

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: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/25/2022 1:38 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/25/2022	Time: 1:38 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PALOS COMMUNITY HOSPITAL (14-0062) for the cost reporting period beginning 01/01/2021 and ending 08/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	371,641	49,534	0	0	1.00
2.00	Subprovider - IPF	0	12,019	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	2,389		0	9.00
200.00	Total	0	383,660	51,923	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: 14-0062		Period: From 01/01/2021 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:38 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 12251 S. 80TH AVENUE			PO Box:				1.00		
2.00	City: ORLAND PARK			State: IL		Zip Code: 60462		County: COOK 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		PALOS COMMUNITY HOSPITAL	140062	16984	1	07/01/1966	N	P	P 3.00
4.00	Subprovider - IPF		PALOS COMMUNITY HOSPITAL PSYCH	14S062	16984	4	01/01/1984	N	P	P 4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									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		PALOS COMMUNITY HOSPITAL HHA	147470	16984		10/27/1987	N	P	N 12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice		PALOS COMMUNITY HOSPITAL HOSPICE	141591	16984		06/06/1997			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)						01/01/2021	08/31/2021		20.00
21.00	Type of Control (see instructions)						2			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.					N	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)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
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	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.	795	701	0	0	4,441	27	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
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00
62.01	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
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00

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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			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.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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: 14-0062		Period: From 01/01/2021 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:38 pm	
				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.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			893,796	5,121,703	728,287	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.			Y		5.06	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: 14-0062		Period: From 01/01/2021 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:38 pm	
			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		HB0640		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: NORTHWESTERN MEMORIAL HEALTHCARE		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			141.00
142.00	Street: 251 E HURON STREET		PO Box:					142.00
143.00	City: CHICAGO		State: IL		Zip Code: 60611			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.			N		N		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
								1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N			149.00
				Part A	Part B	Title V	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
				0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00
								1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00		169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/25/2022 1:38 pm
			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: 14-0062		Period: From 01/01/2021 To 08/31/2021		Worksheet S-2 Part II Date/Time Prepared: 1/25/2022 1:38 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	01/01/2021			1.00	
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A			4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N				5.00	
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N				6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y				7.00	
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	N				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y				12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y				13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N				14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N				15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/09/2021	Y	12/09/2021	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		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	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.	JOLYNE		SCHNEIDER	41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC REIMBURSEMENT GROUP LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-403-1378		JOLYNE.SCHNEIDER@SRGROUPLLC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	353	85,779	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)		353	85,779	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	5,832	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		377	91,611	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	8,748		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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)		413				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)		28	6,804			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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	27,027	1,137	49,425		1.00
2.00	HMO and other (see instructions)	9,207	4,441			2.00
3.00	HMO IPF Subprovider	0	111			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)	27,027	1,137	49,425		7.00
8.00	INTENSIVE CARE UNIT	2,598	284	4,942		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		75	854		13.00
14.00	Total (see instructions)	29,625	1,496	55,221	0.00	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	623	83	2,235	0.00	16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	32,829	1,745	52,040	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	24.00
24.10	HOSPICE (non-distinct part)			890		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	26.25
27.00	Total (sum of lines 14-26)				0.00	1,460.09
28.00	Observation Bed Days		1,668	8,351		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	27	138		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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,648	328	11,748	1.00
2.00 HMO and other (see instructions)			1,432	874		2.00
3.00 HMO IPF Subprovider				131		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,648	328	11,748	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	96	14	502	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

	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	104,567,312	0	104,567,312	2,815,060.60	37.15
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,298,972	-28,735	11,270,237	307,117.28	36.70
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		38,075	0	38,075	198.75	191.57
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		15,592,491	0	15,592,491	346,489.31	45.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,482,832	0	22,482,832		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,735,073	0	2,735,073		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,439,267	0	1,439,267		
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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

		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	727,541	0	727,541	21,585.66	33.70	26.00
27.00	Administrative & General	5.00	18,974,599	0	18,974,599	401,039.03	47.31	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,554,970	0	1,554,970	44,039.76	35.31	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	20,778	0	20,778	985.68	21.08	31.00
32.00	Housekeeping	9.00	1,972,324	0	1,972,324	103,423.03	19.07	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,830,404	-661,769	1,168,635	53,281.18	21.93	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	661,769	661,769	30,171.84	21.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	758,795	0	758,795	15,638.76	48.52	38.00
39.00	Central Services and Supply	14.00	1,444,317	0	1,444,317	64,889.91	22.26	39.00
40.00	Pharmacy	15.00	2,548,202	28,735	2,576,937	55,095.49	46.77	40.00
41.00	Medical Records & Medical Records Library	16.00	2,202,436	0	2,202,436	67,898.68	32.44	41.00
42.00	Social Service	17.00	633,137	0	633,137	15,890.89	39.84	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part III
Date/Time Prepared:
1/25/2022 1:38 pm

	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)	104,567,312	0	104,567,312	2,815,060.60	37.15	1.00
2.00	Excluded area salaries (see instructions)	11,298,972	-28,735	11,270,237	307,117.28	36.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,268,340	28,735	93,297,075	2,507,943.32	37.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,630,566	0	15,630,566	346,688.06	45.09	4.00
5.00	Subtotal wage-related costs (see inst.)	23,922,099	0	23,922,099	0.00	25.64	5.00
6.00	Total (sum of lines 3 thru 5)	132,821,005	28,735	132,849,740	2,854,631.38	46.54	6.00
7.00	Total overhead cost (see instructions)	32,667,503	28,735	32,696,238	873,939.91	37.41	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
1/25/2022 1:38 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,874,880	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	11,305,171	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	282,057	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	77,511	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)	232,126	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,071,245	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	7,427,242	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-52,327	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,217,905	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet S-3
Part V
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	25,217,905	1.00
2.00	Hospital	0	22,482,831	2.00
3.00	Subprovider - IPF	0	523,403	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	2,211,671	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0062 Component CCN: 14-7470		Period: From 01/01/2021 To 08/31/2021		Worksheet S-4 Date/Time Prepared: 1/25/2022 1:38 pm	
						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	6,829	264	663	7,756	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	1,865.00	0.00	0.00	0.00	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)			0.00	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.28	0.00	0.00	0.28	4.00
5.00	Other Administrative Personnel				27.72	0.00	0.00	27.72	5.00
6.00	Direct Nursing Service				32.88	0.00	0.00	32.88	6.00
7.00	Nursing Supervisor				3.03	0.00	0.00	3.03	7.00
8.00	Physical Therapy Service				16.52	0.00	0.00	16.52	8.00
9.00	Physical Therapy Supervisor				0.70	0.00	0.00	0.70	9.00
10.00	Occupational Therapy Service				3.46	0.00	0.00	3.46	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.94	0.00	0.00	0.94	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.97	0.00	0.00	0.97	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	0.00	15.00
16.00	Home Health Aide				4.02	0.00	0.00	4.02	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	0.00	17.00
18.00	DIETICIAN				0.95	0.00	0.00	0.95	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.				2				19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				16974				20.00
20.01					16984				20.01
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			12,725	2,024	444	36	15,229	21.00
22.00	Skilled Nursing Visit Charges			2,287,641	377,306	79,304	6,408	2,750,659	22.00
23.00	Physical Therapy Visits			11,979	1,517	172	77	13,745	23.00
24.00	Physical Therapy Visit Charges			2,333,565	295,815	33,540	15,015	2,677,935	24.00
25.00	Occupational Therapy Visits			1,522	704	9	10	2,245	25.00
26.00	Occupational Therapy Visit Charges			296,790	137,280	1,755	1,950	437,775	26.00
27.00	Speech Pathology Visits			443	170	15	3	631	27.00
28.00	Speech Pathology Visit Charges			86,385	33,150	2,925	585	123,045	28.00
29.00	Medical Social Service Visits			59	14	1	0	74	29.00
30.00	Medical Social Service Visit Charges			16,815	3,990	285	0	21,090	30.00
31.00	Home Health Aide Visits			729	167	2	7	905	31.00
32.00	Home Health Aide Visit Charges			77,789	17,869	214	749	96,621	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			27,457	4,596	643	133	32,829	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)			5,098,985	865,410	118,023	24,707	6,107,125	35.00
36.00	Total Number of Episodes (standard/non outlier)			3,087		386	23	3,496	36.00
37.00	Total Number of Outlier Episodes				221		0	221	37.00
38.00	Total Non-Routine Medical Supply Charges			242,235	61,051	7,773	139	311,198	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 14-0062 Hospice CCN: 14-1591		Period: From 01/01/2021 To 08/31/2021		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 1/25/2022 1:38 pm	
				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	2	2	10.00		
11.00	Hospice Routine Home Care		23,099	114	845	24,058	11.00		
12.00	Hospice Inpatient Respite Care		35	0	5	40	12.00		
13.00	Hospice General Inpatient Care		770	21	73	864	13.00		
14.00	Total Hospice Days		23,904	135	925	24,964	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: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet S-10 Date/Time Prepared: 1/25/2022 1:38 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.231431 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	18,113,163		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	465,000		5.00
6.00	Medicaid charges	103,404,247		6.00
7.00	Medicaid cost (line 1 times line 6)	23,930,948		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)	5,352,785		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)	5,352,785		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)	8,674,578	186,047	8,860,625 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,007,566	186,047	2,193,613 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)	2,007,566	186,047	2,193,613 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)	13,622,025		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	709,299		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,091,229		27.01
28.00	Non-Medicare bad debt expense (see instructions)	12,530,796		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,281,945		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,475,558		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,828,343		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/25/2022 1:38 pm

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		11,463,887	11,463,887	7,344,581	18,808,468	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,673,303	5,673,303	1,441,059	7,114,362	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	727,541	432,485	1,160,026	0	1,160,026	4.00
5.01	01160	COMMUNICATIONS	231,254	418,943	650,197	0	650,197	5.01
5.02	00550	DATA PROCESSING	3,475,982	5,186,043	8,662,025	-2,490	8,659,535	5.02
5.03	00560	PURCHASING AND STORES	347,527	882	348,409	0	348,409	5.03
5.04	00570	ADMITTING	1,444,975	42,189	1,487,164	0	1,487,164	5.04
5.05	00580	CASHIERING	1,234,943	1,028,315	2,263,258	0	2,263,258	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	12,239,918	58,065,889	70,305,807	-9,075,511	61,230,296	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,554,970	3,843,148	5,398,118	0	5,398,118	6.00
6.01	00601	CLINICAL ENGINEERING	0	3,616,981	3,616,981	0	3,616,981	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,778	415,717	436,495	0	436,495	8.00
9.00	00900	HOUSEKEEPING	1,972,324	991,351	2,963,675	0	2,963,675	9.00
10.00	01000	DIETARY	1,830,404	1,100,598	2,931,002	-1,059,682	1,871,320	10.00
11.00	01100	CAFETERIA	0	0	0	1,059,682	1,059,682	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	758,795	13,173	771,968	0	771,968	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,444,317	1,316,211	2,760,528	-3,164	2,757,364	14.00
15.00	01500	PHARMACY	2,548,202	10,505,740	13,053,942	-9,887,914	3,166,028	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,202,436	177,474	2,379,910	0	2,379,910	16.00
17.00	01700	SOCIAL SERVICE	633,137	27,973	661,110	-16,736	644,374	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	158,278	5,440	163,718	-28,735	134,983	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,482,906	3,939,732	30,422,638	-189,419	30,233,219	30.00
31.00	03100	INTENSIVE CARE UNIT	4,679,169	1,108,818	5,787,987	-1,485	5,786,502	31.00
40.00	04000	SUBPROVIDER - IPF	2,232,971	34,934	2,267,905	0	2,267,905	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,137,809	18,592,696	24,730,505	-16,397,100	8,333,405	50.00
51.00	05100	RECOVERY ROOM	934,193	134,571	1,068,764	0	1,068,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	593,120	593,120	0	593,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,735,519	587,297	3,322,816	-11,092	3,311,724	54.00
54.01	03630	ULTRASOUND	696,222	59,741	755,963	-37,075	718,888	54.01
57.00	05700	CT SCAN	871,605	465,848	1,337,453	-314,634	1,022,819	57.00
58.00	05800	MRI	216,869	54,235	271,104	-42,206	228,898	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,213,520	7,318,946	8,532,466	-7,202,960	1,329,506	59.00
60.00	06000	LABORATORY	3,382,040	5,646,723	9,028,763	-1,263,986	7,764,777	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	247,995	1,263,014	1,511,009	0	1,511,009	63.00
64.00	06400	INTRAVENOUS THERAPY	782,809	312,353	1,095,162	-306,429	788,733	64.00
65.00	06500	RESPIRATORY THERAPY	1,541,998	295,079	1,837,077	-245,995	1,591,082	65.00
66.00	06600	PHYSICAL THERAPY	2,981,467	292,022	3,273,489	-53,913	3,219,576	66.00
68.00	06800	SPEECH PATHOLOGY	276,681	2,429	279,110	-1,695	277,415	68.00
69.00	06900	ELECTROCARDIOLOGY	871,168	81,704	952,872	78,048	1,030,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,031	10,736	93,767	0	93,767	70.00
70.01	03290	EMG	12,789	1,165	13,954	0	13,954	70.01
70.03	03030	ANGIOGRAPHY	640,926	992,392	1,633,318	-792,804	840,514	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,171,365	17,171,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,181,256	11,181,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,911,600	9,911,600	73.00
74.00	07400	RENAL DIALYSIS	0	758,989	758,989	0	758,989	74.00
76.97	07697	CARDIAC REHABILITATION	362,905	12,301	375,206	2,152	377,358	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	85,898	0	85,898	0	85,898	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	581,280	63,023	644,303	60,769	705,072	90.01
91.00	09100	EMERGENCY	4,112,173	1,844,565	5,956,738	-1,078,848	4,877,890	91.00
91.01	04951	PRIMARY CARE CENTER PCC	669,865	1,564,247	2,234,112	-1,023,765	1,210,347	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,581,247	1,110,220	7,691,467	-302,339	7,389,128	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/25/2022 1:38 pm

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	
116.00	11600	HOSPICE	1,921,449	674,321	2,595,770	-69,344	2,526,426	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,162,285	152,140,963	256,303,248	-1,158,809	255,144,439	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	16,191	239,703	255,894	1,158,048	1,413,942	192.00
194.01	07950	PRIVATE DUTY NURSING	388,836	10,883	399,719	761	400,480	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	104,567,312	152,391,549	256,958,861	0	256,958,861	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,863,793	11,944,675	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-4,389,841	2,724,521	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-173,165	986,861	4.00
5.01	01160	COMMUNICATIONS	-34,089	616,108	5.01
5.02	00550	DATA PROCESSING	-3,533	8,656,002	5.02
5.03	00560	PURCHASING AND STORES	0	348,409	5.03
5.04	00570	ADMITTING	0	1,487,164	5.04
5.05	00580	CASHIERING	-16	2,263,242	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	-3,565,764	57,664,532	5.06
6.00	00600	MAINTENANCE & REPAIRS	-12,763	5,385,355	6.00
6.01	00601	CLINICAL ENGINEERING	868	3,617,849	6.01
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-7,585	428,910	8.00
9.00	00900	HOUSEKEEPING	1,968	2,965,643	9.00
10.00	01000	DIETARY	-39,321	1,831,999	10.00
11.00	01100	CAFETERIA	-585,497	474,185	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,241	767,727	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-780,454	1,976,910	14.00
15.00	01500	PHARMACY	38,922	3,204,950	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-84,655	2,295,255	16.00
17.00	01700	SOCIAL SERVICE	0	644,374	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	-5,440	129,543	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-342,300	29,890,919	30.00
31.00	03100	INTENSIVE CARE UNIT	-139	5,786,363	31.00
40.00	04000	SUBPROVIDER - IPF	-363	2,267,542	40.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-797,683	7,535,722	50.00
51.00	05100	RECOVERY ROOM	0	1,068,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-166,668	426,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,926	3,308,798	54.00
54.01	03630	ULTRASOUND	-750	718,138	54.01
57.00	05700	CT SCAN	0	1,022,819	57.00
58.00	05800	MRI	0	228,898	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,412	1,333,918	59.00
60.00	06000	LABORATORY	-1,332,137	6,432,640	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,401	1,514,410	63.00
64.00	06400	INTRAVENOUS THERAPY	7	788,740	64.00
65.00	06500	RESPIRATORY THERAPY	3,959	1,595,041	65.00
66.00	06600	PHYSICAL THERAPY	-163	3,219,413	66.00
68.00	06800	SPEECH PATHOLOGY	0	277,415	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,972	1,026,948	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	93,767	70.00
70.01	03290	EMG	0	13,954	70.01
70.03	03030	ANGIOGRAPHY	0	840,514	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,171,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,181,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,911,600	73.00
74.00	07400	RENAL DIALYSIS	0	758,989	74.00
76.97	07697	CARDIAC REHABILITATION	0	377,358	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	85,898	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	-200	704,872	90.01
91.00	09100	EMERGENCY	-45,975	4,831,915	91.00
91.01	04951	PRIMARY CARE CENTER PCC	-327,089	883,258	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-191,695	7,197,433	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-36,570	2,489,856	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-19,745,250	235,399,189	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	1,413,942	192.00
194.01	07950 PRIVATE DUTY NURSING	0	400,480	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	-19,745,250	237,213,611	200.00

RECLASSIFICATIONS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-6

Date/Time Prepared:
1/25/2022 1:38 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,260,142		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,440,588		2.00
	TOTALS		0	3,700,730		
	B - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,162,320		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	471		2.00
	0		0	5,162,791		
	C - SHARED NFS COST					
1.00	CAFETERIA	11.00	661,769	397,913		1.00
	0		661,769	397,913		
	D - PCC DEPRECIATION					
1.00	LABORATORY	60.00	0	2,179		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	7,152		2.00
3.00	OUTPATIENT PSYCH SERVICES	90.01	0	11,016		3.00
4.00	PRIMARY CARE CENTER PCC	91.01	0	24,372		4.00
5.00	PHYSICIANS PRIVATE OFFICES	192.00	0	209,923		5.00
	0		0	254,642		
	E - PCC OPERATIONS					
1.00	LABORATORY	60.00	0	9,670		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	31,739		2.00
3.00	OUTPATIENT PSYCH SERVICES	90.01	0	48,887		3.00
4.00	PRIMARY CARE CENTER PCC	91.01	0	108,163		4.00
5.00	PHYSICIANS PRIVATE OFFICES	192.00	0	931,623		5.00
	0		0	1,130,082		
	F - INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	211,990		1.00
	0		0	211,990		
	G - PCC/LEMONT BLDG INSURANCE					
1.00	LABORATORY	60.00	0	171		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	562		2.00
3.00	OUTPATIENT PSYCH SERVICES	90.01	0	866		3.00
4.00	PRIMARY CARE CENTER PCC	91.01	0	1,916		4.00
5.00	HOME HEALTH AGENCY	101.00	0	1,151		5.00
6.00	HOSPICE	116.00	0	307		6.00
7.00	PHYSICIANS PRIVATE OFFICES	192.00	0	16,502		7.00
8.00	PRIVATE DUTY NURSING	194.01	0	77		8.00
	0		0	21,552		
	H - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,911,600		1.00
	0		0	9,911,600		
	I - IHHA DEPRECIATION					
1.00	HOME HEALTH AGENCY	101.00	0	10,258		1.00
2.00	HOSPICE	116.00	0	2,735		2.00
3.00	PRIVATE DUTY NURSING	194.01	0	684		3.00
	0		0	13,677		
	J - ALLOCATE CV ADMINISTRATION					
1.00	ADULTS & PEDIATRICS	30.00	6,695	102		1.00
2.00	ELECTROCARDIOLOGY	69.00	38,019	576		2.00
3.00	ANGIOGRAPHY	70.03	7,623	116		3.00
4.00	CARDIAC REHABILITATION	76.97	2,120	32		4.00
	0		54,457	826		
	K - PHARMACY RESIDENCY					
1.00	PHARMACY	15.00	28,735	0		1.00
	0		28,735	0		
	L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,171,365		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,181,256		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

