,069,261	0	5,069,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,423,309	-3,314,154	9,109,155	52.00
53.00	05300	ANESTHESIOLOGY	3,964,186	-119,767	3,844,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,772,244	-884,251	8,887,993	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,796,359	0	1,796,359	55.00
56.00	05600	RADIOISOTOPE	2,508,351	-199,463	2,308,888	56.00
57.00	05700	CT SCAN	2,786,692	-49,903	2,736,789	57.00
58.00	05800	MRI	1,560,427	-56,160	1,504,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,243,955	-39,774	16,204,181	59.00
60.00	06000	LABORATORY	23,580,069	0	23,580,069	60.00
65.00	06500	RESPIRATORY THERAPY	7,279,154	0	7,279,154	65.00
66.00	06600	PHYSICAL THERAPY	9,004,732	0	9,004,732	66.00
69.00	06900	ELECTROCARDIOLOGY	6,692,432	-3,873	6,688,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,261,291	-894	1,260,397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,466,283	0	34,466,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,037,752	0	40,037,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,328,619	0	35,328,619	73.00
74.00	07400	RENAL DIALYSIS	2,364,707	0	2,364,707	74.00
76.00	03020	OTHER ANCILLARY	4,060,509	-14,747	4,045,762	76.00
76.97	07697	CARDIAC REHABILITATION	1,503,155	0	1,503,155	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,428,337	0	1,428,337	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	23,346,394	-2,715,318	20,631,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,716,361	0	4,716,361	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,584,179	0	1,584,179	116.00
117.00	06950	HOME INFUSION	570,196	0	570,196	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	422,972,926	-24,835,001	398,137,925	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	618,560	0	618,560		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,533,054	0	5,533,054		192.00
194.00	07950	NON REIMBURSABLE-OTHER	3,299,987	0	3,299,987		194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	199,963	0	199,963		194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	5,358,627	0	5,358,627		194.02
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	437,983,117	-24,835,001	413,148,116		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,540	89,218	0	8,382	99,140 4.00
5.01	00580	COMMUNICATIONS	0	36,686	0	1,183,512	1,220,198 5.01
5.02	00540	INFORMATION SYSTEMS	6,927,237	225,304	0	0	7,152,541 5.02
5.03	00550	PURCHASING/RECEIVING/STORES	0	194,980	0	4,644	199,624 5.03
5.04	00570	ADMITTING	0	48,038	0	1,480	49,518 5.04
5.05	00560	PATIENT ACCOUNTING	269,054	7,942	0	1,087	278,083 5.05
5.06	00590	OTHER ADMIN & GENERAL	1,228,511	1,740,115	0	334,071	3,302,697 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	69,275	0	190,380	259,655 6.00
7.00	00700	OPERATION OF PLANT	0	9,423,134	0	523,412	9,946,546 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	171,350	636,836	0	28,794	836,980 8.00
9.00	00900	HOUSEKEEPING	0	105,700	0	5,588	111,288 9.00
10.00	01000	DIETARY	0	218,345	0	2,118	220,463 10.00
11.00	01100	CAFETERIA	0	149,045	0	1,446	150,491 11.00
13.00	01300	NURSING ADMINISTRATION	0	210,428	0	280,064	490,492 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	361	515,863	0	42,628	558,852 14.00
15.00	01500	PHARMACY	720,755	109,359	0	4,309	834,423 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	101,878	0	0	101,878 16.00
20.00	02000	NURSING SCHOOL	0	0	19,796	143,385	163,181 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	162,452	0	0	162,452 22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	6,100	0	0	6,100 23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0 23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0 23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0	0 23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,196,642	0	556,015	1,752,657 30.00
31.00	03100	INTENSIVE CARE UNIT	2,400	375,556	0	710,306	1,088,262 31.00
35.00	02040	HIGH RISK NEONATAL	29,111	174,340	0	111,691	315,142 35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	0	35,802	0	17,203	53,005 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,493	635,915	0	3,180,149	3,920,557 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	11,700	71,591	0	474,985	558,276 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	150,402	0	121,690	272,092 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	192,179	0	92,335	284,514 52.00
53.00	05300	ANESTHESIOLOGY	0	9,760	0	298,309	308,069 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,647	227,420	0	994,642	1,327,709 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	494,597	494,597 55.00
56.00	05600	RADIOISOTOPE	0	92,542	0	1,158	93,700 56.00
57.00	05700	CT SCAN	0	32,739	0	173,272	206,011 57.00
58.00	05800	MRI	0	38,341	0	396,646	434,987 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	401,262	0	1,784,619	2,185,881 59.00
60.00	06000	LABORATORY	228,041	231,989	0	204,705	664,735 60.00
65.00	06500	RESPIRATORY THERAPY	126,187	41,279	0	145,068	312,534 65.00
66.00	06600	PHYSICAL THERAPY	0	21,461	0	69,298	90,759 66.00
69.00	06900	ELECTROCARDIOLOGY	131,564	322,738	0	277,922	732,224 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,620	21,835	0	70,001	93,456 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	20,391	0	254	20,645 74.00
76.00	03020	OTHER ANCILLARY	0	34,519	0	1,525	36,044 76.00
76.97	07697	CARDIAC REHABILITATION	0	71,180	0	26,213	97,393 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	33,474	0	12,156	45,630 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	335,339	216,739	0	167,828	719,906 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	175	57,076	0	6,293	63,544 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	13,715	19,021	0	28	32,764 116.00
117.00	06950	HOME INFUSION	365	0	0	5,511	5,876 117.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,409,165	18,776,891	19,796	13,149,719	42,355,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	80,516	0	6,749	87,265	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	698,332	0	43,316	741,648	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	85,234	0	18,637	103,871	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	23,702	0	0	23,702	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	423	423	194.02
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)	10,409,165	19,664,675	19,796	13,218,844	43,312,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	99,140					4.00
5.01	00500	COMMUNICATIONS	224	1,220,422				5.01
5.02	00540	INFORMATION SYSTEMS	0	69,500	7,222,041			5.02
5.03	00550	PURCHASING/RECEIVING/STORES	360	5,179	24,507	229,670		5.03
5.04	00570	ADMITTING	0	21,050	111,879	0	182,447	5.04
5.05	00560	PATIENT ACCOUNTING	0	19,213	727,745	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	6,770	103,581	388,912	6,384	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,471	12,363	54,341	3,356	0	6.00
7.00	00700	OPERATION OF PLANT	1,364	44,106	27,703	593	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	918	2,506	0	2,081	0	8.00
9.00	00900	HOUSEKEEPING	1,718	6,181	18,114	340	0	9.00
10.00	01000	DIETARY	892	14,368	21,310	53	0	10.00
11.00	01100	CAFETERIA	613	0	13,852	36	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,935	18,043	116,141	237	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	484	3,843	26,638	0	0	14.00
15.00	01500	PHARMACY	4,043	12,363	189,661	46,470	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,036	220,561	0	0	16.00
20.00	02000	NURSING SCHOOL	1,497	12,029	172,613	34	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,344	835	5,328	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	55	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	501	4,262	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	238	0	0	1	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,831	236,897	1,921,117	3,950	12,977	30.00
31.00	03100	INTENSIVE CARE UNIT	6,679	48,951	371,864	4,855	4,926	31.00
35.00	02040	HIGH RISK NEONATAL	5,608	32,411	11,721	210	5,010	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	528	0	28,769	196	459	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,808	94,393	688,321	0	19,857	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	642	4,678	110,813	758	1,830	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,621	6,349	101,224	285	2,024	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,846	334	154,499	2,581	2,445	52.00
53.00	05300	ANESTHESIOLOGY	188	11,361	127,861	2,818	5,176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,291	36,588	134,255	875	7,390	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	79	5,346	62,865	94	1,347	55.00
56.00	05600	RADIOISOTOPE	374	5,012	26,638	1,463	1,676	56.00
57.00	05700	CT SCAN	665	2,339	6,393	366	12,332	57.00
58.00	05800	MRI	358	2,005	17,048	127	2,424	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,654	30,573	93,765	372	22,693	59.00
60.00	06000	LABORATORY	3,541	33,246	200,316	7,967	14,141	60.00
65.00	06500	RESPIRATORY THERAPY	2,591	6,181	50,079	840	5,557	65.00
66.00	06600	PHYSICAL THERAPY	3,537	29,738	198,185	31	2,849	66.00
69.00	06900	ELECTROCARDIOLOGY	2,034	20,382	68,193	301	8,552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	391	4,344	17,048	0	842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	73,231	9,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	58,029	9,872	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,123	73.00
74.00	07400	RENAL DIALYSIS	0	1,504	10,655	767	609	74.00
76.00	03020	OTHER ANCILLARY	1,470	10,859	21,310	0	1,082	76.00
76.97	07697	CARDIAC REHABILITATION	413	1,838	21,310	37	247	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	280	5,012	50,079	219	391	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,206	50,788	287,688	2,920	8,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,534	26,062	223,758	23	316	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	289	1,337	0	276	231	116.00
117.00	06950	HOME INFUSION	86	1,504	3,197	0	29	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,470	1,070,729	7,132,538	223,176	182,447	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61	1,504	0	138	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	96,565	51,145	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	32	49,118	21,310	5	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	314	2,506	17,048	156	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	263	0	0	6,195	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	99,140	1,220,422	7,222,041	229,670	182,447	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING	1,025,041					5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,808,344				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	127,249	459,435			6.00
7.00	00700	OPERATION OF PLANT	0	173,238	190,052	10,383,602		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,148	200	813,403	1,674,236	8.00
9.00	00900	HOUSEKEEPING	0	44,141	13,295	135,005	0	9.00
10.00	01000	DIETARY	0	30,129	6,948	278,883	0	10.00
11.00	01100	CAFETERIA	0	20,376	4,747	190,369	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	45,399	4,894	268,771	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,004	4,001	658,889	0	14.00
15.00	01500	PHARMACY	0	115,334	2,387	139,680	2,763	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66,951	547	130,124	0	16.00
20.00	02000	NURSING SCHOOL	0	13,282	1,147	382,709	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	77,407	13	0	5,923	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	130,507	0	207,493	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	236	0	7,791	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	3,718	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,076	455,974	37,045	1,528,417	280,448	30.00
31.00	03100	INTENSIVE CARE UNIT	27,740	194,957	14,335	479,682	64,054	31.00
35.00	02040	HIGH RISK NEONATAL	28,212	102,911	14,015	222,677	28,453	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	2,585	11,993	1,907	45,728	7,154	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,813	259,502	51,447	812,227	111,551	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	10,304	31,500	1,854	91,440	8,081	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	11,396	35,405	4,747	192,102	12,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,770	63,938	11,442	245,461	38,399	52.00
53.00	05300	ANESTHESIOLOGY	29,145	28,694	10,201	12,465	2,224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,615	65,089	10,148	290,474	25,108	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,584	15,297	707	0	2,212	55.00
56.00	05600	RADIOISOTOPE	9,435	15,955	1,414	118,199	14,171	56.00
57.00	05700	CT SCAN	69,440	22,027	1,334	41,840	0	57.00
58.00	05800	MRI	13,649	11,243	1,120	48,971	4,138	58.00
59.00	05900	CARDIAC CATHETERIZATION	125,468	122,059	12,242	512,515	37,077	59.00
60.00	06000	LABORATORY	79,629	192,707	7,934	296,309	586	60.00
65.00	06500	RESPIRATORY THERAPY	31,291	53,426	17,962	52,724	346	65.00
66.00	06600	PHYSICAL THERAPY	16,043	75,963	1,960	27,411	4,960	66.00
69.00	06900	ELECTROCARDIOLOGY	48,158	44,051	6,868	412,219	2,441	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,742	9,486	1,747	27,888	3,395	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,014	283,171	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,588	328,698	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,421	198,913	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,429	19,237	1,093	26,044	870	74.00
76.00	03020	OTHER ANCILLARY	6,092	31,825	627	44,090	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,389	8,758	4,601	90,915	123	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,203	9,818	747	42,755	3,348	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	49,572	116,019	10,161	276,832	91,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	1,779	37,440	413	72,901	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,298	12,235	0	24,295	0	116.00
