

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

FORM APPROVED

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet S Parts I-III Date/Time Prepared: 4/27/2022 1:28 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 4/27/2022	Time: 1:28 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 VISTA MEDICAL CENTER - EAST (14-0084) for the cost reporting period beginning 12/01/2020 and ending 11/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Roger Russell	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Roger Russell		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronically)		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	-224,410	-187,551	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
200.00 Total	0	-224,410	-187,551	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: 14-0084		Period: From 12/01/2020 To 11/30/2021		Worksheet S-2 Part I Date/Time Prepared: 4/27/2022 1:28 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1324 NORTH SHERIDAN ROAD			PO Box:				1.00	
2.00	City: WAUKEGAN			State: IL		Zip Code: 60085-		County: LAKE 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			VISTA MEDICAL CENTER - EAST	140084	29404	1	07/01/1966	N P O 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								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								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								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)						12/01/2020	11/30/2021	20.00
21.00	Type of Control (see instructions)						4		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

MCRIF32 - 17.4.174.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0084		Period: From 12/01/2020 To 11/30/2021		Worksheet S-2 Part I Date/Time Prepared: 4/27/2022 1:28 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					0.00	0.00
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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-2
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					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

MCRIF32 - 17.4.174.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet S-2 Part I Date/Time Prepared: 4/27/2022 1:28 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	845,934	561,909	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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	HB0776	140.00

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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: QUORUM HEALTH CORPORATION	Contractor's Name: WPS		Contractor's Number: 52280						
142.00	Street: 1573 MALLORY LANE	PO Box:								
143.00	City: BRENTWOOD	State: TN		Zip Code: 37027						
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	N	161.00	
								1.00		
165.00	Multicampus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0084		Period: From 12/01/2020 To 11/30/2021		Worksheet S-2 Part II Date/Time Prepared: 4/27/2022 1:28 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)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			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.			N			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.			N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	04/11/2022	Y	04/11/2022
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-2
Part II
Date/Time Prepared:
4/27/2022 1:28 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		Y	12/31/2020	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRIS	WHITE		41.00
42.00	Enter the employer/company name of the cost report preparer	QUORUM HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 221-3792	CWHITE02@QHCUS.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet S-2 Part II Date/Time Prepared: 4/27/2022 1:28 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	V.P. REVENUE MANAGEMENT		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: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	167	60,955	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)		167	60,955	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	23	8,395	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)		190	69,350	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		190				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/27/2022 1:28 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)	9,699	1,077	29,257			1.00
2.00	HMO and other (see instructions)	2,280	9,996				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,699	1,077	29,257			7.00
8.00	INTENSIVE CARE UNIT	1,637	264	5,038			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		223	2,640			13.00
14.00	Total (see instructions)	11,336	1,564	36,935	0.00	638.91	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	10.60	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	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	649.51	27.00
28.00	Observation Bed Days		0	3,988			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	0	17			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: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/27/2022 1:28 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	2,020	318	8,459	1.00
2.00 HMO and other (see instructions)			317	2,353		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,020	318	8,459	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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	0.00					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: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part II
Date/Time Prepared:
4/27/2022 1:28 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	49,634,654	0	49,634,654	1,350,971.00	36.74
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)		788,388	83,752	872,140	26,336.00	33.12
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,122,444	0	2,122,444	22,637.00	93.76
12.00	Contract labor: Top level management and other management and administrative services		1,868,141	0	1,868,141	15,649.00	119.38
13.00	Contract labor: Physician-Part A - Administrative		678,953	0	678,953	6,015.00	112.88
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		2,857,659	0	2,857,659	36,846.00	77.56
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)		7,863,898	0	7,863,898		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		150,703	0	150,703		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part II
Date/Time Prepared:
4/27/2022 1:28 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	365,122	0	365,122	8,319.00	43.89	26.00
27.00	Administrative & General	5.00	4,913,282	-83,752	4,829,530	119,585.00	40.39	27.00
28.00	Administrative & General under contract (see inst.)		899,122	0	899,122	35,837.00	25.09	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,106,268	0	1,106,268	37,128.00	29.80	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	-17.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,189,362	0	3,189,362	67,341.00	47.36	38.00
39.00	Central Services and Supply	14.00	379,709	0	379,709	20,786.00	18.27	39.00
40.00	Pharmacy	15.00	2,211,414	0	2,211,414	49,717.00	44.48	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part III
Date/Time Prepared:
4/27/2022 1:28 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	50,533,776	0	50,533,776	1,386,808.00	36.44	1.00
2.00	Excluded area salaries (see instructions)	788,388	83,752	872,140	26,336.00	33.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,745,388	-83,752	49,661,636	1,360,472.00	36.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,527,197	0	7,527,197	81,147.00	92.76	4.00
5.00	Subtotal wage-related costs (see inst.)	7,863,898	0	7,863,898	0.00	15.83	5.00
6.00	Total (sum of lines 3 thru 5)	65,136,483	-83,752	65,052,731	1,441,619.00	45.12	6.00
7.00	Total overhead cost (see instructions)	13,064,279	-83,752	12,980,527	338,696.00	38.33	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
4/27/2022 1:28 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	459,400	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)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	2,899,986	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	21,726	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	24,262	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	-920	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	15,960	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	673,389	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,967,261	17.00
18.00	Medicare Taxes - Employers Portion Only	693,956	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	259,579	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)	8,014,599	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: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet S-3
Part V
Date/Time Prepared:
4/27/2022 1:28 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	2,122,444	8,015,275	1.00
2.00	Hospital	2,122,444	8,015,275	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet S-10