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-6

Date/Time Prepared:
1/25/2022 1:38 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
17.00	0.00	0	0			17.00
18.00	0.00	0	0			18.00
19.00	0.00	0	0			19.00
20.00	0.00	0	0			20.00
21.00	0.00	0	0			21.00
22.00	0.00	0	0			22.00
0		0	28,352,621			
500.00	Grand Total: Increases	744,961	49,158,424			500.00

RECLASSIFICATIONS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/25/2022 1:38 pm

		Decreases						1/26/2022 1:00 pm	
		Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
		6.00	7.00	8.00	9.00	10.00			
A - DEPRECIATION									
1.00	ADMINISTRATIVE & GENERAL	5.06	0	3,700,730	9			1.00	
2.00		0.00	0	0	9			2.00	
TOTALS			0	3,700,730					
B - INTEREST									
1.00	ADMINISTRATIVE & GENERAL	5.06	0	5,162,791	11			1.00	
2.00		0.00	0	0	11			2.00	
0			0	5,162,791					
C - SHARED NFS COST									
1.00	DIETARY	10.00	661,769	397,913	0			1.00	
0			661,769	397,913					
D - PCC DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	254,642	9			1.00	
2.00		0.00	0	0	0			2.00	
3.00		0.00	0	0	0			3.00	
4.00		0.00	0	0	0			4.00	
5.00		0.00	0	0	0			5.00	
0			0	254,642					
E - PCC OPERATIONS									
1.00	PRIMARY CARE CENTER PCC	91.01	0	1,130,082	0			1.00	
2.00		0.00	0	0	0			2.00	
3.00		0.00	0	0	0			3.00	
4.00		0.00	0	0	0			4.00	
5.00		0.00	0	0	0			5.00	
0			0	1,130,082					
F - INSURANCE EXPENSE									
1.00	ADMINISTRATIVE & GENERAL	5.06	0	211,990	12			1.00	
0			0	211,990					
G - PCC/LEMONT BLDG INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,552	12			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	
0			0	21,552					
H - CHARGEABLE DRUGS									
1.00	PHARMACY	15.00	0	9,911,600	0			1.00	
0			0	9,911,600					
I - IHHA DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,677	9			1.00	
2.00		0.00	0	0	0			2.00	
3.00		0.00	0	0	0			3.00	
0			0	13,677					
J - ALLOCATE CV ADMINISTRATION									
1.00	CARDIAC CATHETERIZATION	59.00	54,457	826	0			1.00	
2.00		0.00	0	0	0			2.00	
3.00		0.00	0	0	0			3.00	
4.00		0.00	0	0	0			4.00	
0			54,457	826					
K - PHARMACY RESIDENCY									
1.00	PARAMED ED PRGM-PHARMACY	23.00	28,735	0	0			1.00	
0			28,735	0					
L - MEDICAL SUPPLIES									
1.00	DATA PROCESSING	5.02	0	2,490	0			1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,164	0			2.00	
3.00	PHARMACY	15.00	0	5,049	0			3.00	
4.00	SOCIAL SERVICE	17.00	0	16,736	0			4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	196,216	0			5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	1,485	0			6.00	
7.00	OPERATING ROOM	50.00	0	16,397,100	0			7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,092	0			8.00	
9.00	ULTRASOUND	54.01	0	37,075	0			9.00	
10.00	CT SCAN	57.00	0	314,634	0			10.00	
11.00	MRI	58.00	0	42,206	0			11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	7,147,677	0			12.00	
13.00	LABORATORY	60.00	0	1,276,006	0			13.00	
14.00	INTRAVENOUS THERAPY	64.00	0	306,429	0			14.00	
15.00	RESPIRATORY THERAPY	65.00	0	245,995	0			15.00	
16.00	PHYSICAL THERAPY	66.00	0	53,913	0			16.00	
17.00	SPEECH PATHOLOGY	68.00	0	1,695	0			17.00	
18.00	ANGIOGRAPHY	70.03	0	800,543	0			18.00	

RECLASSIFICATIONS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-6

Date/Time Prepared:
1/25/2022 1:38 pm

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
19.00	EMERGENCY	91.00	0	1,078,848	0		19.00
20.00	PRIMARY CARE CENTER PCC	91.01	0	28,134	0		20.00
21.00	HOME HEALTH AGENCY	101.00	0	313,748	0		21.00
22.00	HOSPICE	116.00	0	72,386	0		22.00
	0		0	28,352,621			
500.00	Grand Total: Decreases		744,961	49,158,424			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	20,112,000	0	20,112,000	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	0	288,244,480	0	288,244,480	0	3.00	
4.00	Building Improvements	0	491,670	0	491,670	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	0	32,676,693	0	32,676,693	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	0	341,524,843	0	341,524,843	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	0	341,524,843	0	341,524,843	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	20,112,000	0					1.00
2.00	Land Improvements	0	0					
3.00	Buildings and Fixtures	288,244,480	0					3.00
4.00	Building Improvements	491,670	0					
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	32,676,693	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	341,524,843	0					
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	341,524,843	0					

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	11,463,887	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,673,303	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,137,190	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	11,463,887				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,673,303				2.00
3.00	Total (sum of lines 1-2)	0	17,137,190				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	308,848,150	0	308,848,150	0.904321	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	32,676,693	0	32,676,693	0.095679	0	2.00
3.00	Total (sum of lines 1-2)	341,524,843	0	341,524,843	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,591,917	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,724,050	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,315,967	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	5,162,320	190,438	0	0	11,944,675	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	471	0	0	0	2,724,521	2.00
3.00	Total (sum of lines 1-2)	5,162,791	190,438	0	0	14,669,196	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A		0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00	
3.00	Investment income - other (chapter 2)		0	0.00	0	3.00	
4.00	Trade, quantity, and time discounts (chapter 8)		0	0.00	0	4.00	
5.00	Refunds and rebates of expenses (chapter 8)		0	0.00	0	5.00	
6.00	Rental of provider space by suppliers (chapter 8)		0	0.00	0	6.00	
7.00	Telephone services (pay stations excluded) (chapter 21)		-34,617	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,200,192			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	11,635,736			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-585,497	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-6,863,793	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-4,344,678	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	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
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 VENDING MACHINE (2)		0		0.00	0	33.00
34.00 TV DEPRECIATION	A	-45,163	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.00
35.00 INTEREST EXPENSE		0		0.00	0	35.00
36.00 RENTAL INCOME	B	-2,114,640	ADMINISTRATIVE & GENERAL	5.06	0	36.00
36.10 RENTAL INCOME	B	-307,680	OPERATING ROOM	50.00	0	36.10
37.00 MISC INCOME	B	-65,658	ADMINISTRATIVE & GENERAL	5.06	0	37.00
37.01 MISC INCOME	B	-2,415	MAINTENANCE & REPAIRS	6.00	0	37.01
37.02 MISC INCOME	B	-84,633	MEDICAL RECORDS & LIBRARY	16.00	0	37.02
37.03 MISC INCOME	B	-6,442	RADIOLOGY-DIAGNOSTIC	54.00	0	37.03
37.04 MISC INCOME	B	-9,830	LABORATORY	60.00	0	37.04
37.05 MISC INCOME	B	-2,636	HOME HEALTH AGENCY	101.00	0	37.05
37.10 OTHER FOOD SERVICE INCOME	B	-9,097	DIETARY	10.00	0	37.10
37.20 OTHER FOOD SERVICE INCOME	B	-30	ADULTS & PEDIATRICS	30.00	0	37.20
37.30 SILVER SALES	B	0		0.00	0	37.30
37.40 DISCOUNTS	B	-26,363	ADMINISTRATIVE & GENERAL	5.06	0	37.40
37.50 HOME DELIVERED MEALS	B	-22,471	DIETARY	10.00	0	37.50
38.00 CABLE TV	A	-2,265	PRIMARY CARE CENTER PCC	91.01	0	38.00
38.10 CABLE TV	A	0		0.00	0	38.10
39.00 VISITOR MEALS	A	-25,814	DIETARY	10.00	0	39.00
40.00 LOBBYING	A	-59,698	ADMINISTRATIVE & GENERAL	5.06	0	40.00
40.01 LOBBYING	A	-737	DIETARY	10.00	0	40.01
40.02 LOBBYING	A	-4,450	PARAMED ED PRGM-PHARMACY	23.00	0	40.02
40.03 LOBBYING	A	-443	ADULTS & PEDIATRICS	30.00	0	40.03
40.04 LOBBYING	A	-300	SUBPROVIDER - IPF	40.00	0	40.04
40.05 LOBBYING	A	-460	RESPIRATORY THERAPY	65.00	0	40.05
40.06 LOBBYING	A	-200	OUTPATIENT PSYCH SERVICES	90.01	0	40.06
40.07 LOBBYING	A	-300	EMERGENCY	91.00	0	40.07
40.10 LOBBYING	A	-9,450	HOME HEALTH AGENCY	101.00	0	40.10
40.20 LOBBYING	A	-2,520	HOSPICE	116.00	0	40.20
40.30 LOBBYING	A	0		0.00	0	40.30
41.00 REAL ESTATE TAXES	A	0		0.00	0	41.00
41.10 REAL ESTATE TAXES	A	-324,824	PRIMARY CARE CENTER PCC	91.01	0	41.10
41.20 REAL ESTATE TAXES	A	118,252	OPERATING ROOM	50.00	0	41.20
42.00 RECRUITMENT	A	-164,994	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
43.00 RECRUITMENT	A	-4,534	ADMINISTRATIVE & GENERAL	5.06	0	43.00
44.00 TRAVEL EXPENSE	A	-1,033	DATA PROCESSING	5.02	0	44.00
44.01 TRAVEL EXPENSE	A	685	ADMINISTRATIVE & GENERAL	5.06	0	44.01
44.02 TRAVEL EXPENSE	A	-24	EMERGENCY	91.00	0	44.02
44.03 TRAVEL EXPENSE	A	-178,491	HOME HEALTH AGENCY	101.00	0	44.03
44.04 TRAVEL EXPENSE	A	-32,597	HOSPICE	116.00	0	44.04
45.00 FALL GALA	A	0		0.00	0	45.00
46.00 MISC EXPENSE	A	-8,171	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
46.01 MISC EXPENSE	A	528	COMMUNICATIONS	5.01	0	46.01
46.02 MISC EXPENSE	A	-2,500	DATA PROCESSING	5.02	0	46.02
46.03 MISC EXPENSE	A	-16	CASHIERING	5.05	0	46.03
46.04 MISC EXPENSE	A	-1,055,816	ADMINISTRATIVE & GENERAL	5.06	0	46.04
46.05 MISC EXPENSE	A	-10,348	MAINTENANCE & REPAIRS	6.00	0	46.05
46.06 MISC EXPENSE	A	868	CLINICAL ENGINEERING	6.01	0	46.06
46.07 MISC EXPENSE	A	-7,585	LAUNDRY & LINEN SERVICE	8.00	0	46.07
46.08 MISC EXPENSE	A	1,968	HOUSEKEEPING	9.00	0	46.08
46.09 MISC EXPENSE	A	18,798	DIETARY	10.00	0	46.09
46.10 MISC EXPENSE	A	-4,241	NURSING ADMINISTRATION	13.00	0	46.10
46.11 MISC EXPENSE	A	-780,454	CENTRAL SERVICES & SUPPLY	14.00	0	46.11
46.12 MISC EXPENSE	A	38,922	PHARMACY	15.00	0	46.12
46.13 MISC EXPENSE	A	-22	MEDICAL RECORDS & LIBRARY	16.00	0	46.13
46.14 MISC EXPENSE	A	-990	PARAMED ED PRGM-PHARMACY	23.00	0	46.14
46.15 MISC EXPENSE	A	-16,632	ADULTS & PEDIATRICS	30.00	0	46.15
46.16 MISC EXPENSE	A	-139	INTENSIVE CARE UNIT	31.00	0	46.16
46.17 MISC EXPENSE	A	-63	SUBPROVIDER - IPF	40.00	0	46.17
46.18 MISC EXPENSE	A	11,929	OPERATING ROOM	50.00	0	46.18
46.19 MISC EXPENSE	A	3,516	RADIOLOGY-DIAGNOSTIC	54.00	0	46.19

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
46.20	MISC EXPENSE	A	-750	ULTRASOUND	54.01	0	46.20
46.21	MISC EXPENSE	A	9,000	CARDIAC CATHETERIZATION	59.00	0	46.21
46.22	MISC EXPENSE	A	-1,289,757	LABORATORY	60.00	0	46.22
46.23	MISC EXPENSE	A	3,401	BLOOD STORING PROCESSING & TRANS.	63.00	0	46.23
46.24	MISC EXPENSE	A	7	INTRAVENOUS THERAPY	64.00	0	46.24
46.25	MISC EXPENSE	A	4,419	RESPIRATORY THERAPY	65.00	0	46.25
46.30	MISC EXPENSE	A	-163	PHYSICAL THERAPY	66.00	0	46.30
46.40	MISC EXPENSE	A	-39	ELECTROCARDIOLOGY	69.00	0	46.40
46.50	MISC EXPENSE	A	-851	EMERGENCY	91.00	0	46.50
46.60	MISC EXPENSE	A	-1,118	HOME HEALTH AGENCY	101.00	0	46.60
46.70	MISC EXPENSE	A	-1,453	HOSPICE	116.00	0	46.70
47.00	OFFSET TO NET PROVIDER TAX	A	-11,873,202	ADMINISTRATIVE & GENERAL	5.06	0	47.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,745,250				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: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/25/2022 1:38 pm

	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	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	11,635,736	0	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			11,635,736	0	5.00

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

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

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	NM HEALTHCARE	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/25/2022 1:38 pm

	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	11,635,736	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	11,635,736			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HOME OFFICE		6.00
7.00			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: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet A-8-2