117.00	06950	HOME INFUSION	161	4,186	627	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,025,041	3,744,596	456,929	9,249,675	751,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,575	373	102,840	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,191	400	891,948	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	0	5,226	1,640	108,866	923,031	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	965	93	30,273	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	31,791	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,025,041	3,808,344	459,435	10,383,602	1,674,236	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	330,082					9.00
10.00	01000	DIETARY	18,426	591,472				10.00
11.00	01100	CAFETERIA	0	0	380,484			11.00
13.00	01300	NURSING ADMINISTRATION	12,132	0	6,257	964,301		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,511	0	4,251	0	1,300,473	14.00
15.00	01500	PHARMACY	5,940	0	13,265	49,032	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
20.00	02000	NURSING SCHOOL	8,547	0	5,270	19,481	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,409	0	30,758	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	114	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	333	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	1,281	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,376	474,628	78,909	291,661	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,806	101,881	29,182	107,868	0	31.00
35.00	02040	HIGH RISK NEONATAL	8,907	0	21,839	80,723	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	462	0	2,386	8,820	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,725	0	40,362	149,193	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,732	0	2,928	10,824	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	7,818	0	5,914	21,861	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,287	12,327	12,880	47,610	0	52.00
53.00	05300	ANESTHESIOLOGY	534	0	1,418	5,241	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,829	0	10,427	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	287	1,062	0	55.00
56.00	05600	RADIOISOTOPE	4,938	0	1,402	0	0	56.00
57.00	05700	CT SCAN	1,785	0	3,185	0	0	57.00
58.00	05800	MRI	1,743	0	1,550	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,633	94	11,141	0	0	59.00
60.00	06000	LABORATORY	11,940	0	20,300	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,683	0	12,412	45,880	0	65.00
66.00	06600	PHYSICAL THERAPY	1,053	0	13,663	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	16,947	0	8,548	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,143	0	1,985	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	597,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	703,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,026	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	1,935	0	6,797	25,124	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,762	0	1,554	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,085	0	1,105	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,124	2,542	18,690	69,086	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	5,977	22,092	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,221	4,513	0	116.00
117.00	06950	HOME INFUSION	0	0	403	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	287,571	591,472	377,661	960,071	1,300,473	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,925	0	192	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,161	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	4,425	0	169	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	1,318	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	1,144	4,230	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	330,082	591,472	380,484	964,301	1,300,473	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,415,361					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	535,097				16.00
20.00	02000	NURSING SCHOOL	0	0	779,790			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		134,017		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			500,621	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02	02302	PARAMED ED (ENDT)	0	0				23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,113	162,194				30.00
31.00	03100	INTENSIVE CARE UNIT	4,871	17,000				31.00
35.00	02040	HIGH RISK NEONATAL	464	6,143				35.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
43.00	04300	NURSERY	238	8,275				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,762	0				50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0				50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0				50.02
51.00	05100	RECOVERY ROOM	801	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,275	0				52.00
53.00	05300	ANESTHESIOLOGY	12,740	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	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	11	0				60.00
65.00	06500	RESPIRATORY THERAPY	288	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,195,410	0				73.00
74.00	07400	RENAL DIALYSIS	450	0				74.00
76.00	03020	OTHER ANCILLARY	373	0				76.00
76.97	07697	CARDIAC REHABILITATION	16	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,593	341,485				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,686	0				116.00
117.00	06950	HOME INFUSION	6,532	0				117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,249,623	535,097	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0				194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0				194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	165,738	0				194.02
200.00		Cross Foot Adjustments			779,790	134,017	500,621	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,415,361	535,097	779,790	134,017	500,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	19,223					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				5,238		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
35.00	02040	HIGH RISK NEONATAL						35.00
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	GASTRODIAGNOSTIC UNIT						50.01
50.02	05002	PAIN MANAGEMENT CENTER						50.02
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	OTHER ANCILLARY						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
117.00	06950	HOME INFUSION						117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN						190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	NON REIMBURSABLE-OTHER						194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT						194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY						194.02
200.00		Cross Foot Adjustments	19,223	0	0	5,238	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,223	0	0	5,238	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,401,270	0	7,401,270	30.00
31.00	03100	INTENSIVE CARE UNIT	2,586,913	0	2,586,913	31.00
35.00	02040	HIGH RISK NEONATAL	884,446	0	884,446	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	172,505	0	172,505	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,278,518	0	6,278,518	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	837,660	0	837,660	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	675,855	0	675,855	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	898,608	0	898,608	52.00
53.00	05300	ANESTHESIOLOGY	558,135	0	558,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,963,798	0	1,963,798	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	591,477	0	591,477	55.00
56.00	05600	RADIOISOTOPE	294,377	0	294,377	56.00
57.00	05700	CT SCAN	367,694	0	367,694	57.00
58.00	05800	MRI	539,363	0	539,363	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,172,167	0	3,172,167	59.00
60.00	06000	LABORATORY	1,533,362	0	1,533,362	60.00
65.00	06500	RESPIRATORY THERAPY	593,794	0	593,794	65.00
66.00	06600	PHYSICAL THERAPY	466,152	0	466,152	66.00
69.00	06900	ELECTROCARDIOLOGY	1,370,918	0	1,370,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166,467	0	166,467	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,015,116	0	1,015,116	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,155,197	0	1,155,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,507,867	0	1,507,867	73.00
74.00	07400	RENAL DIALYSIS	86,329	0	86,329	74.00
76.00	03020	OTHER ANCILLARY	187,628	0	187,628	76.00
76.97	07697	CARDIAC REHABILITATION	232,356	0	232,356	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,672	0	163,672	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,065,579	0	2,065,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	455,839	0	455,839	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	86,145	0	86,145	116.00
117.00	06950	HOME INFUSION	22,601	0	22,601	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,331,808	0	38,331,808	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	197,873	0	197,873		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,840,058	0	1,840,058		192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,217,693	0	1,217,693		194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	76,375	0	76,375		194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	209,784	0	209,784		194.02
200.00		Cross Foot Adjustments	1,438,889	0	1,438,889		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	43,312,480	0	43,312,480		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATION S (TELEPHONES)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,579,692					1.00
1.01	00101	CAP REL COSTS - CON	0	24,070				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			12,331,131			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,167	0	7,819	140,142,598		4.00
5.01	00580	COMMUNICATIONS	2,947	0	1,104,033	317,412	7,305	5.01
5.02	00540	INFORMATION SYSTEMS	18,099	0	0	0	416	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	15,663	0	4,332	508,901	31	5.03
5.04	00570	ADMITTING	3,859	0	1,381	0	126	5.04
5.05	00560	PATIENT ACCOUNTING	638	0	1,014	0	115	5.05
5.06	00590	OTHER ADMIN & GENERAL	139,786	0	311,636	9,575,041	620	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,565	0	177,595	3,494,844	74	6.00
7.00	00700	OPERATION OF PLANT	756,974	0	488,262	1,928,807	264	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,158	0	26,860	1,299,058	15	8.00
9.00	00900	HOUSEKEEPING	8,491	0	5,213	2,430,160	37	9.00
10.00	01000	DIETARY	17,540	0	1,976	1,260,999	86	10.00
11.00	01100	CAFETERIA	11,973	0	1,349	867,562	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,904	0	261,256	2,736,473	108	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,440	0	39,765	684,267	23	14.00
15.00	01500	PHARMACY	8,785	0	4,020	5,718,052	74	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,184	0	0	0	90	16.00
20.00	02000	NURSING SCHOOL	0	24,070	133,756	2,117,648	72	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,559,311	5	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,050	0	0	77,893	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	490	0	0	0	3	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	336,858	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,128	0	518,676	22,310,944	1,418	30.00
31.00	03100	INTENSIVE CARE UNIT	30,169	0	662,605	9,446,672	293	31.00
35.00	02040	HIGH RISK NEONATAL	14,005	0	104,190	7,931,441	194	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	2,876	0	16,048	747,172	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,084	0	2,966,589	12,458,479	565	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,751	0	443,087	907,589	28	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	12,082	0	113,518	2,293,084	38	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,438	0	86,134	4,025,589	2	52.00
53.00	05300	ANESTHESIOLOGY	784	0	278,276	265,316	68	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,269	0	927,846	3,240,020	219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	461,382	111,958	32	55.00
56.00	05600	RADIOISOTOPE	7,434	0	1,080	529,382	30	56.00
57.00	05700	CT SCAN	2,630	0	161,636	940,150	14	57.00
58.00	05800	MRI	3,080	0	370,009	506,560	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,234	0	1,664,772	3,753,471	183	59.00
60.00	06000	LABORATORY	18,636	0	190,958	5,008,508	199	60.00
65.00	06500	RESPIRATORY THERAPY	3,316	0	135,326	3,664,542	37	65.00
66.00	06600	PHYSICAL THERAPY	1,724	0	64,644	5,002,539	178	66.00
69.00	06900	ELECTROCARDIOLOGY	25,926	0	259,258	2,877,419	122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,754	0	65,300	552,690	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,638	0	237	0	9	74.00
76.00	03020	OTHER ANCILLARY	2,773	0	1,423	2,078,802	65	76.00
76.97	07697	CARDIAC REHABILITATION	5,718	0	24,453	583,933	11	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,689	0	11,340	396,643	30	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,411	0	156,557	5,948,857	304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,585	0	5,870	2,170,300	156	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,528	0	26	408,223	8	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATION S (TELEPHONE S)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.01	
117.00	06950	HOME INFUSION	0	0	5,141	121,055	9	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,508,375	24,070	12,266,648	139,194,624	6,409	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,468	0	6,296	86,582	9	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,098	0	40,407	0	578	192.00
194.00	07950	NON REIMBURSABLE-OTHER	6,847	0	17,385	44,979	294	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	1,904	0	0	444,818	15	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	395	371,595	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,664,675	19,796	13,218,844	30,354,238	1,834,486	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.448423	0.822435	1.071990	0.216595	251.127447	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				99,140	1,220,422	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000707	167.066667	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:

11/30/2021 9:32 am

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RE CEIVING/STORE S (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliatio n	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS	6,778				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	23	105,647,548			5.03
5.04	00570	ADMITTING	105	0	2,166,505,997		5.04
5.05	00560	PATIENT ACCOUNTING	683	0	0	2,166,505,997	5.05
5.06	00590	OTHER ADMIN & GENERAL	365	2,936,475	0	0	-26,754,940 5.06
6.00	00600	MAINTENANCE & REPAIRS	51	1,543,904	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	26	272,626	0	0	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	957,123	0	0	0 8.00
9.00	00900	HOUSEKEEPING	17	156,511	0	0	0 9.00
10.00	01000	DIETARY	20	24,445	0	0	0 10.00
11.00	01100	CAFETERIA	13	16,688	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	109	109,053	0	0	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25	0	0	0	0 14.00
15.00	01500	PHARMACY	178	21,375,153	0	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	207	0	0	0	0 16.00
20.00	02000	NURSING SCHOOL	162	15,718	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	4	0	0	0	0 23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0 23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0 23.02
23.03	02303	PARAMED ED (PHARMACY)	0	288	0	0	0 23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,803	1,816,786	154,493,864	154,493,864	0 30.00
31.00	03100	INTENSIVE CARE UNIT	349	2,233,210	58,647,225	58,647,225	0 31.00
35.00	02040	HIGH RISK NEONATAL	11	96,707	59,645,522	59,645,522	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	27	90,161	5,464,533	5,464,533	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	646	0	236,390,778	236,390,778	0 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	104	348,815	21,783,304	21,783,304	0 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	95	131,144	24,093,476	24,093,476	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145	1,187,055	29,112,809	29,112,809	0 52.00
53.00	05300	ANESTHESIOLOGY	120	1,296,210	61,617,868	61,617,868	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	126	402,574	87,981,394	87,981,394	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	59	43,306	16,034,606	16,034,606	0 55.00
56.00	05600	RADIOISOTOPE	25	672,879	19,947,471	19,947,471	0 56.00
57.00	05700	CT SCAN	6	168,394	146,807,802	146,807,802	0 57.00
58.00	05800	MRI	16	58,403	28,856,127	28,856,127	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	88	171,222	264,658,461	264,658,461	0 59.00
60.00	06000	LABORATORY	188	3,664,536	168,349,626	168,349,626	0 60.00
65.00	06500	RESPIRATORY THERAPY	47	386,224	66,155,084	66,155,084	0 65.00
66.00	06600	PHYSICAL THERAPY	186	14,111	33,917,677	33,917,677	0 66.00
69.00	06900	ELECTROCARDIOLOGY	64	138,397	101,813,486	101,813,486	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16	0	10,025,052	10,025,052	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,688,154	109,966,773	109,966,773	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,692,495	117,521,460	117,521,460	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	203,850,022	203,850,022	0 73.00
74.00	07400	RENAL DIALYSIS	10	352,636	7,249,700	7,249,700	0 74.00
76.00	03020	OTHER ANCILLARY	20	0	12,879,699	12,879,699	0 76.00
76.97	07697	CARDIAC REHABILITATION	20	16,955	2,937,428	2,937,428	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	47	100,850	4,656,590	4,656,590	0 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	270	1,343,291	104,803,107	104,803,107	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	210	10,668	3,760,501	3,760,501	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	127,128	2,744,602	2,744,602	0 116.00
117.00	06950	HOME INFUSION	3	0	339,950	339,950	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,694	102,660,295	2,166,505,997	2,166,505,997	-26,754,940 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RE CEIVING/STORE S (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliatio n	
		5.02	5.03	5.04	5.05	5A.06	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63,436	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	48	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	20	2,207	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	16	71,913	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	2,849,697	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	31,628,746	1,396,533	3,950,865	9,411,182	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,666.383299	0.013219	0.001824	0.004344	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,222,041	229,670	182,447	1,025,041	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,065.512098	0.002174	0.000084	0.000473	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:

11/30/2021 9:32 am

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL	411,228,177				5.06
6.00	00600	MAINTENANCE & REPAIRS	13,740,354	34,453			6.00
7.00	00700	OPERATION OF PLANT	18,706,180	14,252	653,064		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,959,642	15	51,158	6,491,785	8.00
9.00	00900	HOUSEKEEPING	4,766,373	997	8,491	0	9.00
10.00	01000	DIETARY	3,253,286	521	17,540	0	10.00
11.00	01100	CAFETERIA	2,200,226	356	11,973	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,902,148	367	16,904	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,728,129	300	41,440	0	14.00
15.00	01500	PHARMACY	12,453,681	179	8,785	10,713	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,229,341	41	8,184	0	16.00
20.00	02000	NURSING SCHOOL	1,434,223	86	24,070	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,358,393	1	0	22,966	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,092,074	0	13,050	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	25,519	0	490	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	401,417	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,240,439	2,778	96,128	1,087,424	30.00
31.00	03100	INTENSIVE CARE UNIT	21,051,384	1,075	30,169	248,367	31.00
35.00	02040	HIGH RISK NEONATAL	11,112,276	1,051	14,005	110,327	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	1,294,951	143	2,876	27,740	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,020,938	3,858	51,084	432,534	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,401,356	139	5,751	31,332	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,822,993	356	12,082	47,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,903,956	858	15,438	148,889	52.00
53.00	05300	ANESTHESIOLOGY	3,098,353	765	784	8,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,028,262	761	18,269	97,354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,651,735	53	0	8,576	55.00
56.00	05600	RADIOISOTOPE	1,722,851	106	7,434	54,947	56.00
57.00	05700	CT SCAN	2,378,510	100	2,630	0	57.00
58.00	05800	MRI	1,213,962	84	3,080	16,043	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,179,919	918	32,234	143,764	59.00
60.00	06000	LABORATORY	20,808,443	595	18,636	2,273	60.00
65.00	06500	RESPIRATORY THERAPY	5,768,977	1,347	3,316	1,341	65.00
66.00	06600	PHYSICAL THERAPY	8,202,514	147	1,724	19,233	66.00
69.00	06900	ELECTROCARDIOLOGY	4,756,592	515	25,926	9,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,024,257	131	1,754	13,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,576,703	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,492,705	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,478,571	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,077,221	82	1,638	3,374	74.00
76.00	03020	OTHER ANCILLARY	3,436,408	47	2,773	0	76.00
76.97	07697	CARDIAC REHABILITATION	945,660	345	5,718	476	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,060,105	56	2,689	12,983	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	12,527,733	762	17,411	353,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,042,776	31	4,585	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,321,121	0	1,528	0	116.00
117.00	06950	HOME INFUSION	452,023	47	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	404,344,680	34,265	581,747	2,912,758	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.06	6.00	7.00	8.00	9.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	278,065	28	6,468	0	975	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,504,139	30	56,098	0	11,720	192.00
194.00	07950	NON REIMBURSABLE-OTHER	564,284	123	6,847	3,579,027	1,475	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	104,185	7	1,904	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	3,432,824	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	26,754,940	14,634,315	25,976,925	4,128,421	5,837,711	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.065061	424.761704	39.776997	0.635945	53.058041	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,808,344	459,435	10,383,602	1,674,236	330,082	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009261	13.335123	15.899823	0.257901	3.000064	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	549,219					10.00
11.00	01100	CAFETERIA	0	164,242				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,701	112,613			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,835	0	63,663,668		14.00
15.00	01500	PHARMACY	0	5,726	5,726	0	23,623,606	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
20.00	02000	NURSING SCHOOL	0	2,275	2,275	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	13,277	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	49	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	553	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	440,723	34,061	34,061	0	135,420	30.00
31.00	03100	INTENSIVE CARE UNIT	94,603	12,597	12,597	0	81,298	31.00
35.00	02040	HIGH RISK NEONATAL	0	9,427	9,427	0	7,752	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	1,030	1,030	0	3,966	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,423	17,423	0	96,171	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	1,264	1,264	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	2,553	2,553	0	13,377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,446	5,560	5,560	0	21,285	52.00
53.00	05300	ANESTHESIOLOGY	0	612	612	0	212,644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,501	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	124	124	0	0	55.00
56.00	05600	RADIOISOTOPE	0	605	0	0	0	56.00
57.00	05700	CT SCAN	0	1,375	0	0	0	57.00
58.00	05800	MRI	0	669	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	87	4,809	0	0	0	59.00
60.00	06000	LABORATORY	0	8,763	0	0	180	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,358	5,358	0	4,809	65.00
66.00	06600	PHYSICAL THERAPY	0	5,898	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,690	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	857	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,248,685	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,414,983	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,952,427	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	7,510	74.00
76.00	03020	OTHER ANCILLARY	0	2,934	2,934	0	6,223	76.00
76.97	07697	CARDIAC REHABILITATION	0	671	0	0	273	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	477	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,360	8,068	8,068	0	76,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,580	2,580	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	527	527	0	128,285	116.00
117.00	06950	HOME INFUSION	0	174	0	0	109,025	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	549,219	163,023	112,119	63,663,668	20,857,303	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIO N (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	83	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	73	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	569	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	494	494	0	2,766,303	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,709,820	2,970,840	6,312,788	4,136,085	14,225,828	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.575486	18.088187	56.057365	0.064968	0.602187	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	591,472	380,484	964,301	1,300,473	1,415,361	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.076933	2.316606	8.562963	0.020427	0.059913	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,706					16.00
20.00	02000	NURSING SCHOOL	0	22,284				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		166,718			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			166,718		22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0				100	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0					23.01
23.02	02302	PARAMED ED (ENDT)	0					23.02
23.03	02303	PARAMED ED (PHARMACY)	0					23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,582	11,306	62,542	62,542	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,738	7,267	1,527	1,527	0	31.00
35.00	02040	HIGH RISK NEONATAL	628	84	3,696	3,696	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	846	122	3,624	3,624	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	45,613	45,613	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	339	51	51	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	657	22,248	22,248	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	804	804	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,936	5,936	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,339	1,339	0	56.00
57.00	05700	CT SCAN	0	0	335	335	0	57.00
58.00	05800	MRI	0	0	377	377	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	306	267	267	0	59.00
60.00	06000	LABORATORY	0	0	0	0	100	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	26	26	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6	6	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	216	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	99	99	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	336	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	900	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	34,912	418	18,228	18,228	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	186	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0			0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,706	22,137	166,718	166,718	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	147	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,042,639	2,841,341	9,306,107	15,528,894	52,559	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	147.015666	127.505879	55.819450	93.144675	525.590000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	535,097	779,790	134,017	500,621	19,223	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.781322	34.993269	0.803854	3.002801	192.230000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
			23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0				23.01
23.02	02302	PARAMED ED (ENDT)		0			23.02
23.03	02303	PARAMED ED (PHARMACY)			100		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
			23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	437,537	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	4,375.370000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	5,238	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	52.380000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:32 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	69,596,667		69,596,667	182,641	69,779,308	30.00
31.00	03100	INTENSIVE CARE UNIT	27,562,230		27,562,230	5,161	27,567,391	31.00
35.00	02040	HIGH RISK NEONATAL	13,873,119		13,873,119	35,870	13,908,989	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	1,798,843		1,798,843	0	1,798,843	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,223,091		35,223,091	2,495	35,225,586	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	4,133,325		4,133,325	0	4,133,325	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	5,069,261		5,069,261	0	5,069,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,109,155		9,109,155	58,272	9,167,427	52.00
53.00	05300	ANESTHESIOLOGY	3,844,419		3,844,419	152,216	3,996,635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,887,993		8,887,993	0	8,887,993	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,796,359		1,796,359	0	1,796,359	55.00
56.00	05600	RADIOISOTOPE	2,308,888		2,308,888	0	2,308,888	56.00
57.00	05700	CT SCAN	2,736,789		2,736,789	0	2,736,789	57.00
58.00	05800	MRI	1,504,267		1,504,267	0	1,504,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,204,181		16,204,181	0	16,204,181	59.00
60.00	06000	LABORATORY	23,580,069		23,580,069	0	23,580,069	60.00
65.00	06500	RESPIRATORY THERAPY	7,279,154	0	7,279,154	0	7,279,154	65.00
66.00	06600	PHYSICAL THERAPY	9,004,732	0	9,004,732	0	9,004,732	66.00
69.00	06900	ELECTROCARDIOLOGY	6,688,559		6,688,559	103,913	6,792,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,260,397		1,260,397	2,644	1,263,041	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,466,283		34,466,283	0	34,466,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,037,752		40,037,752	0	40,037,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,328,619		35,328,619	0	35,328,619	73.00
74.00	07400	RENAL DIALYSIS	2,364,707		2,364,707	0	2,364,707	74.00
76.00	03020	OTHER ANCILLARY	4,045,762		4,045,762	0	4,045,762	76.00
76.97	07697	CARDIAC REHABILITATION	1,503,155		1,503,155	0	1,503,155	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,428,337		1,428,337	0	1,428,337	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	20,631,076		20,631,076	0	20,631,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,316,204		2,316,204		2,316,204	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,716,361		4,716,361		4,716,361	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,584,179		1,584,179		1,584,179	116.00
117.00	06950	HOME INFUSION	570,196		570,196		570,196	117.00
200.00		Subtotal (see instructions)	400,454,129	0	400,454,129	543,212	400,997,341	200.00
201.00		Less Observation Beds	2,316,204		2,316,204		2,316,204	201.00
202.00		Total (see instructions)	398,137,925	0	398,137,925	543,212	398,681,137	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:32 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	147,337,754		147,337,754			30.00	
31.00	03100	INTENSIVE CARE UNIT	58,647,225		58,647,225			31.00	
35.00	02040	HIGH RISK NEONATAL	59,645,522		59,645,522			35.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	5,464,533		5,464,533			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,667,606	132,723,172	236,390,778	0.149004	0.000000	50.00	
50.01	05001	GASTRODIAGNOSTIC UNIT	4,068,427	17,714,877	21,783,304	0.189747	0.000000	50.01	
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000	50.02	
51.00	05100	RECOVERY ROOM	7,398,211	16,695,265	24,093,476	0.210400	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,001,709	1,111,100	29,112,809	0.312892	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	27,385,778	34,232,090	61,617,868	0.062391	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,919,193	51,062,201	87,981,394	0.101021	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	483,059	15,551,547	16,034,606	0.112030	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,422,758	16,524,713	19,947,471	0.115748	0.000000	56.00	
57.00	05700	CT SCAN	66,884,382	79,923,420	146,807,802	0.018642	0.000000	57.00	
58.00	05800	MRI	14,143,724	14,712,403	28,856,127	0.052130	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	97,772,058	166,886,403	264,658,461	0.061227	0.000000	59.00	
60.00	06000	LABORATORY	106,832,318	61,517,308	168,349,626	0.140066	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	63,573,478	2,581,606	66,155,084	0.110032	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	16,409,279	17,508,398	33,917,677	0.265488	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	44,597,242	57,216,244	101,813,486	0.065694	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,631,399	6,393,653	10,025,052	0.125725	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,420,943	53,545,830	109,966,773	0.313425	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,116,741	54,404,719	117,521,460	0.340685	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	133,635,443	70,214,579	203,850,022	0.173307	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	6,811,360	438,340	7,249,700	0.326180	0.000000	74.00	
76.00	03020	OTHER ANCILLARY	885,720	11,993,979	12,879,699	0.314119	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	1,132,184	1,805,244	2,937,428	0.511725	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	32,438	4,624,152	4,656,590	0.306735	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	34,911,103	69,892,004	104,803,107	0.196856	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,961,629	5,194,481	7,156,110	0.323668	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,760,501	3,760,501			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	2,744,602	2,744,602			116.00	
117.00	06950	HOME INFUSION	0	339,950	339,950			117.00	
200.00		Subtotal (see instructions)	1,195,193,216	971,312,781	2,166,505,997			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,195,193,216	971,312,781	2,166,505,997			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 9:32 am
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	HIGH RISK NEONATAL				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.149014			50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.189747			50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.210400			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314893			52.00
53.00	05300	ANESTHESIOLOGY	0.064862			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101021			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112030			55.00
56.00	05600	RADIOISOTOPE	0.115748			56.00
57.00	05700	CT SCAN	0.018642			57.00
58.00	05800	MRI	0.052130			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061227			59.00
60.00	06000	LABORATORY	0.140066			60.00
65.00	06500	RESPIRATORY THERAPY	0.110032			65.00
66.00	06600	PHYSICAL THERAPY	0.265488			66.00
69.00	06900	ELECTROCARDIOLOGY	0.066715			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125988			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.313425			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340685			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173307			73.00
74.00	07400	RENAL DIALYSIS	0.326180			74.00
76.00	03020	OTHER ANCILLARY	0.314119			76.00
76.97	07697	CARDIAC REHABILITATION	0.511725			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306735			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.196856			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.323668			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
117.00	06950	HOME INFUSION				117.00
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: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:32 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	69,596,667		69,596,667	182,641
31.00	03100	INTENSIVE CARE UNIT	27,562,230		27,562,230	5,161
35.00	02040	HIGH RISK NEONATAL	13,873,119		13,873,119	35,870
40.00	04000	SUBPROVIDER - IPF	0		0	0
43.00	04300	NURSERY	1,798,843		1,798,843	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,223,091		35,223,091	2,495
50.01	05001	GASTRODIAGNOSTIC UNIT	4,133,325		4,133,325	0
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0
51.00	05100	RECOVERY ROOM	5,069,261		5,069,261	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,109,155		9,109,155	58,272
53.00	05300	ANESTHESIOLOGY	3,844,419		3,844,419	152,216
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,887,993		8,887,993	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,796,359		1,796,359	0
56.00	05600	RADIOISOTOPE	2,308,888		2,308,888	0
57.00	05700	CT SCAN	2,736,789		2,736,789	0
58.00	05800	MRI	1,504,267		1,504,267	0
59.00	05900	CARDIAC CATHETERIZATION	16,204,181		16,204,181	0
60.00	06000	LABORATORY	23,580,069		23,580,069	0
65.00	06500	RESPIRATORY THERAPY	7,279,154	0	7,279,154	0
66.00	06600	PHYSICAL THERAPY	9,004,732	0	9,004,732	0
69.00	06900	ELECTROCARDIOLOGY	6,688,559		6,688,559	103,913
70.00	07000	ELECTROENCEPHALOGRAPHY	1,260,397		1,260,397	2,644
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,466,283		34,466,283	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,037,752		40,037,752	0
73.00	07300	DRUGS CHARGED TO PATIENTS	35,328,619		35,328,619	0
74.00	07400	RENAL DIALYSIS	2,364,707		2,364,707	0
76.00	03020	OTHER ANCILLARY	4,045,762		4,045,762	0
76.97	07697	CARDIAC REHABILITATION	1,503,155		1,503,155	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,428,337		1,428,337	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	20,631,076		20,631,076	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,316,204		2,316,204	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,716,361		4,716,361	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	1,584,179		1,584,179	0
117.00	06950	HOME INFUSION	570,196		570,196	0
200.00		Subtotal (see instructions)	400,454,129	0	400,454,129	543,212
201.00		Less Observation Beds	2,316,204		2,316,204	0
202.00		Total (see instructions)	398,137,925	0	398,137,925	543,212