Date/Time Prepared:
4/27/2022 1:28 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)	0.121492	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	38,051,288	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	20,718,941	5.00
6.00	Medicaid charges	158,314,832	6.00
7.00	Medicaid cost (line 1 times line 6)	19,233,986	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)	0	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)	0	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	
		3.00	
Uncompensated Care (see instructions for each line)			
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	23,169,200	0
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,814,872	0
22.00	Payments received from patients for amounts previously written off as charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,814,872	0
		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)	40,165,922	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	549,269	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	845,029	27.01
28.00	Non-Medicare bad debt expense (see instructions)	39,320,893	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,072,934	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,887,806	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,887,806	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		903,550	903,550	3,247,270	4,150,820 1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,027,760	5,027,760	13,712	5,041,472 2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	365,122	178,276	543,398	4,095,265	4,638,663 4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,913,282	52,562,301	57,475,583	-7,596,150	49,879,433 5.00
7.00	00700	OPERATION OF PLANT	1,106,268	4,341,165	5,447,433	-640	5,446,793 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,614,424	1,614,424	0	1,614,424 8.00
9.00	00900	HOUSEKEEPING	0	2,478,255	2,478,255	0	2,478,255 9.00
10.00	01000	DIETARY	0	3,555,571	3,555,571	0	3,555,571 10.00
13.00	01300	NURSING ADMINISTRATION	3,189,362	1,293,337	4,482,699	-1,387	4,481,312 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	379,709	3,434,550	3,814,259	-2,964,963	849,296 14.00
15.00	01500	PHARMACY	2,211,414	5,067,360	7,278,774	-4,285,009	2,993,765 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	314,590	314,590	0	314,590 16.00
17.00	01700	SOCIAL SERVICE	0	-332	-332	0	-332 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,908,548	4,768,353	14,676,901	0	14,676,901 30.00
31.00	03100	INTENSIVE CARE UNIT	3,119,110	1,672,242	4,791,352	-2,804	4,788,548 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00	04300	NURSERY	912,318	196,613	1,108,931	0	1,108,931 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,649,965	4,946,764	6,596,729	-1,964,989	4,631,740 50.00
51.00	05100	RECOVERY ROOM	1,101,711	124,938	1,226,649	0	1,226,649 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,792,578	601,135	2,393,713	0	2,393,713 52.00
53.00	05300	ANESTHESIOLOGY	39,260	1,652,106	1,691,366	-7,485	1,683,881 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,449,049	2,469,596	4,918,645	1,984,638	6,903,283 54.00
54.01	05401	ULTRASOUND	482,318	153,094	635,412	-635,412	0 54.01
56.00	05600	RADIOISOTOPE	175,832	243,323	419,155	-419,155	0 56.00
57.00	05700	CT SCAN	490,609	318,427	809,036	-809,036	0 57.00
58.00	05800	MRI	218,505	86,278	304,783	-304,783	0 58.00
60.00	06000	LABORATORY	3,765,299	4,659,108	8,424,407	-5,978	8,418,429 60.00
65.00	06500	RESPIRATORY THERAPY	1,522,304	873,555	2,395,859	-157,547	2,238,312 65.00