Date/Time Prepared:
1/25/2022 1:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	11,425	0	11,425	211,500	90	1.00
2.00	30.00	ADULTS & PEDIATRICS	328,550	318,250	10,300	211,500	33	2.00
3.00	50.00	OPERATING ROOM	620,184	620,184	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	166,668	166,668	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	8,350	0	8,350	211,500	37	5.00
6.00	60.00	LABORATORY	32,550	32,550	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	8,000	0	8,000	211,500	40	7.00
8.00	91.00	EMERGENCY	44,800	44,800	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,220,527	1,182,452	38,075		200	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	9,151	458	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,355	168	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	3,762	188	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	4,067	203	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			20,335	1,017	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	9,151	2,274	2,274		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	3,355	6,945	325,195		2.00
3.00	50.00	OPERATING ROOM	0	0	0	620,184		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	166,668		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	3,762	4,588	4,588		5.00
6.00	60.00	LABORATORY	0	0	0	32,550		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	4,067	3,933	3,933		7.00
8.00	91.00	EMERGENCY	0	0	0	44,800		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	20,335	17,740	1,200,192		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	11,944,675	11,944,675			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,724,521	2,724,521			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	986,861	49,826	560	1,037,247	4.00
5.01	01160	COMMUNICATIONS	616,108	0	0	4,188	5.01
5.02	00550	DATA PROCESSING	8,656,002	99,997	62,301	32,458	5.02
5.03	00560	PURCHASING AND STORES	348,409	75,514	165	4,324	5.03
5.04	00570	ADMITTING	1,487,164	0	429	25,693	5.04
5.05	00580	CASHIERING	2,263,242	355,478	669	16,694	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	57,664,532	1,026,507	477,201	65,547	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,385,355	1,343,022	37,430	16,351	6.00
6.01	00601	CLINICAL ENGINEERING	3,617,849	14,480	2,125	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	428,910	49,987	0	365	8.00
9.00	00900	HOUSEKEEPING	2,965,643	19,212	152,201	38,400	9.00
10.00	01000	DIETARY	1,831,999	337,162	12,243	19,787	10.00
11.00	01100	CAFETERIA	474,185	0	0	11,204	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	767,727	48,494	1,028	5,806	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,976,910	697,176	43,454	24,097	14.00
15.00	01500	PHARMACY	3,204,950	226,302	1,852	20,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,295,255	75,606	254	25,213	16.00
17.00	01700	SOCIAL SERVICE	644,374	0	0	5,899	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	129,543	3,158	0	1,324	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,890,919	3,411,092	435,575	263,814	30.00
31.00	03100	INTENSIVE CARE UNIT	5,786,363	351,091	84,288	41,235	31.00
40.00	04000	SUBPROVIDER - IPF	2,267,542	206,275	5,974	21,104	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,535,722	1,167,993	790,103	60,414	50.00
51.00	05100	RECOVERY ROOM	1,068,764	93,451	15,431	7,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	426,452	0	20,898	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,308,798	377,583	180,925	36,059	54.00
54.01	03630	ULTRASOUND	718,138	36,861	6,329	5,870	54.01
57.00	05700	CT SCAN	1,022,819	25,952	82,099	7,696	57.00
58.00	05800	MRI	228,898	22,094	0	1,775	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,333,918	265,219	72,305	9,822	59.00
60.00	06000	LABORATORY	6,432,640	501,879	92,916	43,733	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,514,410	0	4,925	2,627	63.00
64.00	06400	INTRAVENOUS THERAPY	788,740	0	0	6,421	64.00
65.00	06500	RESPIRATORY THERAPY	1,595,041	11,219	16,749	16,365	65.00
66.00	06600	PHYSICAL THERAPY	3,219,413	79,729	11,197	27,325	66.00
68.00	06800	SPEECH PATHOLOGY	277,415	0	34	2,262	68.00
69.00	06900	ELECTROCARDIOLOGY	1,026,948	142,485	5,959	10,423	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	93,767	13,321	2,139	945	70.00
70.01	03290	EMG	13,954	2,767	953	186	70.01
70.03	03030	ANGIOGRAPHY	840,514	23,127	0	5,548	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,171,365	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,181,256	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,911,600	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	758,989	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	377,358	79,729	31,646	3,236	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	85,898	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	704,872	0	0	5,348	90.01
91.00	09100	EMERGENCY	4,831,915	447,161	46,903	42,445	91.00
91.01	04951	PRIMARY CARE CENTER PCC	883,258	0	24,460	5,190	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,197,433	50,802	618	65,482	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	40	19,136	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,731,751	2,724,378	1,030,260	587,681	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	212,924	117	122	32,615	192.00
194.01	07950	PRIVATE DUTY NURSING	0	26	6,865	0	194.01
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)	11,944,675	2,724,521	1,037,247	620,296	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			DATA PROCESSING	PURCHASING AND STORES	ADMITTING	CASHIERING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	8,878,106					5.02
5.03	00560	PURCHASING AND STORES	91,858	522,904				5.03
5.04	00570	ADMITTING	422,548	2,160	1,944,274			5.04
5.05	00580	CASHIERING	422,548	2,318	0	3,082,422		5.05
5.06	00590	ADMINISTRATIVE & GENERAL	3,064,624	16,129	0	0	62,357,082	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6,793,908	6.00
6.01	00601	CLINICAL ENGINEERING	18,372	3,963	0	0	3,659,017	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	479,262	8.00
9.00	00900	HOUSEKEEPING	0	4,220	0	0	3,183,322	9.00
10.00	01000	DIETARY	36,743	4,458	0	0	2,242,392	10.00
11.00	01100	CAFETERIA	0	0	0	0	485,389	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	137,787	1,407	0	0	969,744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,230	41,769	0	0	2,904,980	14.00
15.00	01500	PHARMACY	482,256	5,568	0	0	3,954,758	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	620,044	3,606	0	0	3,032,943	16.00
17.00	01700	SOCIAL SERVICE	36,743	555	0	0	690,812	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	134,228	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	665,973	18,546	361,209	572,696	35,804,780	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,567	54,237	85,985	6,420,947	31.00
40.00	04000	SUBPROVIDER - IPF	68,894	0	21,427	33,969	2,635,111	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	757,831	194,303	223,354	354,096	11,132,637	50.00
51.00	05100	RECOVERY ROOM	51,670	1,288	19,181	30,409	1,293,247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,125	55,476	87,949	621,563	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,304	49,424	78,355	4,041,448	54.00
54.01	03630	ULTRASOUND	0	1,645	28,802	45,661	843,306	54.01
57.00	05700	CT SCAN	0	3,824	166,317	263,672	1,572,379	57.00
58.00	05800	MRI	0	1,803	22,894	36,295	313,759	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	67,884	54,573	86,519	1,896,925	59.00
60.00	06000	LABORATORY	826,725	33,645	327,393	519,036	8,803,492	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	1,506	10,346	16,402	1,550,216	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,516	4,027	6,385	811,330	64.00
65.00	06500	RESPIRATORY THERAPY	48,226	8,837	93,623	148,426	1,944,361	65.00
66.00	06600	PHYSICAL THERAPY	390,398	8,560	21,025	33,332	3,805,767	66.00
68.00	06800	SPEECH PATHOLOGY	0	119	3,913	6,203	289,946	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,853	59,987	95,101	1,353,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	396	2,281	3,617	117,276	70.00
70.01	03290	EMG	0	515	50	80	20,531	70.01
70.03	03030	ANGIOGRAPHY	0	17,476	16,322	25,876	929,471	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	27,484	43,571	17,242,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	51,252	81,253	11,313,761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	129,971	206,051	10,247,622	73.00
74.00	07400	RENAL DIALYSIS	0	1,902	10,693	16,953	788,537	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,506	1,006	1,595	496,076	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5	7	85,910	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	2,100	25	40	712,385	90.01
91.00	09100	EMERGENCY	211,274	13,831	127,875	202,727	5,957,759	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	8,342	102	161	939,137	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	413,362	7,866	0	0	7,752,985	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	277	0	0	2,509,309	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,878,106	511,689	1,944,274	3,082,422	235,135,305	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING AND STORES	ADMITTING	CASHIERING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	11,116	0	0	1,670,836	192.00
194.01	07950	PRIVATE DUTY NURSING	0	99	0	0	407,470	194.01
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)	8,878,106	522,904	1,944,274	3,082,422	237,213,611	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE E & GENERAL	MAINTENANCE & REPAIRS	CLINICAL ENGINEERING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.06	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL	62,357,082					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,422,837	9,216,745				6.00
6.01	00601	CLINICAL ENGINEERING	1,304,875	14,839	4,978,731			6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	170,914	51,223	0	0	701,399	8.00
9.00	00900	HOUSEKEEPING	1,135,233	19,687	0	0	27,701	9.00
10.00	01000	DIETARY	799,680	345,500	0	0	0	10.00
11.00	01100	CAFETERIA	173,099	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	345,829	49,693	104,640	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,035,971	714,416	1,034,318	0	84,545	14.00
15.00	01500	PHARMACY	1,410,342	231,898	0	0	111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,081,605	77,476	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	246,357	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	47,868	3,236	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,768,586	3,495,440	598,179	0	291,751	30.00
31.00	03100	INTENSIVE CARE UNIT	2,289,832	359,773	109,254	0	40,776	31.00
40.00	04000	SUBPROVIDER - IPF	939,731	211,376	9,063	0	9,418	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,970,110	1,196,875	672,499	0	73,132	50.00
51.00	05100	RECOVERY ROOM	461,196	95,762	37,077	0	8,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	221,661	0	170,006	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,441,257	386,920	936,763	0	34,682	54.00
54.01	03630	ULTRASOUND	300,739	37,773	59,269	0	0	54.01
57.00	05700	CT SCAN	560,740	26,594	27,904	0	0	57.00
58.00	05800	MRI	111,892	22,640	19,170	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	676,479	271,777	158,306	0	7,424	59.00
60.00	06000	LABORATORY	3,139,493	514,290	176,927	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	552,836	0	28,234	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	289,336	0	7,141	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	693,396	11,497	226,693	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,357,209	81,700	57,840	0	665	66.00
68.00	06800	SPEECH PATHOLOGY	103,400	0	161,382	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	482,532	146,009	0	0	11,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,823	13,650	0	0	332	70.00
70.01	03290	EMG	7,322	2,836	7,251	0	0	70.01
70.03	03030	ANGIOGRAPHY	331,467	23,699	60,697	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,148,975	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,034,702	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,654,497	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	281,207	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	176,910	81,700	25,707	0	4,321	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,637	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	254,050	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,124,650	458,218	248,115	0	83,880	91.00
91.01	04951	PRIMARY CARE CENTER PCC	334,914	0	35,869	0	10,527	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,764,862	52,059	6,427	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	894,867	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,615,918	8,998,556	4,978,731	0	689,210	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	CLINICAL ENGINEERING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.06	6.00	6.01	7.00	8.00	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	595,852	218,189	0	0	12,189	192.00
194.01	07950	PRIVATE DUTY NURSING	145,312	0	0	0	0	194.01
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)	62,357,082	9,216,745	4,978,731	0	701,399	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part I
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1/25/2022 1:38 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,365,943					9.00
10.00	01000	DIETARY	109,510	3,497,082				10.00
11.00	01100	CAFETERIA	0	1,288,696	1,947,184			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	16,029	0	1,485,935	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,513	0	66,527	0	0	14.00
15.00	01500	PHARMACY	27,976	0	56,487	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,650	0	69,611	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	16,286	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	130	0	3,656	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,152,340	1,838,844	728,342	0	854,809	30.00
31.00	03100	INTENSIVE CARE UNIT	139,040	175,115	113,844	0	133,611	31.00
40.00	04000	SUBPROVIDER - IPF	109,251	79,175	58,266	0	68,383	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	500,662	0	166,793	0	195,754	50.00
51.00	05100	RECOVERY ROOM	29,854	0	22,057	0	25,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	44,782	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,111	0	99,554	0	0	54.00
54.01	03630	ULTRASOUND	19,622	0	16,207	0	0	54.01
57.00	05700	CT SCAN	10,394	0	21,247	0	0	57.00
58.00	05800	MRI	8,937	0	4,902	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	90,826	0	27,117	0	31,825	59.00
60.00	06000	LABORATORY	106,887	0	120,742	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	7,254	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	17,729	0	20,807	64.00
65.00	06500	RESPIRATORY THERAPY	7,253	0	45,182	0	0	65.00
66.00	06600	PHYSICAL THERAPY	61,522	0	75,441	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,246	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	59,482	0	28,777	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,695	0	2,609	0	0	70.00
70.01	03290	EMG	0	0	514	0	0	70.01
70.03	03030	ANGIOGRAPHY	13,988	0	15,318	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	8,934	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	6,643	0	0	17,328	90.01
91.00	09100	EMERGENCY	377,520	108,609	117,184	0	137,531	91.00
91.01	04951	PRIMARY CARE CENTER PCC	42,062	0	14,329	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,246,007	3,497,082	1,947,184	0	1,485,935	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
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To 08/31/2021Worksheet B
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	
			9.00	10.00	11.00	12.00	13.00	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	119,936	0	0	0	0	192.00
194.01	07950	PRIVATE DUTY NURSING	0	0	0	0	0	194.01
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)	4,365,943	3,497,082	1,947,184	0	1,485,935	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,968,270					14.00
15.00	01500	PHARMACY	84,191	5,765,763				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	152	0	4,314,437			16.00
17.00	01700	SOCIAL SERVICE	57	0	0	953,512		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	469,926	0	1,233,987	858,161	0	30.00
31.00	03100	INTENSIVE CARE UNIT	139,576	0	32,591	28,605	0	31.00
40.00	04000	SUBPROVIDER - IPF	4,003	0	19,257	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	183,768	0	0	50.00
51.00	05100	RECOVERY ROOM	15,550	0	566	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	51,722	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,176	163,301	214,565	0	0	54.00
54.01	03630	ULTRASOUND	0	0	71,459	0	0	54.01
57.00	05700	CT SCAN	0	0	554,137	0	0	57.00
58.00	05800	MRI	0	0	45,641	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	187,167	0	0	59.00
60.00	06000	LABORATORY	72,519	0	750,720	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	847	553,586	15,104	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	684	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	23,647	0	0	65.00
66.00	06600	PHYSICAL THERAPY	33,200	0	141,171	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,136	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,701	0	160,806	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,760	0	2,384	0	0	70.00
70.01	03290	EMG	185	0	4,885	0	0	70.01
70.03	03030	ANGIOGRAPHY	0	0	25,936	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,057,385	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,990,845	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,942,206	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	41	0	2,313	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,268	0	11,941	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	10,530	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	11,398	66,746	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	1,751	0	614,174	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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	106,670	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,967,385	5,765,763	4,314,437	953,512	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	504	0	0	0	0	192.00
194.01	07950	PRIVATE DUTY NURSING	381	0	0	0	0	194.01
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)	5,968,270	5,765,763	4,314,437	953,512	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0062

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			21.00	22.00		23.00	24.00	25.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			189,118			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	61,095,145	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,982,964	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	4,143,034	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	18,092,230	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,989,728	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,109,734	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,489,777	0	54.00
54.01	03630	ULTRASOUND	0	0	0	1,348,375	0	54.01
57.00	05700	CT SCAN	0	0	0	2,773,395	0	57.00
58.00	05800	MRI	0	0	0	526,941	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,347,846	0	59.00
60.00	06000	LABORATORY	0	0	0	13,685,070	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	2,708,077	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,147,027	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,952,029	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,614,515	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	567,110	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,251,795	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	184,529	0	70.00
70.01	03290	EMG	0	0	0	43,524	0	70.01
70.03	03030	ANGIOGRAPHY	0	0	0	1,400,576	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,448,780	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,339,308	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	189,118	19,033,443	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,072,098	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	806,857	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	116,547	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	1,000,936	0	90.01
91.00	09100	EMERGENCY	0	0	0	9,691,610	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0	0	1,992,763	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	10,576,333	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			21.00	22.00				
					23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	3,510,846	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	189,118	234,042,942	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	2,617,506	0	192.00
194.01	07950	PRIVATE DUTY NURSING	0	0	0	553,163	0	194.01
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)	0	0	189,118	237,213,611	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	CLINICAL ENGINEERING	6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
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 PRGM-PHARMACY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
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
54.01	03630	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	03290	EMG	70.01
70.03	03030	ANGIOGRAPHY	70.03
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
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	90.01
91.00	09100	EMERGENCY	91.00
91.01	04951	PRIMARY CARE CENTER PCC	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	93.99
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.01	07950	PRIVATE DUTY NURSING	553,163	194.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	237,213,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			Directly Assigned New Capital Related Costs	BLDG & FIXT				MVBLE EQUIP
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,826	560	50,386	50,386	4.00
5.01	01160	COMMUNICATIONS	0	0	0	0	203	5.01
5.02	00550	DATA PROCESSING	0	99,997	62,301	162,298	1,577	5.02
5.03	00560	PURCHASING AND STORES	0	75,514	165	75,679	210	5.03
5.04	00570	ADMITTING	0	0	429	429	1,248	5.04
5.05	00580	CASHIERING	0	355,478	669	356,147	811	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	0	1,026,507	477,201	1,503,708	3,184	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,343,022	37,430	1,380,452	794	6.00
6.01	00601	CLINICAL ENGINEERING	0	14,480	2,125	16,605	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	49,987	0	49,987	18	8.00
9.00	00900	HOUSEKEEPING	0	19,212	152,201	171,413	1,865	9.00
10.00	01000	DIETARY	0	337,162	12,243	349,405	961	10.00
11.00	01100	CAFETERIA	0	0	0	0	544	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	48,494	1,028	49,522	282	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	697,176	43,454	740,630	1,171	14.00
15.00	01500	PHARMACY	0	226,302	1,852	228,154	994	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	75,606	254	75,860	1,225	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	287	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	3,158	0	3,158	64	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,411,092	435,575	3,846,667	12,815	30.00
31.00	03100	INTENSIVE CARE UNIT	0	351,091	84,288	435,379	2,003	31.00
40.00	04000	SUBPROVIDER - IPF	0	206,275	5,974	212,249	1,025	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,167,993	790,103	1,958,096	2,935	50.00
51.00	05100	RECOVERY ROOM	0	93,451	15,431	108,882	388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	20,898	20,898	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	377,583	180,925	558,508	1,752	54.00
54.01	03630	ULTRASOUND	0	36,861	6,329	43,190	285	54.01
57.00	05700	CT SCAN	0	25,952	82,099	108,051	374	57.00
58.00	05800	MRI	0	22,094	0	22,094	86	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	265,219	72,305	337,524	477	59.00
60.00	06000	LABORATORY	0	501,879	92,916	594,795	2,124	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	4,925	4,925	128	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	312	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,219	16,749	27,968	795	65.00
66.00	06600	PHYSICAL THERAPY	0	79,729	11,197	90,926	1,327	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	34	34	110	68.00
69.00	06900	ELECTROCARDIOLOGY	0	142,485	5,959	148,444	506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,321	2,139	15,460	46	70.00
70.01	03290	EMG	0	2,767	953	3,720	9	70.01
70.03	03030	ANGIOGRAPHY	0	23,127	0	23,127	270	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	79,729	31,646	111,375	157	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	0	260	90.01
91.00	09100	EMERGENCY	0	447,161	46,903	494,064	2,062	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0	24,460	24,460	252	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	50,802	618	51,420	3,181	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	40	40	930
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,731,751	2,724,378	14,456,129	50,047
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	212,924	117	213,041	6
194.01	07950	PRIVATE DUTY NURSING	0	0	26	26	333
200.00		Cross Foot Adjustments				0	
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	11,944,675	2,724,521	14,669,196	50,386

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			COMMUNICATION S	DATA PROCESSING	PURCHASING AND STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	203					5.01
5.02	00550	DATA PROCESSING	9	163,884				5.02
5.03	00560	PURCHASING AND STORES	1	1,696	77,586			5.03
5.04	00570	ADMITTING	2	7,800	320	9,799		5.04
5.05	00580	CASHIERING	7	7,800	344	0	365,109	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	14	56,572	2,393	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	4	0	0	0	0	6.00
6.01	00601	CLINICAL ENGINEERING	1	339	588	0	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1	0	626	0	0	9.00
10.00	01000	DIETARY	0	678	661	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2	2,543	209	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4	2,035	6,197	0	0	14.00
15.00	01500	PHARMACY	4	8,902	826	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4	11,446	535	0	0	16.00
17.00	01700	SOCIAL SERVICE	1	678	82	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60	12,293	2,752	1,673	67,909	30.00
31.00	03100	INTENSIVE CARE UNIT	5	0	529	278	10,182	31.00
40.00	04000	SUBPROVIDER - IPF	3	1,272	0	110	4,023	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16	13,989	28,834	1,146	41,932	50.00
51.00	05100	RECOVERY ROOM	2	954	191	98	3,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7	0	1,502	285	10,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,529	254	9,279	54.00
54.01	03630	ULTRASOUND	0	0	244	148	5,407	54.01
57.00	05700	CT SCAN	0	0	567	854	31,224	57.00
58.00	05800	MRI	0	0	268	118	4,298	58.00
59.00	05900	CARDIAC CATHETERIZATION	2	0	10,072	280	10,245	59.00
60.00	06000	LABORATORY	8	15,261	4,992	1,680	61,464	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	223	53	1,942	63.00
64.00	06400	INTRAVENOUS THERAPY	1	0	373	21	756	64.00
65.00	06500	RESPIRATORY THERAPY	2	890	1,311	481	17,576	65.00
66.00	06600	PHYSICAL THERAPY	5	7,206	1,270	108	3,947	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	18	20	735	68.00
69.00	06900	ELECTROCARDIOLOGY	3	0	423	308	11,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	59	12	428	70.00
70.01	03290	EMG	1	0	76	0	9	70.01
70.03	03030	ANGIOGRAPHY	0	0	2,593	84	3,064	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	141	5,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	263	9,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	667	24,400	73.00
74.00	07400	RENAL DIALYSIS	0	0	282	55	2,008	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	223	5	189	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	1	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	312	0	5	90.01
91.00	09100	EMERGENCY	11	3,900	2,052	656	24,007	91.00
91.01	04951	PRIMARY CARE CENTER PCC	6	0	1,238	1	19	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6	7,630	1,167	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	41	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192	163,884	75,922	9,799	365,109	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
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1/25/2022 1:38 pm