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:32 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	147,337,754		147,337,754		30.00
31.00	03100	INTENSIVE CARE UNIT	58,647,225		58,647,225		31.00
35.00	02040	HIGH RISK NEONATAL	59,645,522		59,645,522		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	5,464,533		5,464,533		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,667,606	132,723,172	236,390,778	0.149004	0.000000
50.01	05001	GASTRODIAGNOSTIC UNIT	4,068,427	17,714,877	21,783,304	0.189747	0.000000
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	7,398,211	16,695,265	24,093,476	0.210400	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,001,709	1,111,100	29,112,809	0.312892	0.000000
53.00	05300	ANESTHESIOLOGY	27,385,778	34,232,090	61,617,868	0.062391	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,919,193	51,062,201	87,981,394	0.101021	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	483,059	15,551,547	16,034,606	0.112030	0.000000
56.00	05600	RADIOISOTOPE	3,422,758	16,524,713	19,947,471	0.115748	0.000000
57.00	05700	CT SCAN	66,884,382	79,923,420	146,807,802	0.018642	0.000000
58.00	05800	MRI	14,143,724	14,712,403	28,856,127	0.052130	0.000000
59.00	05900	CARDIAC CATHETERIZATION	97,772,058	166,886,403	264,658,461	0.061227	0.000000
60.00	06000	LABORATORY	106,832,318	61,517,308	168,349,626	0.140066	0.000000
65.00	06500	RESPIRATORY THERAPY	63,573,478	2,581,606	66,155,084	0.110032	0.000000
66.00	06600	PHYSICAL THERAPY	16,409,279	17,508,398	33,917,677	0.265488	0.000000
69.00	06900	ELECTROCARDIOLOGY	44,597,242	57,216,244	101,813,486	0.065694	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	3,631,399	6,393,653	10,025,052	0.125725	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,420,943	53,545,830	109,966,773	0.313425	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,116,741	54,404,719	117,521,460	0.340685	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	133,635,443	70,214,579	203,850,022	0.173307	0.000000
74.00	07400	RENAL DIALYSIS	6,811,360	438,340	7,249,700	0.326180	0.000000
76.00	03020	OTHER ANCILLARY	885,720	11,993,979	12,879,699	0.314119	0.000000
76.97	07697	CARDIAC REHABILITATION	1,132,184	1,805,244	2,937,428	0.511725	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	32,438	4,624,152	4,656,590	0.306735	0.000000
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	34,911,103	69,892,004	104,803,107	0.196856	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,961,629	5,194,481	7,156,110	0.323668	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,760,501	3,760,501		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,744,602	2,744,602		116.00
117.00	06950	HOME INFUSION	0	339,950	339,950		117.00
200.00		Subtotal (see instructions)	1,195,193,216	971,312,781	2,166,505,997		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,195,193,216	971,312,781	2,166,505,997		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	HIGH RISK NEONATAL				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.000000			50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	OTHER ANCILLARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
117.00	06950	HOME INFUSION				117.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 9:32 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	7,401,270	0	7,401,270	83,270	88.88	30.00
31.00	INTENSIVE CARE UNIT	2,586,913		2,586,913	15,941	162.28	31.00
35.00	HIGH RISK NEONATAL	884,446		884,446	13,683	64.64	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	172,505		172,505	2,904	59.40	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	11,045,134		11,045,134	115,798		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	31,748	2,821,762				30.00
31.00	INTENSIVE CARE UNIT	6,513	1,056,930				31.00
35.00	HIGH RISK NEONATAL	0	0				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	38,261	3,878,692				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/30/2021 9:32 am
Title XVIII				Hospital		PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,278,518	236,390,778	0.026560	37,606,920	998,840	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	837,660	21,783,304	0.038454	1,923,658	73,972	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	0.000000	0	0	50.02
51.00 05100 RECOVERY ROOM	675,855	24,093,476	0.028051	2,459,590	68,994	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	898,608	29,112,809	0.030866	87,381	2,697	52.00
53.00 05300 ANESTHESIOLOGY	558,135	61,617,868	0.009058	8,926,180	80,853	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,963,798	87,981,394	0.022321	14,969,599	334,136	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	591,477	16,034,606	0.036888	139,753	5,155	55.00
56.00 05600 RADIOISOTOPE	294,377	19,947,471	0.014758	1,596,745	23,565	56.00
57.00 05700 CT SCAN	367,694	146,807,802	0.002505	26,228,746	65,703	57.00
58.00 05800 MRI	539,363	28,856,127	0.018691	4,702,516	87,895	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,172,167	264,658,461	0.011986	46,549,399	557,941	59.00
60.00 06000 LABORATORY	1,533,362	168,349,626	0.009108	40,971,117	373,165	60.00
65.00 06500 RESPIRATORY THERAPY	593,794	66,155,084	0.008976	20,825,208	186,927	65.00
66.00 06600 PHYSICAL THERAPY	466,152	33,917,677	0.013744	7,372,457	101,327	66.00
69.00 06900 ELECTROCARDIOLOGY	1,370,918	101,813,486	0.013465	19,947,161	268,589	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	166,467	10,025,052	0.016605	1,098,574	18,242	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,015,116	109,966,773	0.009231	21,995,806	203,043	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,155,197	117,521,460	0.009830	32,448,127	318,965	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,507,867	203,850,022	0.007397	47,974,638	354,868	73.00
74.00 07400 RENAL DIALYSIS	86,329	7,249,700	0.011908	3,626,547	43,185	74.00
76.00 03020 OTHER ANCILLARY	187,628	12,879,699	0.014568	375,104	5,465	76.00
76.97 07697 CARDIAC REHABILITATION	232,356	2,937,428	0.079102	546,254	43,210	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	163,672	4,656,590	0.035148	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	2,065,579	104,803,107	0.019709	11,215,365	221,044	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	245,673	7,156,110	0.034331	461,683	15,850	92.00
200.00 Total (lines 50 through 199)	26,967,762	1,888,565,910		354,048,528	4,453,631	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 9:32 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	1,441,584	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	926,585	0	0	0	0	31.00
35.00	02040	HIGH RISK NEONATAL	0	10,710	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	15,556	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	2,394,435	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	1,441,584	83,270	17.31	31,748	30.00	
31.00	03100	INTENSIVE CARE UNIT		926,585	15,941	58.13	6,513	31.00	
35.00	02040	HIGH RISK NEONATAL		10,710	13,683	0.78	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
43.00	04300	NURSERY		15,556	2,904	5.36	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		2,394,435	115,798		38,261	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	549,558						30.00
31.00	03100	INTENSIVE CARE UNIT	378,601						31.00
35.00	02040	HIGH RISK NEONATAL	0						35.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	928,159						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	43,224	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	83,771	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	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	39,017	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	52,559	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	437,537	73.00
74.00	07400	RENAL DIALYSIS	0	0	27,541	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	42,842	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	114,755	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	53,297	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	47,850	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	452,297	0	490,096	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 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	236,390,778	0.000000	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	43,224	43,224	21,783,304	0.001984	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	24,093,476	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	83,771	83,771	29,112,809	0.002877	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	61,617,868	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,981,394	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,034,606	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	19,947,471	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	146,807,802	0.000000	57.00
58.00	05800	MRI	0	0	0	28,856,127	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,017	39,017	264,658,461	0.000147	59.00
60.00	06000	LABORATORY	0	52,559	52,559	168,349,626	0.000312	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	66,155,084	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,917,677	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	101,813,486	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,025,052	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	109,966,773	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,521,460	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	437,537	437,537	203,850,022	0.002146	73.00
74.00	07400	RENAL DIALYSIS	0	27,541	27,541	7,249,700	0.003799	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	12,879,699	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	42,842	42,842	2,937,428	0.014585	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	114,755	114,755	4,656,590	0.024644	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	53,297	53,297	104,803,107	0.000509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	47,850	47,850	7,156,110	0.006687	92.00
200.00		Total (lines 50 through 199)	0	942,393	942,393	1,888,565,910		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)				
								9.00	10.00	11.00	12.00
	ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.000000	37,606,920	0	28,460,217	0	50.00			
50.01	05001	GASTRODIAGNOSTIC UNIT	0.001984	1,923,658	3,817	4,397,606	8,725	50.01			
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0	0	0	50.02			
51.00	05100	RECOVERY ROOM	0.000000	2,459,590	0	3,746,095	0	51.00			
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.002877	87,381	251	0	0	52.00			
53.00	05300	ANESTHESIOLOGY	0.000000	8,926,180	0	8,870,068	0	53.00			
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	14,969,599	0	9,479,567	0	54.00			
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	139,753	0	5,009,435	0	55.00			
56.00	05600	RADIOISOTOPE	0.000000	1,596,745	0	6,423,508	0	56.00			
57.00	05700	CT SCAN	0.000000	26,228,746	0	17,893,413	0	57.00			
58.00	05800	MRI	0.000000	4,702,516	0	2,522,389	0	58.00			
59.00	05900	CARDIAC CATHETERIZATION	0.000147	46,549,399	6,843	81,090,204	11,920	59.00			
60.00	06000	LABORATORY	0.000312	40,971,117	12,783	7,846,334	2,448	60.00			
65.00	06500	RESPIRATORY THERAPY	0.000000	20,825,208	0	612,513	0	65.00			
66.00	06600	PHYSICAL THERAPY	0.000000	7,372,457	0	225,195	0	66.00			
69.00	06900	ELECTROCARDIOLOGY	0.000000	19,947,161	0	19,421,553	0	69.00			
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,098,574	0	694,882	0	70.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	21,995,806	0	19,730,753	0	71.00			
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,448,127	0	23,523,967	0	72.00			
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002146	47,974,638	102,954	19,773,614	42,434	73.00			
74.00	07400	RENAL DIALYSIS	0.003799	3,626,547	13,777	157,655	599	74.00			
76.00	03020	OTHER ANCILLARY	0.000000	375,104	0	3,016,180	0	76.00			
76.97	07697	CARDIAC REHABILITATION	0.014585	546,254	7,967	550,387	8,027	76.97			
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.024644	0	0	1,547,785	38,144	76.98			
	OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	0.000509	11,215,365	5,709	9,131,335	4,648	91.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.006687	461,683	3,087	1,206,000	8,065	92.00			
200.00		Total (lines 50 through 199)		354,048,528	157,188	275,330,655	125,010	200.00			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 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	0.149004	28,460,217	0	0	4,240,686	50.00	
50.01	05001	GASTRODIAGNOSTIC UNIT	0.189747	4,397,606	0	0	834,433	50.01	
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0.210400	3,746,095	0	0	788,178	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.312892	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.062391	8,870,068	7	0	553,412	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101021	9,479,567	31	0	957,635	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112030	5,009,435	0	0	561,207	55.00	
56.00	05600	RADIOISOTOPE	0.115748	6,423,508	35	0	743,508	56.00	
57.00	05700	CT SCAN	0.018642	17,893,413	113	0	333,569	57.00	
58.00	05800	MRI	0.052130	2,522,389	24	0	131,492	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.061227	81,090,204	9	0	4,964,910	59.00	
60.00	06000	LABORATORY	0.140066	7,846,334	2,778	0	1,099,005	60.00	
65.00	06500	RESPIRATORY THERAPY	0.110032	612,513	4	0	67,396	65.00	
66.00	06600	PHYSICAL THERAPY	0.265488	225,195	0	0	59,787	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.065694	19,421,553	0	0	1,275,880	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125725	694,882	0	0	87,364	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.313425	19,730,753	30	0	6,184,111	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340685	23,523,967	42,000	0	8,014,263	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173307	19,773,614	1	256,335	3,426,906	73.00	
74.00	07400	RENAL DIALYSIS	0.326180	157,655	0	0	51,424	74.00	
76.00	03020	OTHER ANCILLARY	0.314119	3,016,180	0	123	947,439	76.00	
76.97	07697	CARDIAC REHABILITATION	0.511725	550,387	0	0	281,647	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306735	1,547,785	0	0	474,760	76.98	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.196856	9,131,335	0	448	1,797,558	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.323668	1,206,000	0	0	390,344	92.00	
200.00		Subtotal (see instructions)		275,330,655	45,032	256,906	38,266,914	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		275,330,655	45,032	256,906	38,266,914	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 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
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
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	3	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	4	0	56.00
57.00	05700	CT SCAN	2	0	57.00
58.00	05800	MRI	1	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1	0	59.00
60.00	06000	LABORATORY	389	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,309	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,425	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	39	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	88	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	14,718	44,552	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	14,718	44,552	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 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)		83,270	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		83,270	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)		80,506	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)		31,748	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)		69,779,308	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)		69,779,308	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)		69,779,308	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)		837.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,604,507	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)		26,604,507	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0053

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 9:32 am

		Title XVIII		Hospital	PPS	
Cost Center Description		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	27,567,391	15,941	1,729.34	6,513	11,263,191
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	HIGH RISK NEONATAL	13,908,989	13,683	1,016.52	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					54,046,905
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					91,914,603
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,806,851
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,610,819
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,417,670
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					82,496,933
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,764
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					837.99
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,316,204