Cost Center Description			COMMUNICATION S	DATA PROCESSING	PURCHASING AND STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	11	0	1,649	0	0	192.00
194.01	07950	PRIVATE DUTY NURSING	0	0	15	0	0	194.01
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)	203	163,884	77,586	9,799	365,109	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
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1/25/2022 1:38 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	CLINICAL ENGINEERING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.06	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL	1,565,871					5.06
6.00	00600	MAINTENANCE & REPAIRS	60,839	1,442,089				6.00
6.01	00601	CLINICAL ENGINEERING	32,766	2,322	52,621			6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,292	8,015	0	0	62,312	8.00
9.00	00900	HOUSEKEEPING	28,507	3,080	0	0	2,461	9.00
10.00	01000	DIETARY	20,081	54,058	0	0	0	10.00
11.00	01100	CAFETERIA	4,347	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,684	7,775	1,106	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,014	111,780	10,931	0	7,511	14.00
15.00	01500	PHARMACY	35,415	36,284	0	0	10	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	27,160	12,122	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,186	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,202	506	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	320,664	546,911	6,322	0	25,917	30.00
31.00	03100	INTENSIVE CARE UNIT	57,500	56,292	1,155	0	3,623	31.00
40.00	04000	SUBPROVIDER - IPF	23,597	33,073	96	0	837	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,693	187,268	7,108	0	6,497	50.00
51.00	05100	RECOVERY ROOM	11,581	14,983	392	0	758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,566	0	1,797	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,191	60,539	9,901	0	3,081	54.00
54.01	03630	ULTRASOUND	7,552	5,910	626	0	0	54.01
57.00	05700	CT SCAN	14,081	4,161	295	0	0	57.00
58.00	05800	MRI	2,810	3,542	203	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,987	42,523	1,673	0	660	59.00
60.00	06000	LABORATORY	78,835	80,468	1,870	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	13,882	0	298	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,265	0	75	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,412	1,799	2,396	0	0	65.00
66.00	06600	PHYSICAL THERAPY	34,081	12,783	611	0	59	66.00
68.00	06800	SPEECH PATHOLOGY	2,596	0	1,706	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,117	22,845	0	0	1,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,050	2,136	0	0	30	70.00
70.01	03290	EMG	184	444	77	0	0	70.01
70.03	03030	ANGIOGRAPHY	8,323	3,708	642	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	154,406	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	101,315	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,767	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,061	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,442	12,783	272	0	384	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	769	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	6,379	0	0	0	0	90.01
91.00	09100	EMERGENCY	53,352	71,695	2,622	0	7,452	91.00
91.01	04951	PRIMARY CARE CENTER PCC	8,410	0	379	0	935	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	69,428	8,145	68	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	22,471	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,547,260	1,407,950	52,621	0	61,229	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	CLINICAL ENGINEERING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.06	6.00	6.01	7.00	8.00	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	14,962	34,139	0	0	1,083	192.00
194.01	07950	PRIVATE DUTY NURSING	3,649	0	0	0	0	194.01
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)	1,565,871	1,442,089	52,621	0	62,312	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
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1/25/2022 1:38 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	207,953					9.00
10.00	01000	DIETARY	5,216	431,060				10.00
11.00	01100	CAFETERIA	0	158,848	163,739			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,348	0	71,471	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,074	0	5,594	0	0	14.00
15.00	01500	PHARMACY	1,333	0	4,750	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,508	0	5,854	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,369	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	6	0	307	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,516	226,662	61,247	0	41,116	30.00
31.00	03100	INTENSIVE CARE UNIT	6,623	21,585	9,573	0	6,426	31.00
40.00	04000	SUBPROVIDER - IPF	5,204	9,759	4,900	0	3,289	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,847	0	14,026	0	9,415	50.00
51.00	05100	RECOVERY ROOM	1,422	0	1,855	0	1,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,133	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,102	0	8,372	0	0	54.00
54.01	03630	ULTRASOUND	935	0	1,363	0	0	54.01
57.00	05700	CT SCAN	495	0	1,787	0	0	57.00
58.00	05800	MRI	426	0	412	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,326	0	2,280	0	1,531	59.00
60.00	06000	LABORATORY	5,091	0	10,153	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	610	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,491	0	1,001	64.00
65.00	06500	RESPIRATORY THERAPY	345	0	3,799	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,930	0	6,344	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	525	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,833	0	2,420	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	224	0	219	0	0	70.00
70.01	03290	EMG	0	0	43	0	0	70.01
70.03	03030	ANGIOGRAPHY	666	0	1,288	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	751	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	819	0	0	833	90.01
91.00	09100	EMERGENCY	17,982	13,387	9,854	0	6,615	91.00
91.01	04951	PRIMARY CARE CENTER PCC	2,003	0	1,205	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	202,240	431,060	163,739	0	71,471	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	
			9.00	10.00	11.00	12.00	13.00	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,713	0	0	0	0	192.00
194.01	07950	PRIVATE DUTY NURSING	0	0	0	0	0	194.01
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)	207,953	431,060	163,739	0	71,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
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To 08/31/2021Worksheet B
Part II
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	917,941					14.00
15.00	01500	PHARMACY	12,949	329,621				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23	0	136,737			16.00
17.00	01700	SOCIAL SERVICE	9	0	0	8,612		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,276	0	39,110	7,751		30.00
31.00	03100	INTENSIVE CARE UNIT	21,467	0	1,033	258		31.00
40.00	04000	SUBPROVIDER - IPF	616	0	610	0		40.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,824	0		50.00
51.00	05100	RECOVERY ROOM	2,392	0	18	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	7,955	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,411	9,336	6,800	0		54.00
54.01	03630	ULTRASOUND	0	0	2,265	0		54.01
57.00	05700	CT SCAN	0	0	17,562	0		57.00
58.00	05800	MRI	0	0	1,447	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,932	0		59.00
60.00	06000	LABORATORY	11,154	0	23,792	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	130	31,648	479	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	22	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	749	0		65.00
66.00	06600	PHYSICAL THERAPY	5,106	0	4,474	0		66.00
68.00	06800	SPEECH PATHOLOGY	0	0	194	0		68.00
69.00	06900	ELECTROCARDIOLOGY	1,492	0	5,096	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	271	0	76	0		70.00
70.01	03290	EMG	28	0	155	0		70.01
70.03	03030	ANGIOGRAPHY	0	0	822	0		70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	470,237	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,199	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	282,539	0	0		73.00
74.00	07400	RENAL DIALYSIS	6	0	73	0		74.00
76.97	07697	CARDIAC REHABILITATION	195	0	378	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPS	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	1,620	0	0	0		90.01
91.00	09100	EMERGENCY	0	0	361	603		91.00
91.01	04951	PRIMARY CARE CENTER PCC	269	0	19,465	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0		93.99
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	6,098	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	917,805	329,621	136,737	8,612	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	77	0	0	0		192.00
194.01	07950	PRIVATE DUTY NURSING	59	0	0	0		194.01
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)	917,941	329,621	136,737	8,612	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			5,243			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				5,394,661	0	30.00
31.00	03100	INTENSIVE CARE UNIT				633,911	0	31.00
40.00	04000	SUBPROVIDER - IPF				300,663	0	40.00
43.00	04300	NURSERY				0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,400,626	0	50.00
51.00	05100	RECOVERY ROOM				148,762	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00	05300	ANESTHESIOLOGY				50,558	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				716,055	0	54.00
54.01	03630	ULTRASOUND				67,925	0	54.01
57.00	05700	CT SCAN				179,451	0	57.00
58.00	05800	MRI				35,704	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				434,512	0	59.00
60.00	06000	LABORATORY				891,687	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.				54,318	0	63.00
64.00	06400	INTRAVENOUS THERAPY				11,317	0	64.00
65.00	06500	RESPIRATORY THERAPY				75,523	0	65.00
66.00	06600	PHYSICAL THERAPY				171,177	0	66.00
68.00	06800	SPEECH PATHOLOGY				5,938	0	68.00
69.00	06900	ELECTROCARDIOLOGY				208,763	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				20,011	0	70.00
70.01	03290	EMG				4,746	0	70.01
70.03	03030	ANGIOGRAPHY				44,587	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				629,944	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				417,399	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				399,373	0	73.00
74.00	07400	RENAL DIALYSIS				9,485	0	74.00
76.97	07697	CARDIAC REHABILITATION				131,154	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				770	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES				10,228	0	90.01
91.00	09100	EMERGENCY				710,675	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC				58,642	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY				141,045	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			21.00	22.00				
			21.00	22.00	23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				29,580	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	14,389,190	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES				270,681	0	192.00
194.01	07950	PRIVATE DUTY NURSING				4,082	0	194.01
200.00		Cross Foot Adjustments	0	0	5,243	5,243	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	5,243	14,669,196	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING		5.05
5.06	00590	ADMINISTRATIVE & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	CLINICAL ENGINEERING		6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
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 PRGM-PHARMACY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	5,394,661	30.00
31.00	03100	INTENSIVE CARE UNIT	633,911	31.00
40.00	04000	SUBPROVIDER - IPF	300,663	40.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,400,626	50.00
51.00	05100	RECOVERY ROOM	148,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	50,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	716,055	54.00
54.01	03630	ULTRASOUND	67,925	54.01
57.00	05700	CT SCAN	179,451	57.00
58.00	05800	MRI	35,704	58.00
59.00	05900	CARDIAC CATHETERIZATION	434,512	59.00
60.00	06000	LABORATORY	891,687	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	54,318	63.00
64.00	06400	INTRAVENOUS THERAPY	11,317	64.00
65.00	06500	RESPIRATORY THERAPY	75,523	65.00
66.00	06600	PHYSICAL THERAPY	171,177	66.00
68.00	06800	SPEECH PATHOLOGY	5,938	68.00
69.00	06900	ELECTROCARDIOLOGY	208,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,011	70.00
70.01	03290	EMG	4,746	70.01
70.03	03030	ANGIOGRAPHY	44,587	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	629,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	399,373	73.00
74.00	07400	RENAL DIALYSIS	9,485	74.00
76.97	07697	CARDIAC REHABILITATION	131,154	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	770	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	10,228	90.01
91.00	09100	EMERGENCY	710,675	91.00
91.01	04951	PRIMARY CARE CENTER PCC	58,642	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	141,045	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	29,580	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,389,190	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS PRIVATE OFFICES	270,681	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet B
Part II
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1/25/2022 1:38 pm

Cost Center Description			Total	
			26.00	
194.01	07950	PRIVATE DUTY NURSING	4,082	194.01
200.00		Cross Foot Adjustments	5,243	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,669,196	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	COMMUNICATION S (#OF PHONES)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,040,175					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,653,746				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,339	545	144,890			4.00
5.01	01160	COMMUNICATIONS	0	0	585	3,062		5.01
5.02	00550	DATA PROCESSING	8,708	60,683	4,534	135	7,732	5.02
5.03	00560	PURCHASING AND STORES	6,576	161	604	13	80	5.03
5.04	00570	ADMITTING	0	418	3,589	31	368	5.04
5.05	00580	CASHIERING	30,956	652	2,332	106	368	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	89,391	464,805	9,156	210	2,669	5.06
6.00	00600	MAINTENANCE & REPAIRS	116,954	36,458	2,284	58	0	6.00
6.01	00601	CLINICAL ENGINEERING	1,261	2,070	0	11	16	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,353	0	51	0	0	8.00
9.00	00900	HOUSEKEEPING	1,673	148,247	5,364	18	0	9.00
10.00	01000	DIETARY	29,361	11,925	2,764	0	32	10.00
11.00	01100	CAFETERIA	0	0	1,565	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,223	1,001	811	37	120	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,712	42,325	3,366	56	96	14.00
15.00	01500	PHARMACY	19,707	1,804	2,858	66	420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,584	247	3,522	64	540	16.00
17.00	01700	SOCIAL SERVICE	0	0	824	16	32	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	275	0	185	1	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	297,047	424,260	36,851	913	580	30.00
31.00	03100	INTENSIVE CARE UNIT	30,574	82,098	5,760	70	0	31.00
40.00	04000	SUBPROVIDER - IPF	17,963	5,819	2,948	49	60	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	101,712	769,579	8,439	241	660	50.00
51.00	05100	RECOVERY ROOM	8,138	15,030	1,116	25	45	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,355	0	102	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,881	176,225	5,037	0	0	54.00
54.01	03630	ULTRASOUND	3,210	6,165	820	0	0	54.01
57.00	05700	CT SCAN	2,260	79,966	1,075	0	0	57.00
58.00	05800	MRI	1,924	0	248	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,096	70,427	1,372	33	0	59.00
60.00	06000	LABORATORY	43,705	90,502	6,109	126	720	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	4,797	367	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	897	16	0	64.00
65.00	06500	RESPIRATORY THERAPY	977	16,314	2,286	29	42	65.00
66.00	06600	PHYSICAL THERAPY	6,943	10,906	3,817	73	340	66.00
68.00	06800	SPEECH PATHOLOGY	0	33	316	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,408	5,804	1,456	46	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,160	2,083	132	4	0	70.00
70.01	03290	EMG	241	928	26	10	0	70.01
70.03	03030	ANGIOGRAPHY	2,014	0	775	3	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	6,943	30,824	452	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	747	0	0	90.01
91.00	09100	EMERGENCY	38,940	45,685	5,929	166	184	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	23,825	725	87	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,424	602	9,147	86	360	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	COMMUNICATION S (#OF PHONES)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
			4.00	5.01	5.02			
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	39	2,673	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,021,633	2,653,607	143,914	2,901	7,732	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,542	114	17	161	0	192.00
194.01	07950	PRIVATE DUTY NURSING	0	25	959	0	0	194.01
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)	11,944,675	2,724,521	1,037,247	620,296	8,878,106	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.483332	1.026670	7.158858	202.578707	1,148.228919	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,386	203	163,884	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.347753	0.066297	21.195551	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		PURCHASING AND STORES (# OF REQUI SIT)	ADMITTING (INPATIENT CHARGES)	CASHIERING (INPATIENT CHARGES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING AND STORES	26,390				5.03
5.04	00570	ADMITTING	109	525,217,309			5.04
5.05	00580	CASHIERING	117	0	525,217,309		5.05
5.06	00590	ADMINISTRATIVE & GENERAL	814	0	0	-62,357,082	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	CLINICAL ENGINEERING	200	0	0	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	213	0	0	0	9.00
10.00	01000	DIETARY	225	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	71	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,108	0	0	0	14.00
15.00	01500	PHARMACY	281	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	182	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	28	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	936	97,593,279	97,593,279	0	30.00
31.00	03100	INTENSIVE CARE UNIT	180	14,650,624	14,650,624	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	5,787,892	5,787,892	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,806	60,333,221	60,333,221	0	50.00
51.00	05100	RECOVERY ROOM	65	5,181,323	5,181,323	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	511	14,985,406	14,985,406	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	520	13,350,708	13,350,708	0	54.00
54.01	03630	ULTRASOUND	83	7,780,098	7,780,098	0	54.01
57.00	05700	CT SCAN	193	44,926,141	44,926,141	0	57.00
58.00	05800	MRI	91	6,184,212	6,184,212	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,426	14,741,626	14,741,626	0	59.00
60.00	06000	LABORATORY	1,698	88,436,904	88,436,904	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	76	2,794,716	2,794,716	0	63.00
64.00	06400	INTRAVENOUS THERAPY	127	1,087,842	1,087,842	0	64.00
65.00	06500	RESPIRATORY THERAPY	446	25,289,747	25,289,747	0	65.00
66.00	06600	PHYSICAL THERAPY	432	5,679,292	5,679,292	0	66.00
68.00	06800	SPEECH PATHOLOGY	6	1,056,913	1,056,913	0	68.00
69.00	06900	ELECTROCARDIOLOGY	144	16,203,994	16,203,994	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20	616,266	616,266	0	70.00
70.01	03290	EMG	26	13,641	13,641	0	70.01
70.03	03030	ANGIOGRAPHY	882	4,408,938	4,408,938	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,423,975	7,423,975	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,844,452	13,844,452	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,108,324	35,108,324	0	73.00
74.00	07400	RENAL DIALYSIS	96	2,888,557	2,888,557	0	74.00
76.97	07697	CARDIAC REHABILITATION	76	271,745	271,745	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,250	1,250	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	106	6,736	6,736	0	90.01
91.00	09100	EMERGENCY	698	34,542,026	34,542,026	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	421	27,461	27,461	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	397	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	14	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		PURCHASING AND STORES (# OF REQUI SIT)	ADMITTING (INPATIENT CHARGES)	CASHIERING (INPATIENT CHARGES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	25,824	525,217,309	525,217,309	-62,357,082	172,778,223	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS PRIVATE OFFICES	561	0	0	0	1,670,836	192.00
194.01	07950 PRIVATE DUTY NURSING	5	0	0	0	407,470	194.01
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)	522,904	1,944,274	3,082,422		62,357,082	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.814475	0.003702	0.005869		0.356619	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	77,586	9,799	365,109		1,565,871	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.939977	0.000019	0.000695		0.008955	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	CLINICAL ENGINEERING (TIME SPENT)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TIME SPENT)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.00	6.01	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	783,251					6.00
6.01	00601	CLINICAL ENGINEERING	1,261	906,390				6.01
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,353	0	0	569,700		8.00
9.00	00900	HOUSEKEEPING	1,673	0	0	22,500	134,834	9.00
10.00	01000	DIETARY	29,361	0	0	0	3,382	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,223	19,050	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,712	188,300	0	68,670	3,938	14.00
15.00	01500	PHARMACY	19,707	0	0	90	864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,584	0	0	0	1,626	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	275	0	0	0	4	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	297,047	108,900	0	236,970	66,471	30.00
31.00	03100	INTENSIVE CARE UNIT	30,574	19,890	0	33,120	4,294	31.00
40.00	04000	SUBPROVIDER - IPF	17,963	1,650	0	7,650	3,374	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	101,712	122,430	0	59,400	15,462	50.00
51.00	05100	RECOVERY ROOM	8,138	6,750	0	6,930	922	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	30,950	0	0	1,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,881	170,540	0	28,170	4,605	54.00
54.01	03630	ULTRASOUND	3,210	10,790	0	0	606	54.01
57.00	05700	CT SCAN	2,260	5,080	0	0	321	57.00
58.00	05800	MRI	1,924	3,490	0	0	276	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,096	28,820	0	6,030	2,805	59.00
60.00	06000	LABORATORY	43,705	32,210	0	0	3,301	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	5,140	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,300	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	977	41,270	0	0	224	65.00
66.00	06600	PHYSICAL THERAPY	6,943	10,530	0	540	1,900	66.00
68.00	06800	SPEECH PATHOLOGY	0	29,380	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,408	0	0	9,270	1,837	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,160	0	0	270	145	70.00
70.01	03290	EMG	241	1,320	0	0	0	70.01
70.03	03030	ANGIOGRAPHY	2,014	11,050	0	0	432	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	6,943	4,680	0	3,510	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	38,940	45,170	0	68,130	11,659	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	6,530	0	8,550	1,299	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,424	1,170	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	764,709	906,390	0	559,800	131,130	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	CLINICAL ENGINEERING (TIME SPENT)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TIME SPENT)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.00	6.01	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,542	0	0	9,900	3,704	192.00
194.01	07950	PRIVATE DUTY NURSING	0	0	0	0	0	194.01
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)	9,216,745	4,978,731	0	701,399	4,365,943	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.767294	5.492924	0.000000	1.231173	32.380134	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,442,089	52,621	0	62,312	207,953	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.841158	0.058056	0.000000	0.109377	1.542289	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
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	333,742					10.00
11.00	01100	CAFETERIA	122,986	98,519				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	811	0	64,059		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,366	0	0	33,519,871	14.00
15.00	01500	PHARMACY	0	2,858	0	0	472,847	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,522	0	0	851	16.00
17.00	01700	SOCIAL SERVICE	0	824	0	0	321	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	185	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	175,489	36,851	0	36,851	2,639,260	30.00
31.00	03100	INTENSIVE CARE UNIT	16,712	5,760	0	5,760	783,907	31.00
40.00	04000	SUBPROVIDER - IPF	7,556	2,948	0	2,948	22,480	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,439	0	8,439	0	50.00
51.00	05100	RECOVERY ROOM	0	1,116	0	1,116	87,332	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	290,486	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,037	0	0	124,550	54.00
54.01	03630	ULTRASOUND	0	820	0	0	0	54.01
57.00	05700	CT SCAN	0	1,075	0	0	0	57.00
58.00	05800	MRI	0	248	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,372	0	1,372	0	59.00
60.00	06000	LABORATORY	0	6,109	0	0	407,292	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	367	0	0	4,759	63.00
64.00	06400	INTRAVENOUS THERAPY	0	897	0	897	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,286	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,817	0	0	186,463	66.00
68.00	06800	SPEECH PATHOLOGY	0	316	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,456	0	0	54,484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	132	0	0	9,882	70.00
70.01	03290	EMG	0	26	0	0	1,037	70.01
70.03	03030	ANGIOGRAPHY	0	775	0	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,171,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,181,255	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	231	74.00
76.97	07697	CARDIAC REHABILITATION	0	452	0	0	7,124	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	634	0	0	747	59,141	90.01
91.00	09100	EMERGENCY	10,365	5,929	0	5,929	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	725	0	0	9,833	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	333,742	98,519	0	64,059	33,514,900	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	2,829	192.00
194.01	07950	PRIVATE DUTY NURSING	0	0	0	0	2,142	194.01
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)	3,497,082	1,947,184	0	1,485,935	5,968,270	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.478399	19.764553	0.000000	23.196350	0.178052	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	431,060	163,739	0	71,471	917,941	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.291597	1.662004	0.000000	1.115706	0.027385	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CLINICAL ENGINEERING						6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	11,563,247					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	182,820				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,000			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
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	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	52,289	900	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,381	30	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	816	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,787	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	24	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	327,501	9,092	0	0	0	54.00
54.01	03630	ULTRASOUND	0	3,028	0	0	0	54.01
57.00	05700	CT SCAN	0	23,481	0	0	0	57.00
58.00	05800	MRI	0	1,934	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,931	0	0	0	59.00
60.00	06000	LABORATORY	0	31,811	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,110,218	640	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	29	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,002	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,982	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	260	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,814	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	101	0	0	0	70.00
70.01	03290	EMG	0	207	0	0	0	70.01
70.03	03030	ANGIOGRAPHY	0	1,099	0	0	0	70.03
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	9,911,600	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	98	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	506	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	483	70	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	26,025	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	21.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	213,928	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,563,247	182,820	1,000	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.01	07950	PRIVATE DUTY NURSING	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,765,763	4,314,437	953,512	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.498628	23.599371	953.512000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	329,621	136,737	8,612	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.028506	0.747932	8.612000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-OTHE		
			R PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING			5.05
5.06	00590	ADMINISTRATIVE & GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	CLINICAL ENGINEERING			6.01
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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	03290	EMG	0	0	70.01
70.03	03030	ANGIOGRAPHY	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM-COSTS (ASSIGNED TIME)		
			SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00			23.00
			SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00	
116.00	11600	HOSPICE		0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	118.00	
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00	
194.01	07950	PRIVATE DUTY NURSING	0	0	194.01	
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	189,118	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1,891.180000	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	5,243	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	52.430000	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,095,145	61,095,145	6,945	61,102,090 30.00
31.00	03100	INTENSIVE CARE UNIT	9,982,964	9,982,964	0	9,982,964 31.00
40.00	04000	SUBPROVIDER - IPF	4,143,034	4,143,034	0	4,143,034 40.00
43.00	04300	NURSERY	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,092,230	18,092,230	0	18,092,230 50.00
51.00	05100	RECOVERY ROOM	1,989,728	1,989,728	0	1,989,728 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	1,109,734	1,109,734	0	1,109,734 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,489,777	7,489,777	0	7,489,777 54.00
54.01	03630	ULTRASOUND	1,348,375	1,348,375	0	1,348,375 54.01
57.00	05700	CT SCAN	2,773,395	2,773,395	0	2,773,395 57.00
58.00	05800	MRI	526,941	526,941	0	526,941 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,347,846	3,347,846	4,588	3,352,434 59.00
60.00	06000	LABORATORY	13,685,070	13,685,070	0	13,685,070 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,708,077	2,708,077	0	2,708,077 63.00
64.00	06400	INTRAVENOUS THERAPY	1,147,027	1,147,027	0	1,147,027 64.00
65.00	06500	RESPIRATORY THERAPY	2,952,029	2,952,029	0	2,952,029 65.00
66.00	06600	PHYSICAL THERAPY	5,614,515	5,614,515	0	5,614,515 66.00
68.00	06800	SPEECH PATHOLOGY	567,110	567,110	0	567,110 68.00
69.00	06900	ELECTROCARDIOLOGY	2,251,795	2,251,795	3,933	2,255,728 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,529	184,529	0	184,529 70.00
70.01	03290	EMG	43,524	43,524	0	43,524 70.01
70.03	03030	ANGIOGRAPHY	1,400,576	1,400,576	0	1,400,576 70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,448,780	26,448,780	0	26,448,780 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,339,308	17,339,308	0	17,339,308 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,033,443	19,033,443	0	19,033,443 73.00
74.00	07400	RENAL DIALYSIS	1,072,098	1,072,098	0	1,072,098 74.00
76.97	07697	CARDIAC REHABILITATION	806,857	806,857	0	806,857 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	116,547	116,547	0	116,547 90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	1,000,936	1,000,936	0	1,000,936 90.01
91.00	09100	EMERGENCY	9,691,610	9,691,610	0	9,691,610 91.00
91.01	04951	PRIMARY CARE CENTER PCC	1,992,763	1,992,763	0	1,992,763 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,831,767	8,831,767	0	8,831,767 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0 93.99
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	10,576,333	10,576,333	0	10,576,333 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	3,510,846	3,510,846		3,510,846 116.00
200.00		Subtotal (see instructions)	242,874,709	242,874,709	15,466	242,890,175 200.00
201.00		Less Observation Beds	8,831,767	8,831,767		8,831,767 201.00
202.00		Total (see instructions)	234,042,942	234,042,942	15,466	234,058,408 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	94,144,231		94,144,231		30.00
31.00	03100	INTENSIVE CARE UNIT	14,650,624		14,650,624		31.00
40.00	04000	SUBPROVIDER - IPF	5,787,892		5,787,892		40.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,333,221	86,713,110	147,046,331	0.123038	50.00
51.00	05100	RECOVERY ROOM	5,181,323	5,796,224	10,977,547	0.181254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,985,406	18,732,256	33,717,662	0.032913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,350,708	22,000,393	35,351,101	0.211868	54.00
54.01	03630	ULTRASOUND	7,780,098	7,712,347	15,492,445	0.087034	54.01
57.00	05700	CT SCAN	44,926,141	59,005,163	103,931,304	0.026685	57.00
58.00	05800	MRI	6,184,212	4,686,198	10,870,410	0.048475	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,741,626	19,222,568	33,964,194	0.098570	59.00
60.00	06000	LABORATORY	88,436,904	76,704,274	165,141,178	0.082869	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,794,716	2,387,370	5,182,086	0.522584	63.00
64.00	06400	INTRAVENOUS THERAPY	1,087,842	107,100	1,194,942	0.959902	64.00
65.00	06500	RESPIRATORY THERAPY	25,289,747	2,525,718	27,815,465	0.106129	65.00
66.00	06600	PHYSICAL THERAPY	5,679,292	15,832,916	21,512,208	0.260992	66.00
68.00	06800	SPEECH PATHOLOGY	1,056,913	736,217	1,793,130	0.316268	68.00
69.00	06900	ELECTROCARDIOLOGY	16,203,994	17,698,579	33,902,573	0.066420	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	616,266	244,536	860,802	0.214369	70.00
70.01	03290	EMG	13,641	316,611	330,252	0.131790	70.01
70.03	03030	ANGIOGRAPHY	4,408,938	2,374,324	6,783,262	0.206475	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,423,975	6,313,042	13,737,017	1.925366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,844,452	8,632,584	22,477,036	0.771423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,108,324	14,377,240	49,485,564	0.384626	73.00
74.00	07400	RENAL DIALYSIS	2,888,557	204,668	3,093,225	0.346596	74.00
76.97	07697	CARDIAC REHABILITATION	271,745	1,616,058	1,887,803	0.427405	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,250	1,992,175	1,993,425	0.058466	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	6,736	2,658,119	2,664,855	0.375606	90.01
91.00	09100	EMERGENCY	34,542,026	67,241,350	101,783,376	0.095218	91.00
91.01	04951	PRIMARY CARE CENTER PCC	27,461	2,335,944	2,363,405	0.843175	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,449,048	21,606,711	25,055,759	0.352485	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	93.99
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	10,166,719	10,166,719		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	6,127,350	6,127,350		116.00
200.00		Subtotal (see instructions)	525,217,309	486,067,864	1,011,285,173		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	525,217,309	486,067,864	1,011,285,173		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.123038			50.00
51.00	05100	RECOVERY ROOM	0.181254			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.032913			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211868			54.00
54.01	03630	ULTRASOUND	0.087034			54.01
57.00	05700	CT SCAN	0.026685			57.00
58.00	05800	MRI	0.048475			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098705			59.00
60.00	06000	LABORATORY	0.082869			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.522584			63.00
64.00	06400	INTRAVENOUS THERAPY	0.959902			64.00
65.00	06500	RESPIRATORY THERAPY	0.106129			65.00
66.00	06600	PHYSICAL THERAPY	0.260992			66.00
68.00	06800	SPEECH PATHOLOGY	0.316268			68.00
69.00	06900	ELECTROCARDIOLOGY	0.066536			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214369			70.00
70.01	03290	EMG	0.131790			70.01
70.03	03030	ANGIOGRAPHY	0.206475			70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.925366			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.771423			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384626			73.00
74.00	07400	RENAL DIALYSIS	0.346596			74.00
76.97	07697	CARDIAC REHABILITATION	0.427405			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.058466			90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0.375606			90.01
91.00	09100	EMERGENCY	0.095218			91.00
91.01	04951	PRIMARY CARE CENTER PCC	0.843175			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.352485			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