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 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	7,401,270	69,779,308	0.106067	2,316,204	245,673	90.00		
91.00	Nursing School cost	1,441,584	69,779,308	0.020659	2,316,204	47,850	91.00		
92.00	Allied health cost	0	69,779,308	0.000000	2,316,204	0	92.00		
93.00	All other Medical Education	0	69,779,308	0.000000	2,316,204	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:32 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		58,761,975	30.00
31.00	03100	INTENSIVE CARE UNIT		24,360,439	31.00
35.00	02040	HIGH RISK NEONATAL		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.149014	37,606,920	5,603,958 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.189747	1,923,658	365,008 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0 50.02
51.00	05100	RECOVERY ROOM	0.210400	2,459,590	517,498 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314893	87,381	27,516 52.00
53.00	05300	ANESTHESIOLOGY	0.064862	8,926,180	578,970 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101021	14,969,599	1,512,244 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112030	139,753	15,657 55.00
56.00	05600	RADIOISOTOPE	0.115748	1,596,745	184,820 56.00
57.00	05700	CT SCAN	0.018642	26,228,746	488,956 57.00
58.00	05800	MRI	0.052130	4,702,516	245,142 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061227	46,549,399	2,850,080 59.00
60.00	06000	LABORATORY	0.140066	40,971,117	5,738,660 60.00
65.00	06500	RESPIRATORY THERAPY	0.110032	20,825,208	2,291,439 65.00
66.00	06600	PHYSICAL THERAPY	0.265488	7,372,457	1,957,299 66.00
69.00	06900	ELECTROCARDIOLOGY	0.066715	19,947,161	1,330,775 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125988	1,098,574	138,407 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.313425	21,995,806	6,894,035 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340685	32,448,127	11,054,590 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173307	47,974,638	8,314,341 73.00
74.00	07400	RENAL DIALYSIS	0.326180	3,626,547	1,182,907 74.00
76.00	03020	OTHER ANCILLARY	0.314119	375,104	117,827 76.00
76.97	07697	CARDIAC REHABILITATION	0.511725	546,254	279,532 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306735	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.196856	11,215,365	2,207,812 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.323668	461,683	149,432 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		354,048,528	54,046,905 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		354,048,528	54,046,905 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:32 am
			Component CCN:14-U053		
			Title XIX	Swing Beds - SNF	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	HIGH RISK NEONATAL			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.149004	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.189747	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.210400	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.312892	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062391	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101021	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.112030	0	55.00
56.00	05600	RADIOISOTOPE	0.115748	0	56.00
57.00	05700	CT SCAN	0.018642	0	57.00
58.00	05800	MRI	0.052130	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061227	0	59.00
60.00	06000	LABORATORY	0.140066	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.110032	0	65.00
66.00	06600	PHYSICAL THERAPY	0.265488	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.065694	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125725	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.313425	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340685	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173307	0	73.00
74.00	07400	RENAL DIALYSIS	0.326180	0	74.00
76.00	03020	OTHER ANCILLARY	0.314119	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.511725	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306735	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.196856	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.323668	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:32 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)		18,545,126	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		55,708,218	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)		866,013	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,510,839	2.04
3.00	Managed Care Simulated Payments		30,023,427	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		402.64	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)		59.19	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)		59.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		70.87	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)		59.19	12.00
13.00	Total allowable FTE count for the prior year.		59.19	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.		59.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.		59.19	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		59.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.147005	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.152808	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.147005	21.00
22.00	IME payment adjustment (see instructions)		5,725,750	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,315,136	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)		11.68	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)		5,725,750	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,315,136	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.32	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.10	31.00
32.00	Sum of lines 30 and 31		34.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.61	33.00
34.00	Disproportionate share adjustment (see instructions)		3,269,003	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000244470	0.000246633	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,041,470	2,044,590	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		513,156	1,529,241	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,042,397		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		88,667,346		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)			90,982,482	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,941,769	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).			1,854,422	52.00
53.00	Nursing and Allied Health Managed Care payment			252,535	53.00
54.00	Special add-on payments for new technologies			527,285	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).			928,159	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			157,188	58.00
59.00	Total (sum of amounts on lines 49 through 58)			101,643,840	59.00
60.00	Primary payer payments			22,077	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			101,621,763	61.00
62.00	Deductibles billed to program beneficiaries			6,143,844	62.00
63.00	Coinsurance billed to program beneficiaries			351,294	63.00
64.00	Allowable bad debts (see instructions)			1,629,024	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,058,866	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,403,353	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			96,185,491	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)			-488,228	70.93
70.94	HRR adjustment amount (see instructions)			-157,394	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		95,539,869	71.00	
71.01	Sequestration adjustment (see instructions)		0	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		96,596,193	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-1,056,324	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,834,290	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:32 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	18,545,126	0	18,545,126		18,545,126
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	55,708,218	0		55,708,218	55,708,218
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	866,013	0	866,013		866,013
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,510,839	0		2,510,839	2,510,839
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	30,023,427	0	6,805,857	23,217,570	30,023,427
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.147005	0.147005	0.147005	0.147005	
6.00	IME payment adjustment (see instructions)	22.00	5,725,750	0	1,430,033	4,295,717	5,725,750
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,315,136	0	524,806	1,790,330	2,315,136
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	5,725,750	0	1,430,033	4,295,717	5,725,750
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,315,136	0	524,806	1,790,330	2,315,136
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1761	0.1761	0.1761	0.1761	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,269,003	0	816,449	2,452,554	3,269,003
11.01	Uncompensated care payments	36.00	2,042,397	0	513,156	1,529,241	2,042,397
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	88,667,346	0	22,170,777	66,496,569	88,667,346
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	90,982,482	0	22,695,583	68,286,899	90,982,482

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:32 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,941,769	0	1,764,288	5,177,481	6,941,769
17.00	Special add-on payments for new technologies	54.00	527,285	0	1,820	525,465	527,285
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	24,461,691	73,989,845	98,451,536
		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	5,705,037	0	1,457,701	4,247,336	5,705,037
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	507,057	0	120,147	386,910	507,057
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0557	0.0557	0.0557	0.0557	
23.00	Indirect medical education adjustment (see instructions)	6.00	317,771	0	81,194	236,577	317,771
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0722	0.0722	0.0722	0.0722	
25.00	Disproportionate share adjustment (see instructions)	11.00	411,904	0	105,246	306,658	411,904
26.00	Total prospective capital payments (see instructions)	12.00	6,941,769	0	1,764,288	5,177,481	6,941,769
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0053		Period: From 07/01/2020 To 06/30/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2021 9:32 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		18,545,126	18,545,126		18,545,126	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02		55,708,218		55,708,218	55,708,218	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		866,013	866,013		866,013	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04		2,510,839		2,510,839	2,510,839	2.03
3.00	Operating outlier reconciliation	2.01		0	0	0	0	3.00
4.00	Managed care simulated payments	3.00		30,023,427	6,805,857	23,217,570	30,023,427	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00		0.147005	0.147005	0.147005		5.00
6.00	IME payment adjustment (see instructions)	22.00		5,725,750	1,430,033	4,295,717	5,725,750	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01		2,315,136	524,806	1,790,330	2,315,136	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		5,725,750	1,430,033	4,295,717	5,725,750	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01		2,315,136	524,806	1,790,330	2,315,136	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00		0.1761	0.1761	0.1761		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00		3,269,003	816,449	2,452,554	3,269,003	11.00
11.01	Uncompensated care payments	36.00		2,042,397	513,156	1,529,241	2,042,397	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		88,667,346	22,170,777	66,496,569	88,667,346	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		90,982,482	22,695,583	68,286,899	90,982,482	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00		6,941,769	1,764,288	5,177,481	6,941,769	16.00
17.00	Special add-on payments for new technologies	54.00		527,285	1,820	525,465	527,285	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				24,461,691	73,989,845	98,451,536	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 9:32 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	5,705,037	1,457,701	4,247,336	5,705,037	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	507,057	120,147	386,910	507,057	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	0.0557	0.0557	0.0557		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	317,771	81,194	236,577	317,771	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0722	0.0722	0.0722		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	411,904	105,246	306,658	411,904	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,941,769	1,764,288	5,177,481	6,941,769	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	-488,228	-103,111	-385,117	-488,228	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	-157,394	-5,565	-151,829	-157,394	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: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		59,270	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		38,141,904	2.00
3.00	OPPI payments		41,050,441	3.00
4.00	Outlier payment (see instructions)		37,785	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		125,010	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		59,270	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		301,938	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)		301,938	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 charge basis 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)		301,938	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		242,668	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)		59,270	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)		41,213,236	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		8,451	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,263,620	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)		35,000,435	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		773,236	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)		35,773,671	30.00
31.00	Primary payer payments		9,880	31.00
32.00	Subtotal (line 30 minus line 31)		35,763,791	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)		926,758	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		602,393	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		795,444	36.00
37.00	Subtotal (see instructions)		36,366,184	37.00
38.00	MSP-LCC reconciliation amount from PS&R		792	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)		36,365,392	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		36,178,077	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)		187,315	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 9:32 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		97,146,224		36,324,713	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/22/2021	550,031	02/22/2021	146,636	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)		-550,031		-146,636	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)		96,596,193		36,178,077	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		187,315	6.01
6.02	SETTLEMENT TO PROGRAM		1,056,324		0	6.02
7.00	Total Medicare program liability (see instructions)		95,539,869		36,365,392	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN:14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E-2
		Component CCN:14-U053		Date/Time Prepared: 11/30/2021 9:32 am
		Title XIX	Swing Beds - SNF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration		0	16.99
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	19.25
20.00	Interim payments		0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)		0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 9:32 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.			72.35	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			12.38	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)			59.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			71.54	6.00
7.00	Enter the lesser of line 5 or line 6			59.97	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	38.58	31.04	69.62	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.	32.34	26.02	58.36	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	32.34	26.02		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	32.96	25.86		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	32.07	26.78		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	32.46	26.22		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	32.46	26.22		17.00
18.00	Per resident amount	90,338.61	90,338.61		18.00
19.00	Approved amount for resident costs	2,932,391	2,368,678	5,301,069	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)			11.57	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)			5,301,069	25.00
		Inpatient Part A 1.00	Managed Care Prior to 1/1 2.00	Managed Care On or after 1/1 2.01	Total 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)	38,261	7,943	9,557	26.00
27.00	Total Inpatient Days (see instructions)	111,056	111,056	111,056	27.00
28.00	Ratio of inpatient days to total inpatient days	0.344520	0.071522	0.086056	28.00
29.00	Program direct GME amount	1,826,324	379,143	456,189	29.00
29.01	Percent reduction for MA DGME		4.07	4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		15,431	18,567	30.00
31.00	Net Program direct GME amount			2,627,658	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL 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)			27,541	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			7,249,700	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.003799	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)			91,914,603	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			22,077	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			91,892,526	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			38,326,184	42.00
43.00	Primary payer payments (see instructions)			9,880	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			38,316,304	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			130,208,830	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.705732	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.294268	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,627,658	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,854,422	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			773,236	50.00

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

Provider CCN: 14-0053

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

Worksheet G

Date/Time Prepared:
11/30/2021 9:32 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	3,122,680	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	211,148,699	0	0	0	4.00
5.00	Other receivable	1,607,395	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-121,591,133	0	0	0	6.00
7.00	Inventory	14,574,669	0	0	0	7.00
8.00	Prepaid expenses	3,782,824	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,172,078	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	113,817,212	0	0	0	11.00
FIXED ASSETS						
12.00	Land	24,049,463	0	0	0	12.00
13.00	Land improvements	10,992,753	0	0	0	13.00
14.00	Accumulated depreciation	-7,075,709	0	0	0	14.00
15.00	Buildings	367,878,226	0	0	0	15.00
16.00	Accumulated depreciation	-138,135,688	0	0	0	16.00
17.00	Leasehold improvements	3,343,467	0	0	0	17.00
18.00	Accumulated depreciation	-2,432,498	0	0	0	18.00
19.00	Fixed equipment	214,093,631	0	0	0	19.00
20.00	Accumulated depreciation	-123,731,112	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	213,631,336	0	0	0	23.00
24.00	Accumulated depreciation	-165,333,516	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	37,628,822	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	434,909,175	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	86,223,580	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	1,275,807	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	87,499,387	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	636,225,774	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,925,367	0	0	0	37.00
38.00	Salaries, wages, and fees payable	27,250,492	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	37,217,532	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	89,031,461	0	0	0	43.00
44.00	Other current liabilities	31,303,973	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	210,728,825	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	218,572,976	0	0	0	46.00
47.00	Notes payable	66,125,835	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	284,698,811	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	495,427,636	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	140,798,138				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	140,798,138	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	636,225,774	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0053