			Title XIX	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,095,145	61,095,145	6,945	61,102,090 30.00
31.00	03100	INTENSIVE CARE UNIT	9,982,964	9,982,964	0	9,982,964 31.00
40.00	04000	SUBPROVIDER - IPF	4,143,034	4,143,034	0	4,143,034 40.00
43.00	04300	NURSERY	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,092,230	18,092,230	0	18,092,230 50.00
51.00	05100	RECOVERY ROOM	1,989,728	1,989,728	0	1,989,728 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	1,109,734	1,109,734	0	1,109,734 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,489,777	7,489,777	0	7,489,777 54.00
54.01	03630	ULTRASOUND	1,348,375	1,348,375	0	1,348,375 54.01
57.00	05700	CT SCAN	2,773,395	2,773,395	0	2,773,395 57.00
58.00	05800	MRI	526,941	526,941	0	526,941 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,347,846	3,347,846	4,588	3,352,434 59.00
60.00	06000	LABORATORY	13,685,070	13,685,070	0	13,685,070 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,708,077	2,708,077	0	2,708,077 63.00
64.00	06400	INTRAVENOUS THERAPY	1,147,027	1,147,027	0	1,147,027 64.00
65.00	06500	RESPIRATORY THERAPY	2,952,029	2,952,029	0	2,952,029 65.00
66.00	06600	PHYSICAL THERAPY	5,614,515	5,614,515	0	5,614,515 66.00
68.00	06800	SPEECH PATHOLOGY	567,110	567,110	0	567,110 68.00
69.00	06900	ELECTROCARDIOLOGY	2,251,795	2,251,795	3,933	2,255,728 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,529	184,529	0	184,529 70.00
70.01	03290	EMG	43,524	43,524	0	43,524 70.01
70.03	03030	ANGIOGRAPHY	1,400,576	1,400,576	0	1,400,576 70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,448,780	26,448,780	0	26,448,780 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,339,308	17,339,308	0	17,339,308 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,033,443	19,033,443	0	19,033,443 73.00
74.00	07400	RENAL DIALYSIS	1,072,098	1,072,098	0	1,072,098 74.00
76.97	07697	CARDIAC REHABILITATION	806,857	806,857	0	806,857 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	116,547	116,547	0	116,547 90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	1,000,936	1,000,936	0	1,000,936 90.01
91.00	09100	EMERGENCY	9,691,610	9,691,610	0	9,691,610 91.00
91.01	04951	PRIMARY CARE CENTER PCC	1,992,763	1,992,763	0	1,992,763 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,831,767	8,831,767	0	8,831,767 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0 93.99
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	10,576,333	10,576,333	0	10,576,333 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	3,510,846	3,510,846		3,510,846 116.00
200.00		Subtotal (see instructions)	242,874,709	242,874,709	15,466	242,890,175 200.00
201.00		Less Observation Beds	8,831,767	8,831,767		8,831,767 201.00
202.00		Total (see instructions)	234,042,942	234,042,942	15,466	234,058,408 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

			Title XIX		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	94,144,231		94,144,231		30.00
31.00	03100	INTENSIVE CARE UNIT	14,650,624		14,650,624		31.00
40.00	04000	SUBPROVIDER - IPF	5,787,892		5,787,892		40.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,333,221	86,713,110	147,046,331	0.123038	50.00
51.00	05100	RECOVERY ROOM	5,181,323	5,796,224	10,977,547	0.181254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,985,406	18,732,256	33,717,662	0.032913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,350,708	22,000,393	35,351,101	0.211868	54.00
54.01	03630	ULTRASOUND	7,780,098	7,712,347	15,492,445	0.087034	54.01
57.00	05700	CT SCAN	44,926,141	59,005,163	103,931,304	0.026685	57.00
58.00	05800	MRI	6,184,212	4,686,198	10,870,410	0.048475	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,741,626	19,222,568	33,964,194	0.098570	59.00
60.00	06000	LABORATORY	88,436,904	76,704,274	165,141,178	0.082869	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,794,716	2,387,370	5,182,086	0.522584	63.00
64.00	06400	INTRAVENOUS THERAPY	1,087,842	107,100	1,194,942	0.959902	64.00
65.00	06500	RESPIRATORY THERAPY	25,289,747	2,525,718	27,815,465	0.106129	65.00
66.00	06600	PHYSICAL THERAPY	5,679,292	15,832,916	21,512,208	0.260992	66.00
68.00	06800	SPEECH PATHOLOGY	1,056,913	736,217	1,793,130	0.316268	68.00
69.00	06900	ELECTROCARDIOLOGY	16,203,994	17,698,579	33,902,573	0.066420	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	616,266	244,536	860,802	0.214369	70.00
70.01	03290	EMG	13,641	316,611	330,252	0.131790	70.01
70.03	03030	ANGIOGRAPHY	4,408,938	2,374,324	6,783,262	0.206475	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,423,975	6,313,042	13,737,017	1.925366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,844,452	8,632,584	22,477,036	0.771423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,108,324	14,377,240	49,485,564	0.384626	73.00
74.00	07400	RENAL DIALYSIS	2,888,557	204,668	3,093,225	0.346596	74.00
76.97	07697	CARDIAC REHABILITATION	271,745	1,616,058	1,887,803	0.427405	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,250	1,992,175	1,993,425	0.058466	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	6,736	2,658,119	2,664,855	0.375606	90.01
91.00	09100	EMERGENCY	34,542,026	67,241,350	101,783,376	0.095218	91.00
91.01	04951	PRIMARY CARE CENTER PCC	27,461	2,335,944	2,363,405	0.843175	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,449,048	21,606,711	25,055,759	0.352485	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	93.99
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	10,166,719	10,166,719		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	6,127,350	6,127,350		116.00
200.00		Subtotal (see instructions)	525,217,309	486,067,864	1,011,285,173		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	525,217,309	486,067,864	1,011,285,173		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.123038			50.00
51.00	05100	RECOVERY ROOM	0.181254			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.032913			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211868			54.00
54.01	03630	ULTRASOUND	0.087034			54.01
57.00	05700	CT SCAN	0.026685			57.00
58.00	05800	MRI	0.048475			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098705			59.00
60.00	06000	LABORATORY	0.082869			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.522584			63.00
64.00	06400	INTRAVENOUS THERAPY	0.959902			64.00
65.00	06500	RESPIRATORY THERAPY	0.106129			65.00
66.00	06600	PHYSICAL THERAPY	0.260992			66.00
68.00	06800	SPEECH PATHOLOGY	0.316268			68.00
69.00	06900	ELECTROCARDIOLOGY	0.066536			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214369			70.00
70.01	03290	EMG	0.131790			70.01
70.03	03030	ANGIOGRAPHY	0.206475			70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.925366			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.771423			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384626			73.00
74.00	07400	RENAL DIALYSIS	0.346596			74.00
76.97	07697	CARDIAC REHABILITATION	0.427405			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.058466			90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0.375606			90.01
91.00	09100	EMERGENCY	0.095218			91.00
91.01	04951	PRIMARY CARE CENTER PCC	0.843175			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.352485			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,092,230	2,400,626	15,691,604	0	50.00
51.00	05100	RECOVERY ROOM	1,989,728	148,762	1,840,966	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,109,734	50,558	1,059,176	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,489,777	716,055	6,773,722	0	54.00
54.01	03630	ULTRASOUND	1,348,375	67,925	1,280,450	0	54.01
57.00	05700	CT SCAN	2,773,395	179,451	2,593,944	0	57.00
58.00	05800	MRI	526,941	35,704	491,237	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,347,846	434,512	2,913,334	0	59.00
60.00	06000	LABORATORY	13,685,070	891,687	12,793,383	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,708,077	54,318	2,653,759	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,147,027	11,317	1,135,710	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,952,029	75,523	2,876,506	0	65.00
66.00	06600	PHYSICAL THERAPY	5,614,515	171,177	5,443,338	0	66.00
68.00	06800	SPEECH PATHOLOGY	567,110	5,938	561,172	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,251,795	208,763	2,043,032	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,529	20,011	164,518	0	70.00
70.01	03290	EMG	43,524	4,746	38,778	0	70.01
70.03	03030	ANGIOGRAPHY	1,400,576	44,587	1,355,989	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,448,780	629,944	25,818,836	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,339,308	417,399	16,921,909	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,033,443	399,373	18,634,070	0	73.00
74.00	07400	RENAL DIALYSIS	1,072,098	9,485	1,062,613	0	74.00
76.97	07697	CARDIAC REHABILITATION	806,857	131,154	675,703	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	116,547	770	115,777	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	1,000,936	10,228	990,708	0	90.01
91.00	09100	EMERGENCY	9,691,610	710,675	8,980,935	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	1,992,763	58,642	1,934,121	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,831,767	779,748	8,052,019	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	10,576,333	141,045	10,435,288	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,510,846	29,580	3,481,266	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	167,653,566	8,839,703	158,813,863	0	200.00
201.00		Less Observation Beds	8,831,767	779,748	8,052,019	0	201.00
202.00		Total (line 200 minus line 201)	158,821,799	8,059,955	150,761,844	0	202.00

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

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet C
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,092,230	147,046,331	0.123038	50.00
51.00	05100	RECOVERY ROOM	1,989,728	10,977,547	0.181254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,109,734	33,717,662	0.032913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,489,777	35,351,101	0.211868	54.00
54.01	03630	ULTRASOUND	1,348,375	15,492,445	0.087034	54.01
57.00	05700	CT SCAN	2,773,395	103,931,304	0.026685	57.00
58.00	05800	MRI	526,941	10,870,410	0.048475	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,347,846	33,964,194	0.098570	59.00
60.00	06000	LABORATORY	13,685,070	165,141,178	0.082869	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,708,077	5,182,086	0.522584	63.00
64.00	06400	INTRAVENOUS THERAPY	1,147,027	1,194,942	0.959902	64.00
65.00	06500	RESPIRATORY THERAPY	2,952,029	27,815,465	0.106129	65.00
66.00	06600	PHYSICAL THERAPY	5,614,515	21,512,208	0.260992	66.00
68.00	06800	SPEECH PATHOLOGY	567,110	1,793,130	0.316268	68.00
69.00	06900	ELECTROCARDIOLOGY	2,251,795	33,902,573	0.066420	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,529	860,802	0.214369	70.00
70.01	03290	EMG	43,524	330,252	0.131790	70.01
70.03	03030	ANGIOGRAPHY	1,400,576	6,783,262	0.206475	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,448,780	13,737,017	1.925366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,339,308	22,477,036	0.771423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,033,443	49,485,564	0.384626	73.00
74.00	07400	RENAL DIALYSIS	1,072,098	3,093,225	0.346596	74.00
76.97	07697	CARDIAC REHABILITATION	806,857	1,887,803	0.427405	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	116,547	1,993,425	0.058466	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	1,000,936	2,664,855	0.375606	90.01
91.00	09100	EMERGENCY	9,691,610	101,783,376	0.095218	91.00
91.01	04951	PRIMARY CARE CENTER PCC	1,992,763	2,363,405	0.843175	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,831,767	25,055,759	0.352485	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	93.99
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	10,576,333	10,166,719	1.040290	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	3,510,846	6,127,350	0.572980	116.00
200.00		Subtotal (sum of lines 50 thru 199)	167,653,566	896,702,426		200.00
201.00		Less Observation Beds	8,831,767	0		201.00
202.00		Total (line 200 minus line 201)	158,821,799	896,702,426		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Title XVIII			Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,394,661	0	5,394,661	57,776	93.37	30.00
31.00	INTENSIVE CARE UNIT	633,911		633,911	4,942	128.27	31.00
40.00	SUBPROVIDER - IPF	300,663	0	300,663	2,235	134.52	40.00
43.00	NURSERY	0		0	854	0.00	43.00
200.00	Total (lines 30 through 199)	6,329,235		6,329,235	65,807		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	27,027	2,523,511				
31.00	INTENSIVE CARE UNIT	2,598	333,245				
40.00	SUBPROVIDER - IPF	623	83,806				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	30,248	2,940,562				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,400,626	147,046,331	0.016326	30,488,680	497,758	50.00
51.00	05100	RECOVERY ROOM	148,762	10,977,547	0.013551	2,626,769	35,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,558	33,717,662	0.001499	7,416,934	11,118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	716,055	35,351,101	0.020256	7,872,584	159,467	54.00
54.01	03630	ULTRASOUND	67,925	15,492,445	0.004384	4,282,713	18,775	54.01
57.00	05700	CT SCAN	179,451	103,931,304	0.001727	23,317,645	40,270	57.00
58.00	05800	MRI	35,704	10,870,410	0.003285	3,316,911	10,896	58.00
59.00	05900	CARDIAC CATHETERIZATION	434,512	33,964,194	0.012793	6,645,160	85,012	59.00
60.00	06000	LABORATORY	891,687	165,141,178	0.005400	45,762,231	247,116	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	54,318	5,182,086	0.010482	1,967,277	20,621	63.00
64.00	06400	INTRAVENOUS THERAPY	11,317	1,194,942	0.009471	527,997	5,001	64.00
65.00	06500	RESPIRATORY THERAPY	75,523	27,815,465	0.002715	13,478,825	36,595	65.00
66.00	06600	PHYSICAL THERAPY	171,177	21,512,208	0.007957	3,523,422	28,036	66.00
68.00	06800	SPEECH PATHOLOGY	5,938	1,793,130	0.003312	654,295	2,167	68.00
69.00	06900	ELECTROCARDIOLOGY	208,763	33,902,573	0.006158	9,086,136	55,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,011	860,802	0.023247	323,711	7,525	70.00
70.01	03290	EMG	4,746	330,252	0.014371	6,637	95	70.01
70.03	03030	ANGIOGRAPHY	44,587	6,783,262	0.006573	2,196,295	14,436	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	629,944	13,737,017	0.045857	4,055,249	185,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,399	22,477,036	0.018570	7,910,707	146,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	399,373	49,485,564	0.008070	17,336,458	139,905	73.00
74.00	07400	RENAL DIALYSIS	9,485	3,093,225	0.003066	1,640,623	5,030	74.00
76.97	07697	CARDIAC REHABILITATION	131,154	1,887,803	0.069474	145,028	10,076	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	770	1,993,425	0.000386	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	10,228	2,664,855	0.003838	1,410	5	90.01
91.00	09100	EMERGENCY	710,675	101,783,376	0.006982	19,076,646	133,193	91.00
91.01	04951	PRIMARY CARE CENTER PCC	58,642	2,363,405	0.024813	21,331	529	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	779,748	25,055,759	0.031121	1,416,703	44,089	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	8,669,078	880,408,357		215,098,377	1,942,126	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part III
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
				4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	57,776	0.00	27,027	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,942	0.00	2,598	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	2,235	0.00	623	40.00	
43.00	04300	NURSERY	0	0	854	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	65,807		30,248	200.00	
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						
31.00	03100	INTENSIVE CARE UNIT	0						
40.00	04000	SUBPROVIDER - IPF	0						
43.00	04300	NURSERY	0						
200.00		Total (lines 30 through 199)	0						