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

Worksheet G-1

Date/Time Prepared:
11/30/2021 9:32 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		103,129,342		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		99,635,957				2.00
3.00	Total (sum of line 1 and line 2)		202,765,299		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		202,765,299		0		11.00
12.00	TRANSFERS	61,967,161		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)		61,967,161		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		140,798,138		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS		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: 14-0053

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	154,733,381		154,733,381	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	154,733,381		154,733,381	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	59,100,625		59,100,625	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	HIGH RISK NEONATAL	60,561,274		60,561,274	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	119,661,899		119,661,899	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	274,395,280		274,395,280	17.00
18.00	Ancillary services	899,408,709	927,886,541	1,827,295,250	18.00
19.00	Outpatient services	37,529,148	76,950,921	114,480,069	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		3,885,523	3,885,523	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,744,602	2,744,602	26.00
27.00	HOME INFUSION	0	339,950	339,950	27.00
27.01	PROFESSIONAL SERVICES	6,487,795	8,595,378	15,083,173	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,217,820,932	1,020,402,915	2,238,223,847	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		571,030,796		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		571,030,796		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0053

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

Worksheet G-3

Date/Time Prepared:
11/30/2021 9:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,238,223,847	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,664,358,776	2.00
3.00	Net patient revenues (line 1 minus line 2)	573,865,071	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	571,030,796	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,834,275	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,595,745	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	57,404	12.00
13.00	Revenue from laundry and linen service	185,067	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	17,812	17.00
18.00	Revenue from sale of medical records and abstracts	197	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,850,004	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	196,470	20.00
21.00	Rental of vending machines	10,987	21.00
22.00	Rental of hospital space	4,017,389	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INC	7,888,681	24.00
24.01	GRANTS	2,665,551	24.01
24.02	INTER CO	6,836,729	24.02
24.03	NET ASSETS RELEASED	1,083,443	24.03
24.04	NON-OPERATING PENSION	63,708,586	24.04
24.50	COVID-19 PHE Funding	-774,117	24.50
25.00	Total other income (sum of lines 6-24)	99,339,948	25.00
26.00	Total (line 5 plus line 25)	102,174,223	26.00
27.00	NON OPERATING EXP'S	10,975	27.00
27.01	DISPOSAL OF ASSETS	25,715	27.01
27.02	SWAP PYMTS	2,501,576	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	2,538,266	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	99,635,957	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0053

Period:

Worksheet H

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 9:32 am

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportatio n (see instructions)	Contracted/Pu rchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0
2.00 Capital Related - Movable Equipment			0		0	0
3.00 Plant Operation & Maintenance	0	0	0	0	0	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	296,729	0	6,264	0	323,997	626,990
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	1,125,327	0	55,911	0	0	1,181,238
7.00 Physical Therapy	437,906	0	29,291	0	0	467,197
8.00 Occupational Therapy	257,057	0	13,372	0	0	270,429
9.00 Speech Pathology	43,271	0	0	0	0	43,271
10.00 Medical Social Services	34,539	0	2,158	0	0	36,697
11.00 Home Health Aide	31,557	0	7,227	0	0	38,784
12.00 Supplies (see instructions)	0	0	0	0	0	0
13.00 Drugs	0	0	0	0	0	0
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	0	0	0	0	0	0
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	2,226,386	0	114,223	0	323,997	2,664,606
	Reclassificat ion	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	0	0	0		2.00
3.00 Plant Operation & Maintenance	0	0	0	0		3.00
4.00 Transportation	0	0	0	0		4.00
5.00 Administrative and General	-141,641	485,349	0	485,349		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	-56,086	1,125,152	0	1,125,152		6.00
7.00 Physical Therapy	0	467,197	0	467,197		7.00
8.00 Occupational Therapy	0	270,429	0	270,429		8.00
9.00 Speech Pathology	0	43,271	0	43,271		9.00
10.00 Medical Social Services	0	36,697	0	36,697		10.00
11.00 Home Health Aide	0	38,784	0	38,784		11.00
12.00 Supplies (see instructions)	0	0	0	0		12.00
13.00 Drugs	0	0	0	0		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	0	0	0		17.00
18.00 Clinic	0	0	0	0		18.00
19.00 Health Promotion Activities	0	0	0	0		19.00
20.00 Day Care Program	0	0	0	0		20.00
21.00 Home Delivered Meals Program	0	0	0	0		21.00
22.00 Homemaker Service	0	0	0	0		22.00
23.00 All Others (specify)	0	0	0	0		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	-197,727	2,466,879	0	2,466,879		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0053

Period:

Worksheet H-1

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	485,349	0	0	0	0	485,349	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,125,152	0	0	0	0	1,125,152	6.00
7.00	Physical Therapy	467,197	0	0	0	0	467,197	7.00
8.00	Occupational Therapy	270,429	0	0	0	0	270,429	8.00
9.00	Speech Pathology	43,271	0	0	0	0	43,271	9.00
10.00	Medical Social Services	36,697	0	0	0	0	36,697	10.00
11.00	Home Health Aide	38,784	0	0	0	0	38,784	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,466,879	0	0	0	0	2,466,879	24.00
		Administrativ e & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	485,349						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	275,591	1,400,743					6.00
7.00	Physical Therapy	114,433	581,630					7.00
8.00	Occupational Therapy	66,238	336,667					8.00
9.00	Speech Pathology	10,599	53,870					9.00
10.00	Medical Social Services	8,988	45,685					10.00
11.00	Home Health Aide	9,500	48,284					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		2,466,879					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-1

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-485,349	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,125,152	6.00
7.00	Physical Therapy	0	0	0	0	467,197	7.00
8.00	Occupational Therapy	0	0	0	0	270,429	8.00
9.00	Speech Pathology	0	0	0	0	43,271	9.00
10.00	Medical Social Services	0	0	0	0	36,697	10.00
11.00	Home Health Aide	0	0	0	0	38,784	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-485,349	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	485,349	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.244936	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		0	1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	0	57,076	0	6,293	64,270	39,176	1.00
2.00	Skilled Nursing Care	1,400,743	0	0	0	231,593	0	2.00
3.00	Physical Therapy	581,630	0	0	0	94,848	0	3.00
4.00	Occupational Therapy	336,667	0	0	0	55,677	0	4.00
5.00	Speech Pathology	53,870	0	0	0	9,372	0	5.00
6.00	Medical Social Services	45,685	0	0	0	7,481	0	6.00
7.00	Home Health Aide	48,284	0	0	0	6,835	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,466,879	57,076	0	6,293	470,076	39,176	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		INFORMATION SYSTEMS	PURCHASING/RE CEIVING/STORE S	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	979,940	141	6,859	16,336	1,170,091	76,127	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,632,336	106,202	2.00
3.00	Physical Therapy	0	0	0	0	676,478	44,012	3.00
4.00	Occupational Therapy	0	0	0	0	392,344	25,526	4.00
5.00	Speech Pathology	0	0	0	0	63,242	4,115	5.00
6.00	Medical Social Services	0	0	0	0	53,166	3,459	6.00
7.00	Home Health Aide	0	0	0	0	55,119	3,586	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	979,940	141	6,859	16,336	4,042,776	263,027	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/30/2021 9:32 am

Home Health

PPS

Agency I

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	13,168	182,378	0	0	0	46,668	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	13,168	182,378	0	0	0	46,668	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATIO	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		13.00	14.00	15.00	16.00	20.00	21.00	
1.00	Administrative and General	144,628	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	23,716	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	144,628	0	0	0	23,716	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 amHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
		SERVICES-OTHER PRGM COSTS APPRV						
		22.00						
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	1,633,060	0	1,633,060				1.00
2.00	Skilled Nursing Care	1,762,254	0	1,762,254	933,372	2,695,626		2.00
3.00	Physical Therapy	720,490	0	720,490	381,605	1,102,095		3.00
4.00	Occupational Therapy	417,870	0	417,870	221,324	639,194		4.00
5.00	Speech Pathology	67,357	0	67,357	35,675	103,032		5.00
6.00	Medical Social Services	56,625	0	56,625	29,991	86,616		6.00
7.00	Home Health Aide	58,705	0	58,705	31,093	89,798		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	4,716,361	0	4,716,361	1,633,060	4,716,361		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.529647			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00		5.01	5.02	
1.00	Administrative and General	4,585	0	5,870	296,729	156	210	1.00
2.00	Skilled Nursing Care	0	0	0	1,069,241	0	0	2.00
3.00	Physical Therapy	0	0	0	437,906	0	0	3.00
4.00	Occupational Therapy	0	0	0	257,057	0	0	4.00
5.00	Speech Pathology	0	0	0	43,271	0	0	5.00
6.00	Medical Social Services	0	0	0	34,539	0	0	6.00
7.00	Home Health Aide	0	0	0	31,557	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,585	0	5,870	2,170,300	156	210	20.00
21.00	Total cost to be allocated	57,076	0	6,293	470,076	39,176	979,940	21.00
22.00	Unit cost multiplier	12.448419	0.000000	1.072061	0.216595	251.128205	4,666.380952	22.00
Cost Center Description		PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	
		5.03	5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	10,668	3,760,501	3,760,501	0	1,170,091	31	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,632,336	0	2.00
3.00	Physical Therapy	0	0	0	0	676,478	0	3.00
4.00	Occupational Therapy	0	0	0	0	392,344	0	4.00
5.00	Speech Pathology	0	0	0	0	63,242	0	5.00
6.00	Medical Social Services	0	0	0	0	53,166	0	6.00
7.00	Home Health Aide	0	0	0	0	55,119	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	10,668	3,760,501	3,760,501		4,042,776	31	20.00
21.00	Total cost to be allocated	141	6,859	16,336		263,027	13,168	21.00
22.00	Unit cost multiplier	0.013217	0.001824	0.004344		0.065061	424.774194	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 amHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	4,585	0	0	0	2,580	2,580	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,585	0	0	0	2,580	2,580	20.00
21.00	Total cost to be allocated	182,378	0	0	0	46,668	144,628	21.00
22.00	Unit cost multiplier	39.777099	0.000000	0.000000	0.000000	18.088372	56.057364	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	186	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	186	0	0	20.00
21.00	Total cost to be allocated	0	0	0	23,716	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	127.505376	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
		23.00	23.01	23.02	23.03	23.04		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 am

Title XVIII				Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,695,626		2,695,626	12,102	222.74
2.00	Physical Therapy	3.00	1,102,095	0	1,102,095	3,802	289.87
3.00	Occupational Therapy	4.00	639,194	0	639,194	1,794	356.30
4.00	Speech Pathology	5.00	103,032	0	103,032	251	410.49
5.00	Medical Social Services	6.00	86,616		86,616	171	506.53
6.00	Home Health Aide	7.00	89,798		89,798	1,037	86.59
7.00	Total (sum of lines 1-6)		4,716,361	0	4,716,361	19,157	

Cost Center Description			Program Visits				
			Part A	Part B			
	Not Subject to Deductibles & Coinsurance	Subject to Deductibles					
				0	1.00	2.00	3.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B		Part A		Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
6.00	7.00	8.00	9.00	10.00	11.00			