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03290	EMG	0	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY	0	0	0	0	0	70.03
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	189,118	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)	0	0	0	0	189,118	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		All Other Medical Education Cost	Title XVIII		Hospital		PPS	
			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	147,046,331	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,977,547	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	33,717,662	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	35,351,101	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	15,492,445	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	103,931,304	0.000000	57.00
58.00	05800	MRI	0	0	0	10,870,410	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,964,194	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	165,141,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	5,182,086	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,194,942	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,815,465	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,512,208	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,793,130	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	33,902,573	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	860,802	0.000000	70.00
70.01	03290	EMG	0	0	0	330,252	0.000000	70.01
70.03	03030	ANGIOGRAPHY	0	0	0	6,783,262	0.000000	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,737,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,477,036	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	189,118	189,118	49,485,564	0.003822	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,093,225	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,887,803	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,993,425	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	2,664,855	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	101,783,376	0.000000	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0	0	2,363,405	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,055,759	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	189,118	189,118	880,408,357		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:38 pm

				Title XVIII		Hospital	PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
				9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		0.000000	30,488,680	0	30,361,075	0
51.00	05100	RECOVERY ROOM		0.000000	2,626,769	0	1,898,126	0
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY		0.000000	7,416,934	0	6,416,724	0
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	7,872,584	0	7,664,147	0
54.01	03630	ULTRASOUND		0.000000	4,282,713	0	2,519,792	0
57.00	05700	CT SCAN		0.000000	23,317,645	0	16,912,600	0
58.00	05800	MRI		0.000000	3,316,911	0	1,503,571	0
59.00	05900	CARDIAC CATHETERIZATION		0.000000	6,645,160	0	8,164,653	0
60.00	06000	LABORATORY		0.000000	45,762,231	0	12,255,355	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	1,967,277	0	2,385,414	0
64.00	06400	INTRAVENOUS THERAPY		0.000000	527,997	0	50,855	0
65.00	06500	RESPIRATORY THERAPY		0.000000	13,478,825	0	921,861	0
66.00	06600	PHYSICAL THERAPY		0.000000	3,523,422	0	4,231,459	0
68.00	06800	SPEECH PATHOLOGY		0.000000	654,295	0	6,935	0
69.00	06900	ELECTROCARDIOLOGY		0.000000	9,086,136	0	6,145,979	0
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	323,711	0	83,074	0
70.01	03290	EMG		0.000000	6,637	0	101,732	0
70.03	03030	ANGIOGRAPHY		0.000000	2,196,295	0	901,106	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	4,055,249	0	2,252,010	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	7,910,707	0	3,729,925	0
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003822	17,336,458	66,260	1,118,618	4,275
74.00	07400	RENAL DIALYSIS		0.000000	1,640,623	0	2,560	0
76.97	07697	CARDIAC REHABILITATION		0.000000	145,028	0	843,057	0
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		0.000000	0	0	958,913	0
90.01	04950	OUTPATIENT PSYCH SERVICES		0.000000	1,410	0	456,246	0
91.00	09100	EMERGENCY		0.000000	19,076,646	0	13,967,991	0
91.01	04951	PRIMARY CARE CENTER PCC		0.000000	21,331	0	469,081	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	1,416,703	0	3,855,025	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0
200.00		Total (lines 50 through 199)			215,098,377	66,260	130,177,884	4,275

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/25/2022 1:38 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.123038	30,361,075	0	816	3,735,566	50.00
51.00	05100	RECOVERY ROOM	0.181254	1,898,126	0	0	344,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032913	6,416,724	0	0	211,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211868	7,664,147	0	68	1,623,787	54.00
54.01	03630	ULTRASOUND	0.087034	2,519,792	0	0	219,308	54.01
57.00	05700	CT SCAN	0.026685	16,912,600	1	0	451,313	57.00
58.00	05800	MRI	0.048475	1,503,571	0	0	72,886	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098570	8,164,653	0	0	804,790	59.00
60.00	06000	LABORATORY	0.082869	12,255,355	19,768	0	1,015,589	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.522584	2,385,414	479	1,477	1,246,579	63.00
64.00	06400	INTRAVENOUS THERAPY	0.959902	50,855	0	0	48,816	64.00
65.00	06500	RESPIRATORY THERAPY	0.106129	921,861	0	0	97,836	65.00
66.00	06600	PHYSICAL THERAPY	0.260992	4,231,459	0	1,677	1,104,377	66.00
68.00	06800	SPEECH PATHOLOGY	0.316268	6,935	0	0	2,193	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066420	6,145,979	0	0	408,216	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214369	83,074	0	0	17,808	70.00
70.01	03290	EMG	0.131790	101,732	0	0	13,407	70.01
70.03	03030	ANGIOGRAPHY	0.206475	901,106	0	0	186,056	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.925366	2,252,010	0	0	4,335,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.771423	3,729,925	0	0	2,877,350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384626	1,118,618	0	0	430,250	73.00
74.00	07400	RENAL DIALYSIS	0.346596	2,560	0	0	887	74.00
76.97	07697	CARDIAC REHABILITATION	0.427405	843,057	0	0	360,327	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.058466	958,913	0	0	56,064	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0.375606	456,246	0	0	171,369	90.01
91.00	09100	EMERGENCY	0.095218	13,967,991	0	0	1,330,004	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0.843175	469,081	0	0	395,517	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.352485	3,855,025	0	0	1,358,838	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Subtotal (see instructions)		130,177,884	20,248	4,038	22,920,313	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		130,177,884	20,248	4,038	22,920,313	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/25/2022 1:38 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	100		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14		54.00
54.01	03630	ULTRASOUND	0	0		54.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,638	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	250	772		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	438		66.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03290	EMG	0	0		70.01
70.03	03030	ANGIOGRAPHY	0	0		70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
200.00		Subtotal (see instructions)	1,888	1,324		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,888	1,324		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D Part II Date/Time Prepared: 1/25/2022 1:38 pm		
				Component CCN:14-S062				
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,400,626	147,046,331	0.016326	5,258	86	50.00
51.00	05100	RECOVERY ROOM	148,762	10,977,547	0.013551	687	9	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,558	33,717,662	0.001499	1,445	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	716,055	35,351,101	0.020256	24,309	492	54.00
54.01	03630	ULTRASOUND	67,925	15,492,445	0.004384	12,609	55	54.01
57.00	05700	CT SCAN	179,451	103,931,304	0.001727	79,975	138	57.00
58.00	05800	MRI	35,704	10,870,410	0.003285	26,545	87	58.00
59.00	05900	CARDIAC CATHETERIZATION	434,512	33,964,194	0.012793	205	3	59.00
60.00	06000	LABORATORY	891,687	165,141,178	0.005400	313,332	1,692	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	54,318	5,182,086	0.010482	12,410	130	63.00
64.00	06400	INTRAVENOUS THERAPY	11,317	1,194,942	0.009471	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	75,523	27,815,465	0.002715	41,572	113	65.00
66.00	06600	PHYSICAL THERAPY	171,177	21,512,208	0.007957	29,351	234	66.00
68.00	06800	SPEECH PATHOLOGY	5,938	1,793,130	0.003312	1,626	5	68.00
69.00	06900	ELECTROCARDIOLOGY	208,763	33,902,573	0.006158	24,707	152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,011	860,802	0.023247	3,096	72	70.00
70.01	03290	EMG	4,746	330,252	0.014371	0	0	70.01
70.03	03030	ANGIOGRAPHY	44,587	6,783,262	0.006573	2,434	16	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	629,944	13,737,017	0.045857	1,275	58	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,399	22,477,036	0.018570	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	399,373	49,485,564	0.008070	72,445	585	73.00
74.00	07400	RENAL DIALYSIS	9,485	3,093,225	0.003066	3,035	9	74.00
76.97	07697	CARDIAC REHABILITATION	131,154	1,887,803	0.069474	115	8	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	770	1,993,425	0.000386	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	10,228	2,664,855	0.003838	285	1	90.01
91.00	09100	EMERGENCY	710,675	101,783,376	0.006982	274,278	1,915	91.00
91.01	04951	PRIMARY CARE CENTER PCC	58,642	2,363,405	0.024813	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25,055,759	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	7,889,330	880,408,357		930,994	5,862	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0062 Component CCN:14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRASOUND		0	0	0	0	0	54.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03290	EMG		0	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY		0	0	0	0	0	70.03
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	189,118	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	189,118	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0062 Component CCN: 14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XVIII		Subprovider - IPF		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	147,046,331	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	10,977,547	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	33,717,662	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	35,351,101	0.000000	54.00
54.01	03630	ULTRASOUND		0	0	0	15,492,445	0.000000	54.01
57.00	05700	CT SCAN		0	0	0	103,931,304	0.000000	57.00
58.00	05800	MRI		0	0	0	10,870,410	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	33,964,194	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	165,141,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	5,182,086	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	1,194,942	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	27,815,465	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	21,512,208	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,793,130	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	33,902,573	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	860,802	0.000000	70.00
70.01	03290	EMG		0	0	0	330,252	0.000000	70.01
70.03	03030	ANGIOGRAPHY		0	0	0	6,783,262	0.000000	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	13,737,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,477,036	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	189,118	189,118	49,485,564	0.003822	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	3,093,225	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,887,803	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,993,425	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES		0	0	0	2,664,855	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	101,783,376	0.000000	91.00
91.01	04951	PRIMARY CARE CENTER PCC		0	0	0	2,363,405	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	25,055,759	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	189,118	189,118	880,408,357		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0062 Component CCN: 14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	5,258	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	687	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,445	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	24,309	0	0	0	54.00
54.01	03630	ULTRASOUND		0.000000	12,609	0	0	0	54.01
57.00	05700	CT SCAN		0.000000	79,975	0	0	0	57.00
58.00	05800	MRI		0.000000	26,545	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	205	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	313,332	0	45	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	12,410	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	41,572	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	29,351	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,626	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	24,707	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	3,096	0	0	0	70.00
70.01	03290	EMG		0.000000	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY		0.000000	2,434	0	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	1,275	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003822	72,445	277	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	3,035	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	115	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES		0.000000	285	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	274,278	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			930,994	277	45	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0062

Period:

Worksheet D

Component CCN:14-S062

From 01/01/2021
To 08/31/2021Part V
Date/Time Prepared:
1/25/2022 1:38 pm

Title XVIII

Subprovider -
IPF

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	0.123038	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.181254	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032913	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211868	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0.087034	0	0	0	0	54.01
57.00	05700	CT SCAN	0.026685	0	0	0	0	57.00
58.00	05800	MRI	0.048475	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098570	0	0	0	0	59.00
60.00	06000	LABORATORY	0.082869	45	0	0	4	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.522584	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.959902	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.106129	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.260992	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.316268	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066420	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214369	0	0	0	0	70.00
70.01	03290	EMG	0.131790	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY	0.206475	0	0	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.925366	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.771423	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384626	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.346596	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.427405	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.058466	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0.375606	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.095218	0	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0.843175	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.352485	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Subtotal (see instructions)		45	0	0	4	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		45	0	0	4	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0062

Period:

Worksheet D

Component CCN:14-S062

From 01/01/2021

Part V

To 08/31/2021

Date/Time Prepared:

1/25/2022 1:38 pm

Title XVIII

Subprovider -
IPF

PPS

		Cost Center Description	Costs			IPF
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	0	0		54.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03290	EMG	0	0		70.01
70.03	03030	ANGIOGRAPHY	0	0		70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Title XIX			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	5,394,661	0	5,394,661	57,776	93.37	30.00
31.00	INTENSIVE CARE UNIT	633,911		633,911	4,942	128.27	31.00
40.00	SUBPROVIDER - IPF	300,663	0	300,663	2,235	134.52	40.00
43.00	NURSERY	0		0	854	0.00	43.00
200.00	Total (lines 30 through 199)	6,329,235		6,329,235	65,807		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	1,137	106,162				
31.00	INTENSIVE CARE UNIT	284	36,429				
40.00	SUBPROVIDER - IPF	83	11,165				
43.00	NURSERY	75	0				
200.00	Total (lines 30 through 199)	1,579	153,756				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,400,626	147,046,331	0.016326	0	50.00
51.00	05100	RECOVERY ROOM	148,762	10,977,547	0.013551	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	50,558	33,717,662	0.001499	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	716,055	35,351,101	0.020256	0	54.00
54.01	03630	ULTRASOUND	67,925	15,492,445	0.004384	0	54.01
57.00	05700	CT SCAN	179,451	103,931,304	0.001727	0	57.00
58.00	05800	MRI	35,704	10,870,410	0.003285	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	434,512	33,964,194	0.012793	0	59.00
60.00	06000	LABORATORY	891,687	165,141,178	0.005400	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	54,318	5,182,086	0.010482	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,317	1,194,942	0.009471	0	64.00
65.00	06500	RESPIRATORY THERAPY	75,523	27,815,465	0.002715	0	65.00
66.00	06600	PHYSICAL THERAPY	171,177	21,512,208	0.007957	0	66.00
68.00	06800	SPEECH PATHOLOGY	5,938	1,793,130	0.003312	0	68.00
69.00	06900	ELECTROCARDIOLOGY	208,763	33,902,573	0.006158	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,011	860,802	0.023247	0	70.00
70.01	03290	EMG	4,746	330,252	0.014371	0	70.01
70.03	03030	ANGIOGRAPHY	44,587	6,783,262	0.006573	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	629,944	13,737,017	0.045857	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,399	22,477,036	0.018570	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	399,373	49,485,564	0.008070	0	73.00
74.00	07400	RENAL DIALYSIS	9,485	3,093,225	0.003066	0	74.00
76.97	07697	CARDIAC REHABILITATION	131,154	1,887,803	0.069474	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	770	1,993,425	0.000386	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	10,228	2,664,855	0.003838	0	90.01
91.00	09100	EMERGENCY	710,675	101,783,376	0.006982	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	58,642	2,363,405	0.024813	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	779,748	25,055,759	0.031121	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	93.99
200.00		Total (lines 50 through 199)	8,669,078	880,408,357		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part III
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	57,776	0.00	1,137	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,942	0.00	284	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	2,235	0.00	83	40.00	
43.00	04300	NURSERY	0	0	854	0.00	75	43.00	
200.00		Total (lines 30 through 199)	0	0	65,807		1,579	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description			Title XIX		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03290	EMG	0	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY	0	0	0	0	0	70.03
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	189,118	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)	0	0	0	0	189,118	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0062		Period: From 01/01/2021 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XIX		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	147,046,331	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	10,977,547	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	33,717,662	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	35,351,101	0.000000	54.00
54.01	03630	ULTRASOUND		0	0	0	15,492,445	0.000000	54.01
57.00	05700	CT SCAN		0	0	0	103,931,304	0.000000	57.00
58.00	05800	MRI		0	0	0	10,870,410	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	33,964,194	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	165,141,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	5,182,086	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	1,194,942	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	27,815,465	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	21,512,208	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,793,130	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	33,902,573	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	860,802	0.000000	70.00
70.01	03290	EMG		0	0	0	330,252	0.000000	70.01
70.03	03030	ANGIOGRAPHY		0	0	0	6,783,262	0.000000	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	13,737,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,477,036	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	189,118	189,118	49,485,564	0.003822	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	3,093,225	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,887,803	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,993,425	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES		0	0	0	2,664,855	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	101,783,376	0.000000	91.00
91.01	04951	PRIMARY CARE CENTER PCC		0	0	0	2,363,405	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	25,055,759	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	189,118	189,118	880,408,357		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0.000000	0	0	0	0	54.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03290	EMG	0.000000	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY	0.000000	0	0	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003822	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D Part II Date/Time Prepared: 1/25/2022 1:38 pm
				Component CCN:14-S062		
				Title XIX	Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,400,626	147,046,331	0.016326	0
51.00	05100	RECOVERY ROOM	148,762	10,977,547	0.013551	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0
53.00	05300	ANESTHESIOLOGY	50,558	33,717,662	0.001499	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	716,055	35,351,101	0.020256	0
54.01	03630	ULTRASOUND	67,925	15,492,445	0.004384	0
57.00	05700	CT SCAN	179,451	103,931,304	0.001727	0
58.00	05800	MRI	35,704	10,870,410	0.003285	0
59.00	05900	CARDIAC CATHETERIZATION	434,512	33,964,194	0.012793	0
60.00	06000	LABORATORY	891,687	165,141,178	0.005400	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	54,318	5,182,086	0.010482	0
64.00	06400	INTRAVENOUS THERAPY	11,317	1,194,942	0.009471	0
65.00	06500	RESPIRATORY THERAPY	75,523	27,815,465	0.002715	0
66.00	06600	PHYSICAL THERAPY	171,177	21,512,208	0.007957	0
68.00	06800	SPEECH PATHOLOGY	5,938	1,793,130	0.003312	0
69.00	06900	ELECTROCARDIOLOGY	208,763	33,902,573	0.006158	0
70.00	07000	ELECTROENCEPHALOGRAPHY	20,011	860,802	0.023247	0
70.01	03290	EMG	4,746	330,252	0.014371	0
70.03	03030	ANGIOGRAPHY	44,587	6,783,262	0.006573	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	629,944	13,737,017	0.045857	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,399	22,477,036	0.018570	0
73.00	07300	DRUGS CHARGED TO PATIENTS	399,373	49,485,564	0.008070	0
74.00	07400	RENAL DIALYSIS	9,485	3,093,225	0.003066	0
76.97	07697	CARDIAC REHABILITATION	131,154	1,887,803	0.069474	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	770	1,993,425	0.000386	0
90.01	04950	OUTPATIENT PSYCH SERVICES	10,228	2,664,855	0.003838	0
91.00	09100	EMERGENCY	710,675	101,783,376	0.006982	0
91.01	04951	PRIMARY CARE CENTER PCC	58,642	2,363,405	0.024813	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25,055,759	0.000000	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0
200.00		Total (lines 50 through 199)	7,889,330	880,408,357		0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0062 Component CCN:14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03290	EMG	0	0	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY	0	0	0	0	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	189,118	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)	0	0	0	0	0	189,118	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0062 Component CCN:14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XIX		Subprovider - IPF		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	147,046,331	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	10,977,547	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	33,717,662	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	35,351,101	0.000000	54.00
54.01	03630	ULTRASOUND		0	0	0	15,492,445	0.000000	54.01
57.00	05700	CT SCAN		0	0	0	103,931,304	0.000000	57.00
58.00	05800	MRI		0	0	0	10,870,410	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	33,964,194	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	165,141,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	5,182,086	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	1,194,942	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	27,815,465	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	21,512,208	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,793,130	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	33,902,573	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	860,802	0.000000	70.00
70.01	03290	EMG		0	0	0	330,252	0.000000	70.01
70.03	03030	ANGIOGRAPHY		0	0	0	6,783,262	0.000000	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	13,737,017	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,477,036	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	189,118	189,118	49,485,564	0.003822	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	3,093,225	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,887,803	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,993,425	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES		0	0	0	2,664,855	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	101,783,376	0.000000	91.00
91.01	04951	PRIMARY CARE CENTER PCC		0	0	0	2,363,405	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	25,055,759	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	189,118	189,118	880,408,357		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0062 Component CCN:14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03630	ULTRASOUND		0.000000	0	0	0	0	54.01
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
70.01	03290	EMG		0.000000	0	0	0	0	70.01
70.03	03030	ANGIOGRAPHY		0.000000	0	0	0	0	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003822	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
91.01	04951	PRIMARY CARE CENTER PCC		0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 1:38 pm
		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)		57,776	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,776	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)		49,425	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)		27,027	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)		61,102,090	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)		61,102,090	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)		61,102,090	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,057.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,582,944	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)		28,582,944	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:38 pm

		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	9,982,964	4,942	2,020.03	2,598	5,248,038
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					40,506,924
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					74,337,906
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,856,756
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,008,386
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,865,142
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					69,472,764
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					8,351
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,057.57
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,831,767

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0062		Period: From 01/01/2021 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/25/2022 1:38 pm	
				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	5,394,661	61,102,090	0.088289	8,831,767	779,748		90.00	
91.00	Nursing Program cost	0	61,102,090	0.000000	8,831,767	0		91.00	
92.00	Allied health cost	0	61,102,090	0.000000	8,831,767	0		92.00	
93.00	All other Medical Education	0	61,102,090	0.000000	8,831,767	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-1
		Component CCN: 14-S062		Date/Time Prepared: 1/25/2022 1:38 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,235	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,235	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,235	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)		623	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,143,034	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,143,034	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,143,034	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,853.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,154,861	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,154,861	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-1	
				Component CCN: 14-S062		Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XVIII	Subprovider - IPF	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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					115,999	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,270,860	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					83,806	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,139	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					89,945	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,180,915	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0062 Component CCN: 14-S062		Period: From 01/01/2021 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 1:38 pm	
		Title XVIII		Subprovider - IPF	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	300,663	4,143,034	0.072571	0	0	90.00
91.00 Nursing Program cost	0	4,143,034	0.000000	0	0	91.00
92.00 Allied health cost	0	4,143,034	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,143,034	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/25/2022 1:38 pm
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,776	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,776	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)		49,425	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,137	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)		854	15.00
16.00	Nursery days (title V or XIX only)		75	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)		61,102,090	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)		61,102,090	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)		61,102,090	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,057.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,202,457	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,202,457	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	854	0.00	75	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,982,964	4,942	2,020.03	284	573,689	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,776,146	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					142,591	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					142,591	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,633,555	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					8,351	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,057.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,831,767	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0062		Period: From 01/01/2021 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XIX		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	5,394,661	61,102,090	0.088289	8,831,767	779,748	90.00		
91.00	Nursing Program cost	0	61,102,090	0.000000	8,831,767	0	91.00		
92.00	Allied health cost	0	61,102,090	0.000000	8,831,767	0	92.00		
93.00	All other Medical Education	0	61,102,090	0.000000	8,831,767	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-1
		Component CCN: 14-S062		Date/Time Prepared: 1/25/2022 1:38 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,235	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,235	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,235	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)		83	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)		854	15.00
16.00	Nursery days (title V or XIX only)		75	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,143,034	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,143,034	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,143,034	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,853.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		153,858	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)		153,858	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-1		
				Component CCN: 14-S062		Date/Time Prepared: 1/25/2022 1:38 pm		
				Title XIX		Subprovider - IPF	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	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						153,858	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						11,165	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						11,165	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						142,693	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0062 Component CCN:14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet D-1 Date/Time Prepared: 1/25/2022 1:38 pm	
				Title XIX		Subprovider - IPF		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			300,663	4,143,034	0.072571	0	0	90.00
91.00	Nursing Program cost			0	4,143,034	0.000000	0	0	91.00
92.00	Allied health cost			0	4,143,034	0.000000	0	0	92.00
93.00	All other Medical Education			0	4,143,034	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/25/2022 1:38 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		48,646,838		30.00
31.00	03100	INTENSIVE CARE UNIT		6,893,783		31.00
40.00	04000	SUBPROVIDER - IPF		2,148		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.123038	30,488,680	3,751,266	50.00
51.00	05100	RECOVERY ROOM	0.181254	2,626,769	476,112	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032913	7,416,934	244,114	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.211868	7,872,584	1,667,949	54.00
54.01	03630	ULTRASOUND	0.087034	4,282,713	372,742	54.01
57.00	05700	CT SCAN	0.026685	23,317,645	622,231	57.00
58.00	05800	MRI	0.048475	3,316,911	160,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.098705	6,645,160	655,911	59.00
60.00	06000	LABORATORY	0.082869	45,762,231	3,792,270	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.522584	1,967,277	1,028,067	63.00
64.00	06400	INTRAVENOUS THERAPY	0.959902	527,997	506,825	64.00
65.00	06500	RESPIRATORY THERAPY	0.106129	13,478,825	1,430,494	65.00
66.00	06600	PHYSICAL THERAPY	0.260992	3,523,422	919,585	66.00
68.00	06800	SPEECH PATHOLOGY	0.316268	654,295	206,933	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066536	9,086,136	604,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214369	323,711	69,394	70.00
70.01	03290	EMG	0.131790	6,637	875	70.01
70.03	03030	ANGIOGRAPHY	0.206475	2,196,295	453,480	70.03
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.925366	4,055,249	7,807,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.771423	7,910,707	6,102,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.384626	17,336,458	6,668,052	73.00
74.00	07400	RENAL DIALYSIS	0.346596	1,640,623	568,633	74.00
76.97	07697	CARDIAC REHABILITATION	0.427405	145,028	61,986	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.058466	0	0	90.00
90.01	04950	OUTPATIENT PSYCH SERVICES	0.375606	1,410	530	90.01
91.00	09100	EMERGENCY	0.095218	19,076,646	1,816,440	91.00
91.01	04951	PRIMARY CARE CENTER PCC	0.843175	21,331	17,986	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.352485	1,416,703	499,367	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		215,098,377	40,506,924	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)		215,098,377		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/25/2022 1:38 pm	
		Component CCN: 14-S062			
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF		1,433,510		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.123038	5,258	647	50.00
51.00	05100 RECOVERY ROOM	0.181254	687	125	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032913	1,445	48	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.211868	24,309	5,150	54.00
54.01	03630 ULTRASOUND	0.087034	12,609	1,097	54.01
57.00	05700 CT SCAN	0.026685	79,975	2,134	57.00
58.00	05800 MRI	0.048475	26,545	1,287	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.098705	205	20	59.00
60.00	06000 LABORATORY	0.082869	313,332	25,966	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.522584	12,410	6,485	63.00
64.00	06400 INTRAVENOUS THERAPY	0.959902	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.106129	41,572	4,412	65.00
66.00	06600 PHYSICAL THERAPY	0.260992	29,351	7,660	66.00
68.00	06800 SPEECH PATHOLOGY	0.316268	1,626	514	68.00
69.00	06900 ELECTROCARDIOLOGY	0.066536	24,707	1,644	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214369	3,096	664	70.00
70.01	03290 EMG	0.131790	0	0	70.01
70.03	03030 ANGIOGRAPHY	0.206475	2,434	503	70.03
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.925366	1,275	2,455	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.771423	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.384626	72,445	27,864	73.00
74.00	07400 RENAL DIALYSIS	0.346596	3,035	1,052	74.00
76.97	07697 CARDIAC REHABILITATION	0.427405	115	49	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.058466	0	0	90.00
90.01	04950 OUTPATIENT PSYCH SERVICES	0.375606	285	107	90.01
91.00	09100 EMERGENCY	0.095218	274,278	26,116	91.00
91.01	04951 PRIMARY CARE CENTER PCC	0.843175	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.352485	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		930,994	115,999	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)		930,994		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 1:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		58,006,628	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		648,972	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		366.97	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		10.77	31.00
32.00	Sum of lines 30 and 31		10.77	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 1:38 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	58,655,600			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)		58,655,600		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,776,355		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		23,886		53.00
54.00	Special add-on payments for new technologies		565,495		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		66,260		58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,087,596		59.00
60.00	Primary payer payments		2,014		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,085,582		61.00
62.00	Deductibles billed to program beneficiaries		5,845,600		62.00
63.00	Coinsurance billed to program beneficiaries		288,163		63.00
64.00	Allowable bad debts (see instructions)		790,353		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		513,729		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		462,627		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		58,465,548		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		21,607		70.93
70.94	HRR adjustment amount (see instructions)		-1,686,878		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/25/2022 1:38 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		56,800,277	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		56,428,636	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)		371,641	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		1,176,841	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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/25/2022 1:38 pm

		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	58,006,628	0	58,006,628		58,006,628
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0
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	648,972	0	648,972		648,972
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
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	58,655,600	0	58,655,600	0	58,655,600
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	58,655,600	0	58,655,600	0	58,655,600

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/25/2022 1:38 pm

		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	4,776,355	0	4,776,355	0	4,776,355
17.00	Special add-on payments for new technologies	54.00	565,495	0	565,495	0	565,495
17.01	Net organ acquisition 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	63,997,450	0	63,997,450
		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	4,473,354	0	4,473,354	0	4,473,354
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	204,587	0	204,587	0	204,587
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.00000	0.00000	0.00000	0.00000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0220	0.0220	0.0220	0.0220	
25.00	Disproportionate share adjustment (see instructions)	11.00	98,414	0	98,414	0	98,414
26.00	Total prospective capital payments (see instructions)	12.00	4,776,355	0	4,776,355	0	4,776,355
		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.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/25/2022 1:38 pm

		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	58,006,628	58,006,628		58,006,628	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	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	648,972	648,972		648,972	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	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	58,655,600	58,655,600	0	58,655,600	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	58,655,600	58,655,600	0	58,655,600	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,776,355	4,776,355	0	4,776,355	16.00
17.00	Special add-on payments for new technologies	54.00	565,495	565,495	0	565,495	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			63,997,450	0	63,997,450	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/25/2022 1:38 pm

		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	4,473,354	4,473,354	0	4,473,354	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	204,587	204,587	0	204,587	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0220	0.0220	0.0220		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	98,414	98,414	0	98,414	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,776,355	4,776,355	0	4,776,355	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	21,607	21,607	0	21,607	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	-1,686,878	-1,686,878	0	-1,686,878	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:14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/25/2022 1:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,212	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,916,038	2.00
3.00	OPPS payments		21,536,647	3.00
4.00	Outlier payment (see instructions)		15,091	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		4,275	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,212	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		24,286	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)		24,286	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		24,286	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,074	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)		3,212	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)		21,556,013	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,865,167	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)		17,694,058	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		17,694,058	30.00
31.00	Primary payer payments		1,839	31.00
32.00	Subtotal (line 30 minus line 31)		17,692,219	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)		282,812	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		183,828	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		167,375	36.00
37.00	Subtotal (see instructions)		17,876,047	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,876,047	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		17,826,513	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)		49,534	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/25/2022 1:38 pm
		Component CCN: 14-S062		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4	2.00
3.00	OPPS payments		25	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		25	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5	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)		20	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		20	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		20	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		20	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)		20	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			40.03
41.00	Interim payments		20	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
1/25/2022 1:38 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		56,428,636		17,826,513	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		56,428,636		17,826,513	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		371,641		49,534	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		56,800,277		17,876,047	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0062 Component CCN: 14-S062		Period: From 01/01/2021 To 08/31/2021		Worksheet E-1 Part I Date/Time Prepared: 1/25/2022 1:38 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		554,893		20		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		554,893		20		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		12,019		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		566,912		20		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet E-1
Part II
Date/Time Prepared:
1/25/2022 1:38 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet E-3 Part II Date/Time Prepared: 1/25/2022 1:38 pm
		Component CCN: 14-S062		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		648,309	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		9.197531	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		648,309	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		648,309	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		648,309	18.00
19.00	Deductibles		93,416	19.00
20.00	Subtotal (line 18 minus line 19)		554,893	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		554,893	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		18,064	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		11,742	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		5,632	25.00
26.00	Subtotal (sum of lines 22 and 24)		566,635	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		277	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.98	Recovery of accelerated depreciation.		0	30.98
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		566,912	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		554,893	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		12,019	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet G

Date/Time Prepared:
1/25/2022 1:38 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	13,812,981	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,326,000	0	0	0	3.00
4.00	Accounts receivable	47,262,280	0	0	0	4.00
5.00	Other receivable	1,263,290	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,712,206	0	0	0	6.00
7.00	Inventory	11,304,764	0	0	0	7.00
8.00	Prepaid expenses	1,311,690	0	0	0	8.00
9.00	Other current assets	-281,028	0	0	0	9.00
10.00	Due from other funds	-214,594,415	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-152,306,644	0	0	0	11.00
FIXED ASSETS						
12.00	Land	20,112,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	288,736,150	0	0	0	15.00
16.00	Accumulated depreciation	-13,111,717	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	32,676,693	0	0	0	19.00
20.00	Accumulated depreciation	-7,061,637	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	321,351,489	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	7,685,916	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	7,556,053	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	15,241,969	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	184,286,814	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,605,597	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,035,993	0	0	0	38.00
39.00	Payroll taxes payable	346,026	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	27,317,981	0	0	0	43.00
44.00	Other current liabilities	28,126,837	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,432,434	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	33,386,777	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	33,386,777	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,819,211	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	69,467,603				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)	69,467,603	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	184,286,814	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet G-1

Date/Time Prepared:
1/25/2022 1:38 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		58,421,471				2.00
3.00	Total (sum of line 1 and line 2)		58,421,471		0		3.00
4.00	NET ASSETS RELEASE CAPITAL UN	11,099,357		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)		11,099,357		0		10.00
11.00	Subtotal (line 3 plus line 10)		69,520,828		0		11.00
12.00	NET ASSET INTERCO SETTLEMENT	49,225		0		0	12.00
13.00	CONTR UNRES ASSETS ACQUISITION	4,000		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)		53,225		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		69,467,603		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	NET ASSETS RELEASE CAPITAL UN		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	NET ASSET INTERCO SETTLEMENT		0				12.00
13.00	CONTR UNRES ASSETS ACQUISITION		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: 14-0062

Period:
From 01/01/2021
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/25/2022 1:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	94,144,231		94,144,231	1.00
2.00	SUBPROVIDER - IPF	5,787,892		5,787,892	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	99,932,123		99,932,123	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,650,624		14,650,624	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,650,624		14,650,624	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	114,582,747		114,582,747	17.00
18.00	Ancillary services	372,608,041	373,939,495	746,547,536	18.00
19.00	Outpatient services	38,026,521	95,834,299	133,860,820	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		10,166,719	10,166,719	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	6,127,350	6,127,350	26.00
27.00	OTHER PATIENT REVENUES	0	330,930	330,930	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	525,217,309	486,398,793	1,011,616,102	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		256,958,861		29.00
30.00	NOT REPORTED ON CR	685			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)		685		36.00
37.00	DEDUCT	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)		256,959,546		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0062

Period:
From 01/01/2021
To 08/31/2021

Worksheet G-3

Date/Time Prepared:
1/25/2022 1:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,011,616,102	1.00
2.00	Less contractual allowances and discounts on patients' accounts	784,446,536	2.00
3.00	Net patient revenues (line 1 minus line 2)	227,169,566	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	256,959,546	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-29,789,980	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	15,187	6.00
7.00	Income from investments	0	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	26,363	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	617,094	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	171,613	24.00
24.01	BUILDING RENT NON NMFF NU	2,475,602	24.01
24.02	IC BUILDING RENT REVENUE	1,509,214	24.02
24.03	AMORT LSAM FINITE LIFE	-175,587	24.03
24.04	IC SHARED SERVICES INCOME	1,714,409	24.04
24.05	HAP REVENUE	12,338,315	24.05
24.06	NON OP GAINS/LOSSES	69,519,241	24.06
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	88,211,451	25.00
26.00	Total (line 5 plus line 25)	58,421,471	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,421,471	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0062
HHA CCN: 14-7470
Period: From 01/01/2021 To 08/31/2021
Worksheet H
Date/Time Prepared: 1/25/2022 1:38 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0
2.00 Capital Related - Movable Equipment			0		2,002	2,002
3.00 Plant Operation & Maintenance	0	0	0	22,445	9,416	31,861
4.00 Transportation	0	0	180,967	0	0	180,967
5.00 Administrative and General	1,728,908	0	0	39,570	130,133	1,898,611
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	2,826,505	0	0	450,540	0	3,277,045
7.00 Physical Therapy	1,372,363	0	0	0	0	1,372,363
8.00 Occupational Therapy	300,575	0	0	0	0	300,575
9.00 Speech Pathology	83,097	0	0	0	0	83,097
10.00 Medical Social Services	68,056	0	0	0	0	68,056
11.00 Home Health Aide	141,377	0	0	0	0	141,377
12.00 Supplies (see instructions)	0	0	0	0	275,147	275,147
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)	60,366	0	0	0	0	60,366
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	6,581,247	0	180,967	512,555	416,698	7,691,467
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	2,002	0	2,002		2.00
3.00 Plant Operation & Maintenance	0	31,861	0	31,861		3.00
4.00 Transportation	0	180,967	-178,491	2,476		4.00
5.00 Administrative and General	-27,192	1,871,419	-13,204	1,858,215		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	3,277,045	0	3,277,045		6.00
7.00 Physical Therapy	0	1,372,363	0	1,372,363		7.00
8.00 Occupational Therapy	0	300,575	0	300,575		8.00
9.00 Speech Pathology	0	83,097	0	83,097		9.00
10.00 Medical Social Services	0	68,056	0	68,056		10.00
11.00 Home Health Aide	0	141,377	0	141,377		11.00
12.00 Supplies (see instructions)	-275,147	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	60,366	0	60,366		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	-302,339	7,389,128	-191,695	7,197,433		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: 14-0062

Period:

Worksheet H-1

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pmHome 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	2,002		2,002			0	2.00	
3.00	Plant Operation & Maintenance	31,861	0	0	31,861		0	3.00	
4.00	Transportation	2,476	0	0	0	2,476		4.00	
5.00	Administrative and General	1,858,215	0	2,002	31,861	2,476	1,894,554	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	3,277,045	0	0	0	0	3,277,045	6.00	
7.00	Physical Therapy	1,372,363	0	0	0	0	1,372,363	7.00	
8.00	Occupational Therapy	300,575	0	0	0	0	300,575	8.00	
9.00	Speech Pathology	83,097	0	0	0	0	83,097	9.00	
10.00	Medical Social Services	68,056	0	0	0	0	68,056	10.00	
11.00	Home Health Aide	141,377	0	0	0	0	141,377	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)	60,366	0	0	0	0	60,366	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	7,197,433	0	2,002	31,861	2,476	7,197,433	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	1,894,554						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,170,786	4,447,831					6.00	
7.00	Physical Therapy	490,303	1,862,666					7.00	
8.00	Occupational Therapy	107,386	407,961					8.00	
9.00	Speech Pathology	29,688	112,785					9.00	
10.00	Medical Social Services	24,314	92,370					10.00	
11.00	Home Health Aide	50,510	191,887					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)	21,567	81,933					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		7,197,433					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0062

Period:

Worksheet H-1

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 1:38 pmHome 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	100			0		1.00
2.00	Capital Related - Movable Equipment		100		0		2.00
3.00	Plant Operation & Maintenance	0	0	100	0		3.00
4.00	Transportation (see instructions)	0	0	0	100		4.00
5.00	Administrative and General	100	100	100	100	-1,894,554	5,302,879
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	3,277,045	6.00
7.00	Physical Therapy	0	0	0	0	1,372,363	7.00
8.00	Occupational Therapy	0	0	0	0	300,575	8.00
9.00	Speech Pathology	0	0	0	0	83,097	9.00
10.00	Medical Social Services	0	0	0	0	68,056	10.00
11.00	Home Health Aide	0	0	0	0	141,377	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	60,366	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	100	100	100	100	-1,894,554	5,302,879
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	2,002	31,861	2,476		1,894,554
26.00	Unit Cost Multiplier	0.000000	20.020000	318.610000	24.760000		0.357269

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0062

Period:

Worksheet H-2

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION S	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	50,802	618	20,045	17,422	413,362	1.00
2.00	Skilled Nursing Care	4,447,831	0	0	25,707	0	0	2.00
3.00	Physical Therapy	1,862,666	0	0	12,328	0	0	3.00
4.00	Occupational Therapy	407,961	0	0	2,477	0	0	4.00
5.00	Speech Pathology	112,785	0	0	673	0	0	5.00
6.00	Medical Social Services	92,370	0	0	694	0	0	6.00
7.00	Home Health Aide	191,887	0	0	2,878	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)	81,933	0	0	680	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,197,433	50,802	618	65,482	17,422	413,362	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		PURCHASING AND STORES	ADMITTING	CASHIERING	Subtotal	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	7,866	0	0	510,115	181,917	52,059	1.00
2.00	Skilled Nursing Care	0	0	0	4,473,538	1,595,350	0	2.00
3.00	Physical Therapy	0	0	0	1,874,994	668,658	0	3.00
4.00	Occupational Therapy	0	0	0	410,438	146,370	0	4.00
5.00	Speech Pathology	0	0	0	113,458	40,461	0	5.00
6.00	Medical Social Services	0	0	0	93,064	33,188	0	6.00
7.00	Home Health Aide	0	0	0	194,765	69,457	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	82,613	29,461	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,866	0	0	7,752,985	2,764,862	52,059	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: 14-0062

Period:

Worksheet H-2

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pmHome Health
Agency I

PPS

Cost Center Description		CLINICAL ENGINEERING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.01	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	6,427	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)	6,427	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		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
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

(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: 14-0062

Period:

Worksheet H-2

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pmHome Health
Agency I

PPS

Cost Center Description		NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV				
			19.00	21.00	22.00	23.00	24.00	25.00
1.00	Administrative and General	0	0	0	0	750,518	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	6,068,888	0	2.00
3.00	Physical Therapy	0	0	0	0	2,543,652	0	3.00
4.00	Occupational Therapy	0	0	0	0	556,808	0	4.00
5.00	Speech Pathology	0	0	0	0	153,919	0	5.00
6.00	Medical Social Services	0	0	0	0	126,252	0	6.00
7.00	Home Health Aide	0	0	0	0	264,222	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	112,074	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	10,576,333	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	Allocated HHA A&G (see Part II)	Total HHA Costs				
		26.00	27.00	28.00				
1.00	Administrative and General	750,518						1.00
2.00	Skilled Nursing Care	6,068,888	463,557	6,532,445				2.00
3.00	Physical Therapy	2,543,652	194,289	2,737,941				3.00
4.00	Occupational Therapy	556,808	42,530	599,338				4.00
5.00	Speech Pathology	153,919	11,757	165,676				5.00
6.00	Medical Social Services	126,252	9,643	135,895				6.00
7.00	Home Health Aide	264,222	20,182	284,404				7.00
8.00	Supplies (see instructions)	0	0	0				8.00
9.00	Drugs	0	0	0				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	0	0	0				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	112,074	8,560	120,634				19.00
19.50	Telemedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19) (2)	10,576,333	750,518	10,576,333				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.		0.076382					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: 14-0062
HHA CCN: 14-7470Period:
From 01/01/2021
To 08/31/2021Worksheet H-2
Part II
Date/Time Prepared:
1/25/2022 1:38 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES)	COMMUNICATION S (#OF PHONES)	DATA PROCESSING (TIME SPENT)	PURCHASING AND STORES (# OF REQUI SIT)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	4,424	602	2,800	86	360	397	1.00
2.00	Skilled Nursing Care	0	0	3,591	0	0	0	2.00
3.00	Physical Therapy	0	0	1,722	0	0	0	3.00
4.00	Occupational Therapy	0	0	346	0	0	0	4.00
5.00	Speech Pathology	0	0	94	0	0	0	5.00
6.00	Medical Social Services	0	0	97	0	0	0	6.00
7.00	Home Health Aide	0	0	402	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	95	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,424	602	9,147	86	360	397	20.00
21.00	Total cost to be allocated	50,802	618	65,482	17,422	413,362	7,866	21.00
22.00	Unit cost multiplier	11.483273	1.026578	7.158850	202.581395	1,148.227778	19.813602	22.00
Cost Center Description		ADMITTING (INPATIENT CHARGES)	CASHIERING (INPATIENT CHARGES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	CLINICAL ENGINEERING (TIME SPENT)	
		5.04	5.05	5A.06	5.06	6.00	6.01	
1.00	Administrative and General	0	0	0	510,115	4,424	1,170	1.00
2.00	Skilled Nursing Care	0	0	0	4,473,538	0	0	2.00
3.00	Physical Therapy	0	0	0	1,874,994	0	0	3.00
4.00	Occupational Therapy	0	0	0	410,438	0	0	4.00
5.00	Speech Pathology	0	0	0	113,458	0	0	5.00
6.00	Medical Social Services	0	0	0	93,064	0	0	6.00
7.00	Home Health Aide	0	0	0	194,765	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	82,613	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		7,752,985	4,424	1,170	20.00
21.00	Total cost to be allocated	0	0		2,764,862	52,059	6,427	21.00
22.00	Unit cost multiplier	0.000000	0.000000		0.356619	11.767405	5.493162	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0062

Period:

Worksheet H-2

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 1:38 pmHome Health
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TIME SPENT)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0062

Period:

Worksheet H-2

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part II
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
		SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)			
		21.00	22.00	23.00		
1.00	Administrative and General	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
19.50	Telemedicine	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0062

Period:

Worksheet H-3

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pm

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	6,532,445		6,532,445	24,399	267.73
2.00	Physical Therapy	3.00	2,737,941	0	2,737,941	21,222	129.01
3.00	Occupational Therapy	4.00	599,338	0	599,338	3,493	171.58
4.00	Speech Pathology	5.00	165,676	0	165,676	1,015	163.23
5.00	Medical Social Services	6.00	135,895		135,895	160	849.34
6.00	Home Health Aide	7.00	284,404		284,404	1,751	162.42
7.00	Total (sum of lines 1-6)		10,455,699	0	10,455,699	52,040	
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles							
0 1.00 2.00 3.00 4.00 5.00							
Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	0	6		8.00
8.01	Skilled Nursing Care		16984	0	15,223		8.01
9.00	Physical Therapy		16974	0	3		9.00
9.01	Physical Therapy		16984	0	13,742		9.01
10.00	Occupational Therapy		16974	0	2		10.00
10.01	Occupational Therapy		16984	0	2,243		10.01
11.00	Speech Pathology		16974	0	0		11.00
11.01	Speech Pathology		16984	0	631		11.01
12.00	Medical Social Services		16974	0	0		12.00
12.01	Medical Social Services		16984	0	74		12.01
13.00	Home Health Aide		16974	0	0		13.00
13.01	Home Health Aide		16984	0	905		13.01
14.00	Total (sum of lines 8-13)			0	32,829		14.00
Cost Center Description							
	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles & Coinsurance							
6.00 7.00 8.00 9.00 10.00 11.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	15,229		0	4,077,260	1.00
2.00	Physical Therapy	0	13,745		0	1,773,242	2.00
3.00	Occupational Therapy	0	2,245		0	385,197	3.00
4.00	Speech Pathology	0	631		0	102,998	4.00
5.00	Medical Social Services	0	74		0	62,851	5.00
6.00	Home Health Aide	0	905		0	146,990	6.00
7.00	Total (sum of lines 1-6)	0	32,829		0	6,548,538	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0062

Period:

Worksheet H-3

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part I
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Title XVIII

Home Health
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Cost Center Description						Agency 1			
		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	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
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	10.00	11.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	311,197	0	0	0	0	15.00	
16.00	Cost of Drugs		80	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	4,077,260							1.00
2.00	Physical Therapy	1,773,242							2.00
3.00	Occupational Therapy	385,197							3.00
4.00	Speech Pathology	102,998							4.00
5.00	Medical Social Services	62,851							5.00
6.00	Home Health Aide	146,990							6.00
7.00	Total (sum of lines 1-6)	6,548,538							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0062

Period:

Worksheet H-3

HHA CCN: 14-7470

From 01/01/2021
To 08/31/2021Part II
Date/Time Prepared:
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Title XVIII

Home Health
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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	0.260992	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology	68.00	0.316268	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.925366	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.384626	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0062 HHA CCN: 14-7470	Period: From 01/01/2021 To 08/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 1/25/2022 1:38 pm
		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	6,418,322	80	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)	6,418,322	80	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	6,418,322	80	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	2,778	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	-2,778
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	6,903,734
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	504,944
13.00	Total PPS Reimbursement - LUPA Episodes		0	117,517
14.00	Total PPS Reimbursement - PEP Episodes		0	18,275
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	135,596
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	7,677,288
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	7,677,288
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	7,677,288
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	7,677,288
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	7,677,288
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	7,674,899
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	2,389
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0062
HHA CCN: 14-7470Period:
From 01/01/2021
To 08/31/2021

Worksheet H-5

Date/Time Prepared:
1/25/2022 1:38 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		7,674,899	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		7,674,899	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		2,389	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		7,677,288	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: 14-0062

Period:

Worksheet 0

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

		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	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	10,558	0	10,558	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	281,069	355,297	636,366	3,043	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	113	113	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	72,387	72,387	-72,387	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	32,597	32,597	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	213,927	213,927	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	77,191	0	77,191	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	971,908	0	971,908	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	85,378	0	85,378	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	192,977	0	192,977	0	33.00
34.00	SPIRITUAL COUNSELING**	103,276	0	103,276	0	34.00
35.00	DIETARY COUNSELING**	3,568	0	3,568	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	137,336	0	137,336	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	58,188	0	58,188	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,921,449	674,321	2,595,770	-69,344	2,526,426

* 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: 14-0062

Period:

Worksheet 0

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

		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	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	10,558		3.00
4.00	ADMINISTRATIVE & GENERAL*	-3,973	635,436		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	113		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	-32,597	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	213,927		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	77,191		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	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	971,908		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	85,378		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	192,977		33.00
34.00	SPIRITUAL COUNSELING**	0	103,276		34.00
35.00	DIETARY COUNSELING**	0	3,568		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	137,336		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
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	58,188		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-36,570	2,489,856		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 CONTINUOUS HOME CARE

Provider CCN: 14-0062

Period:

Worksheet 0-1

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

					Hospice I		1/26/2022 1:00 pm	
		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	0	0	0	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	78	0	78	0	78	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	7	0	7	0	7	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	16	0	16	0	16	33.00	
34.00	SPIRITUAL COUNSELING	8	0	8	0	8	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	11	0	11	0	11	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 *	120	0	120	0	120	100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		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	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	78	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	7	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	16	33.00
34.00	SPIRITUAL COUNSELING	0	8	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	11	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	120	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 14-0062

Period:

Worksheet 0-2

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

				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						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	936,635	0	936,635	0	936,635	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	82,279	0	82,279	0	82,279	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0		0	32.00
33.00	MEDICAL SOCIAL SERVICES	185,973	0	185,973	0	185,973	33.00
34.00	SPIRITUAL COUNSELING	99,528	0	99,528	0	99,528	34.00
35.00	DIETARY COUNSELING	3,439	0	3,439	0	3,439	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	132,352	0	132,352	0	132,352	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 *	1,440,206	0	1,440,206	0	1,440,206	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	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	936,635	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	82,279	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	185,973	33.00
34.00	SPIRITUAL COUNSELING	0	99,528	34.00
35.00	DIETARY COUNSELING	0	3,439	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	132,352	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	1,440,206	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: 14-0062

Period:

Worksheet 0-3

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

					Hospice I		1/26/2022 1:00 pm	
		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	1,557	0	1,557	0	1,557	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	137	0	137	0	137	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	309	0	309	0	309	33.00	
34.00	SPIRITUAL COUNSELING	166	0	166	0	166	34.00	
35.00	DIETARY COUNSELING	6	0	6	0	6	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	220	0	220	0	220	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 *	2,395	0	2,395	0	2,395	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	1,557	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	137	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	309	33.00
34.00	SPIRITUAL COUNSELING	0	166	34.00
35.00	DIETARY COUNSELING	0	6	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	220	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	2,395	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: 14-0062

Period:

Worksheet 0-4

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

				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	33,638	0	33,638	0	33,638	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	2,955	0	2,955	0	2,955	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	6,679	0	6,679	0	6,679	33.00
34.00	SPIRITUAL COUNSELING	3,574	0	3,574	0	3,574	34.00
35.00	DIETARY COUNSELING	123	0	123	0	123	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	4,753	0	4,753	0	4,753	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 *	51,722	0	51,722	0	51,722	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	33,638	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	2,955	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	6,679	33.00
34.00	SPIRITUAL COUNSELING	0	3,574	34.00
35.00	DIETARY COUNSELING	0	123	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	4,753	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	51,722	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: 14-0062

Period:

Worksheet 0-5

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	40	40	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	10,558	19,136	29,694	3.00
4.00	ADMINISTRATIVE & GENERAL	635,436	895,144	1,530,580	4.00
5.00	PLANT OPERATION & MAINTENANCE	113	0	113	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	213,927	106,670	320,597	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	77,191	0	77,191	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	120	0	120	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,440,206	0	1,440,206	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,395	0	2,395	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	51,722	0	51,722	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	58,188	0	58,188	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,489,856	1,020,990	3,510,846	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pm

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	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40		40			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	29,694	0	0	29,694		3.00
4.00	ADMINISTRATIVE & GENERAL	1,530,580	0	40	20,041	1,550,661	4.00
5.00	PLANT OPERATION & MAINTENANCE	113	0	0	0	113	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	320,597	0	0	0	320,597	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	77,191	0	0	5,504	82,695	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	120			0	120	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,440,206			0	1,440,206	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,395	0	0	0	2,395	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	51,722	0	0	0	51,722	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	58,188	0	0	4,149	62,337	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	3,510,846	0	40	29,694	3,510,846	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I 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	1,550,661						4.00
5.00	PLANT OPERATION & MAINTENANCE	89	202					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	253,618	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	65,418	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	95						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,139,317						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,895	8		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	40,916	194		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	49,313	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	0	99.00
100.00	TOTAL	1,550,661	202		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pm

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

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Part I
Date/Time Prepared:
1/25/2022 1:38 pm

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	574,215					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	574,215	574,215				15.00
16.00	OTHER GENERAL SERVICE	0		148,113			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	46	12		273	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	553,376	142,738		3,275,637	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	920	237	0	5,455	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	19,873	5,126	0	117,831	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		111,650	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	574,215	574,215	148,113	0	3,510,846	100.00

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

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 1:38 pm

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	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	416,448			3.00
4.00	ADMINISTRATIVE & GENERAL	0	100	281,069	-1,550,661	1,960,185	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	113	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	320,597	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	77,191	0	82,695	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	120	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,440,206	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	2,395	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	51,722	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	58,188	0	62,337	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	40	29,694		1,550,661	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.400000	0.071303		0.791079	101.00

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

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 1:38 pm

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	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	96	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	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)	202	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	2.020000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Part II
Date/Time Prepared:
1/25/2022 1:38 pm

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		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	100	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	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	574,215	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	5,742.150000	101.00

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

Provider CCN: 14-0062

Period:

Worksheet 0-6

Hospice CCN: 14-1591

From 01/01/2021

Part II

To 08/31/2021

Date/Time Prepared:
1/25/2022 1:38 pm

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	24,964				15.00
16.00	OTHER GENERAL SERVICE		24,964			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	2	2			50.00
51.00	HOSPICE ROUTINE HOME CARE	24,058	24,058			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	40	40	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	864	864	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)	574,215	148,113	0		100.00
101.00	UNIT COST MULTIPLIER	23.001722	5.933064	0.000000		101.00

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

Provider CCN: 14-0062

Period:

Worksheet 0-7

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021

Date/Time Prepared:
1/25/2022 1:38 pm

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	
				2.00	3.00	4.00	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.260992	3,720	5,085,880	16,100	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00	0.316268	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.384626	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.082869	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.925366	0	399	2	7.00
8.99	PARTIAL HOSPITALIZATION PROGRAM	93.99	0.000000	0	0	0	8.99
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	0.427405	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
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	1,043,600	971	1,327,374	4,202	272,371	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	82	0	768	4	158	7.00
8.99	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	8.99
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		971	1,328,142	4,206	272,529	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0062

Period:

Worksheet 0-8

Hospice CCN: 14-1591

From 01/01/2021
To 08/31/2021Date/Time Prepared:
1/25/2022 1:38 pm

		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)			1,244	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			2	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			622.00	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)			4,603,779	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			24,058	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			191.36	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	23,099	114		9.00
10.00	Program cost (line 8 times line 9)	4,420,225	21,815		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)			9,661	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			40	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			241.53	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	35	0		14.00
15.00	Program cost (line 13 times line 14)	8,454	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			390,360	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			864	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			451.81	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	770	21		19.00
20.00	Program cost (line 18 times line 19)	347,894	9,488		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			5,005,044	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			24,964	22.00
23.00	Average cost per diem (line 21 divided by line 22)			200.49	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0062	Period: From 01/01/2021 To 08/31/2021	Worksheet L Parts I-III Date/Time Prepared: 1/25/2022 1:38 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,473,354	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		204,587	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)		224.30	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		10.77	8.00
9.00	Sum of lines 7 and 8		10.77	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.20	10.00
11.00	Disproportionate share adjustment (see instructions)		98,414	11.00
12.00	Total prospective capital payments (see instructions)		4,776,355	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