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	4,785		0	1,065,811	1.00
2.00	Physical Therapy	0	2,183		0	632,786	2.00
3.00	Occupational Therapy	0	1,007		0	358,794	3.00
4.00	Speech Pathology	0	102		0	41,870	4.00
5.00	Medical Social Services	0	85		0	43,055	5.00
6.00	Home Health Aide	0	545		0	47,192	6.00
7.00	Total (sum of lines 1-6)	0	8,707		0	2,189,508	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
-------------------------	------	------	------	------	-------	-------	--

Limitation Cost Computation

8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	49,208	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,065,811						1.00
2.00	Physical Therapy	632,786						2.00
3.00	Occupational Therapy	358,794						3.00
4.00	Speech Pathology	41,870						4.00
5.00	Medical Social Services	43,055						5.00
6.00	Home Health Aide	47,192						6.00
7.00	Total (sum of lines 1-6)	2,189,508						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.265488	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.313425	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.173307	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,369,490	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	176,233	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	16,854	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	7,975	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	57,656	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,628,208	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,628,208	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,628,208	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,628,208	29.00
30.00	OTHER ADJUSTMENTS	0	-451	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	1,627,757	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	1,627,757	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0053 HHA CCN: 14-7222		Period: From 07/01/2020 To 06/30/2021		Worksheet H-5 Date/Time Prepared: 11/30/2021 9:32 am	
				Home Health Agency I		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		0		1,627,757	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01			0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50			0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,627,757	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01			0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50			0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		1,627,757	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 9:32 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		29,259	29,259	0	29,259	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	0	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	37	37	0	37	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	121	121	0	121	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	72,461	0	72,461	0	72,461	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	8,060	8,060	0	8,060	11.00
12.00	STAFF TRANSPORTATION*	0	12,750	12,750	0	12,750	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	34,022	0	34,022	0	34,022	13.00
14.00	PHARMACY*	0	130,311	130,311	0	130,311	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	10,725	2,331	13,056	0	13,056	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	40,325	40,325	0	40,325	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	283,462	0	283,462	-14,383	269,079	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	21,937	0	21,937	0	21,937	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	182,095	182,095	0	182,095	38.00
39.00	PATIENT TRANSPORTATION**	0	3,485	3,485	0	3,485	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	84	84	0	84	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	35,599	35,599	-28,619	6,980	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	368,972	368,972	0	368,972	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	422,607	813,429	1,236,036	-43,002	1,193,034	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 9:32 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	29,259	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	37	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	121	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	72,461	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	8,060	11.00
12.00	STAFF TRANSPORTATION*	0	12,750	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	34,022	13.00
14.00	PHARMACY*	0	130,311	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	13,056	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	40,325	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	269,079	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	21,937	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	182,095	38.00
39.00	PATIENT TRANSPORTATION**	0	3,485	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	84	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	6,980	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	368,972	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,193,034	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0053

Period:

Worksheet 0-2

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 9:32 am

						Hospice I		11/30/2021 9:32 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED							25.00	
26.00	PHYSICIAN SERVICES	0	40,325	40,325	0	40,325		26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0		27.00	
28.00	REGISTERED NURSE	279,408	0	279,408	-14,383	265,025		28.00	
29.00	LPN/LVN	0	0	0	0	0		29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0		30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0		32.00	
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0		33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0		34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0		35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0		36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	21,937	0	21,937	0	21,937		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	182,095	182,095	0	182,095		38.00	
39.00	PATIENT TRANSPORTATION	0	3,485	3,485	0	3,485		39.00	
40.00	IMAGING SERVICES	0	0	0	0	0		40.00	
41.00	LABS & DIAGNOSTICS	0	84	84	0	84		41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	35,599	35,599	-28,619	6,980		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0		43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0		44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0		45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0		46.00	
100.00	TOTAL *	301,345	261,588	562,933	-43,002	519,931		100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	40,325	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	265,025	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	21,937	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	182,095	38.00
39.00	PATIENT TRANSPORTATION	0	3,485	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	84	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	6,980	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	519,931	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-3

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 9:32 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	295	0	295	0	295	28.00
29.00	LPN/LVN	0		0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	295	0	295	0	295	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	295	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	295	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-4

Hospice CCN: 14-1503

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/30/2021 9:32 am

		Hospice I			
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
	1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	27.00
28.00	REGISTERED NURSE	3,759	0	3,759	28.00
29.00	LPN/LVN	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	46.00
100.00	TOTAL *	3,759	0	3,759	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	3,759	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,759	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-5

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 9:32 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	19,021	19,021	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,259	28	29,287	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	88,419	88,419	3.00
4.00	ADMINISTRATIVE & GENERAL	0	116,104	116,104	4.00
5.00	PLANT OPERATION & MAINTENANCE	37	60,779	60,816	5.00
6.00	LAUNDRY & LINEN SERVICE	121	0	121	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	72,461	29,542	102,003	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	8,060	0	8,060	11.00
12.00	STAFF TRANSPORTATION	12,750	0	12,750	12.00
13.00	VOLUNTEER SERVICE COORDINATION	34,022	0	34,022	13.00
14.00	PHARMACY	130,311	77,252	207,563	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	13,056	0	13,056	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	519,931	0	519,931	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	295	0	295	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,759	0	3,759	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	368,972	0	368,972	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,193,034	391,145	1,584,179	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 am

				Hospice I			
Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	19,021	19,021				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,287		29,287			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	88,419	0	0	88,419		3.00
4.00	ADMINISTRATIVE & GENERAL	116,104	19,021	29,287		164,412	4.00
5.00	PLANT OPERATION & MAINTENANCE	60,816	0	0	0	60,816	5.00
6.00	LAUNDRY & LINEN SERVICE	121	0	0	0	121	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	102,003	0	0	15,161	117,164	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	8,060	0	0	0	8,060	11.00
12.00	STAFF TRANSPORTATION	12,750	0	0	0	12,750	12.00
13.00	VOLUNTEER SERVICE COORDINATION	34,022	0	0	7,118	41,140	13.00
14.00	PHARMACY	207,563	0	0	0	207,563	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	13,056	0	0	2,244	15,300	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	519,931			63,048	582,979	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	295	0	0	62	357	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,759	0	0	786	4,545	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	368,972				368,972	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	1,584,179	19,021	29,287	88,419	1,584,179	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS				Provider CCN: 14-0053 Hospice CCN: 14-1503		Period: From 07/01/2020 To 06/30/2021		Worksheet 0-6 Part I Date/Time Prepared: 11/30/2021 9:32 am	
Descriptions				ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
				4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT								1.00
2.00	CAP REL COSTS-MVBLE EQUIP								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMINISTRATIVE & GENERAL	164,412							4.00
5.00	PLANT OPERATION & MAINTENANCE	9,516	70,332						5.00
6.00	LAUNDRY & LINEN SERVICE	19	0		140				6.00
7.00	HOUSEKEEPING	0	0				0		7.00
8.00	DIETARY	0	0				0	0	8.00
9.00	NURSING ADMINISTRATION	18,332	0				0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				0		10.00
11.00	MEDICAL RECORDS	1,261	0				0		11.00
12.00	STAFF TRANSPORTATION	1,995	0				0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	6,437	0				0		13.00
14.00	PHARMACY	32,476	0				0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				0		15.00
16.00	OTHER GENERAL SERVICE	2,394	0				0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0				0		17.00
LEVEL OF CARE									
50.00	HOSPICE CONTINUOUS HOME CARE	0							50.00
51.00	HOSPICE ROUTINE HOME CARE	91,215							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	56	4,923		10		0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	711	65,409		130		0	0	53.00
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM	0	0				0		60.00
61.00	VOLUNTEER PROGRAM	0	0				0		61.00
62.00	FUNDRAISING	0	0				0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0				0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0				0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0				0		65.00
66.00	RESIDENTIAL CARE	0	0		0		0	0	66.00
67.00	ADVERTISING	0	0				0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0				0		68.00
69.00	THRIFT STORE	0	0				0		69.00
70.00	NURSING FACILITY ROOM & BOARD								70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0		0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0		0		99.00
100.00	TOTAL	164,412	70,332		140		0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 am

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	135,496					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		9,321			11.00
12.00	STAFF TRANSPORTATION	0			14,745		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	47,577	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	126,304	0	8,690	14,745	44,349	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	695	0	46	0	228	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,497	0	585	0	3,000	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	135,496	0	9,321	14,745	47,577	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/30/2021 9:32 am

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	240,039					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		17,694			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	187,953	0	16,622		1,072,857	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	50,679	0	0	0	56,994	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,407	0	1,072	0	85,356	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					368,972	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	240,039	0	17,694	0	1,584,179	100.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,528					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		29,259				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	422,607			3.00
4.00	ADMINISTRATIVE & GENERAL	1,528	29,259	0	-164,412	1,050,795	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	60,816	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	121	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	72,461	0	117,164	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	8,060	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	12,750	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	34,022	0	41,140	13.00
14.00	PHARMACY	0	0	0	0	207,563	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	10,725	0	15,300	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			301,345	0	582,979	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	295	0	357	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	3,759	0	4,545	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-368,972		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	19,021	29,287	88,419		164,412	100.00
101.00	UNIT COST MULTIPLIER	12.448298	1.000957	0.209223		0.156464	101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	481				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		1,754	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,635	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7	35	0	0	9	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	93	446	0	0	110	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	70,332	140	0	0	135,496	100.00
101.00	UNIT COST MULTIPLIER	703.320000	0.291060	0.000000	0.000000	77.249715	101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		7,109				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,253		13.00
14.00	PHARMACY			0	0	2,746,236	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	6,628	100	1,168	2,150,336	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	35	0	6	579,800	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	446	0	79	16,100	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	9,321	14,745	47,577	240,039	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.311155	147.450000	37.970471	0.087407	101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		99			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	93			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	6	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	17,694	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	178.727273	0.000000		101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-7

Hospice CCN: 14-1503

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

Date/Time Prepared:
11/30/2021 9:32 am

			Hospice I				
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.265488	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.173307	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.140066	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.313425	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.112030	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.314119	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.511725	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.306735	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0053

Period:

Worksheet 0-8

Hospice CCN: 14-1503

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/30/2021 9:32 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,072,857	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			6,628	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			161.87	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	5,871	113		9.00
10.00	Program cost (line 8 times line 9)	950,339	18,291		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			56,994	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			35	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,628.40	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	25	8		14.00
15.00	Program cost (line 13 times line 14)	40,710	13,027		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			85,356	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			446	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			191.38	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	391	23		19.00
20.00	Program cost (line 18 times line 19)	74,830	4,402		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,215,207	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,109	22.00
23.00	Average cost per diem (line 21 divided by line 22)			170.94	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0053	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,705,037	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		507,057	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)		308.43	3.00
4.00	Number of interns & residents (see instructions)		59.19	4.00
5.00	Indirect medical education percentage (see instructions)		5.57	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)		317,771	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.32	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.10	8.00
9.00	Sum of lines 7 and 8		34.42	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.22	10.00
11.00	Disproportionate share adjustment (see instructions)		411,904	11.00
12.00	Total prospective capital payments (see instructions)		6,941,769	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