66.00	06600	PHYSICAL THERAPY	1,549,754	360,980	1,910,734	510,996	2,421,730 66.00
67.00	06700	OCCUPATIONAL THERAPY	210,772	14,714	225,486	-225,486	0 67.00
68.00	06800	SPEECH PATHOLOGY	264,122	21,388	285,510	-285,510	0 68.00
69.00	06900	ELECTROCARDIOLOGY	2,126,782	1,087,432	3,214,214	-391,062	2,823,152 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,719,000	3,719,000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,772,677	1,772,677 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,468,757	4,468,757 73.00
74.00	07400	RENAL DIALYSIS	0	1,130,257	1,130,257	0	1,130,257 74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0 76.00
76.01	03030	SLEEP LAB	198,281	72,526	270,807	0	270,807 76.01
76.02	03951	PSYCH SERVICES	192,325	111,207	303,532	0	303,532 76.02
76.03	03952	WOUND CARE	221,355	17,926	239,281	-239,281	0 76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
90.00	09000	CLINIC	59,756	18,334	78,090	0	78,090 90.00
91.00	09100	EMERGENCY	4,230,556	4,107,311	8,337,867	235,268	8,573,135 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	281,982	175,503	457,485	0	457,485 95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,128,248	110,653,917	159,782,165	-249,094	159,533,071 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,724	5,650	8,374	7,727	16,101 192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0 194.00
194.01	07951	SENIOR CIRCLE	0	11,553	11,553	0	11,553 194.01
194.02	07952	MARKETING	0	0	0	241,367	241,367 194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0 194.03
194.04	07954	OTHER NON-REIMBURSABLE	0	0	0	0	0 194.04
194.05	07955	INDUSTRIAL MEDICINE	503,682	299,487	803,169	0	803,169 194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	49,634,654	110,970,607	160,605,261	0	160,605,261 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A

Date/Time Prepared:
4/27/2022 1:28 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	2,349,230	6,500,050	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-959,329	4,082,143	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-10,255	4,628,408	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,502,220	33,377,213	5.00
7.00	00700	OPERATION OF PLANT	0	5,446,793	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,614,424	8.00
9.00	00900	HOUSEKEEPING	0	2,478,255	9.00
10.00	01000	DIETARY	0	3,555,571	10.00
13.00	01300	NURSING ADMINISTRATION	0	4,481,312	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	849,296	14.00
15.00	01500	PHARMACY	0	2,993,765	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-280	314,310	16.00
17.00	01700	SOCIAL SERVICE	0	-332	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,316,462	12,360,439	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,788,548	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,108,931	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,363,847	3,267,893	50.00
51.00	05100	RECOVERY ROOM	0	1,226,649	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,393,713	52.00
53.00	05300	ANESTHESIOLOGY	-1,455,339	228,542	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,903,283	54.00
54.01	05401	ULTRASOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	8,418,429	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,238,312	65.00
66.00	06600	PHYSICAL THERAPY	0	2,421,730	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-183,688	2,639,464	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,719,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,772,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-20,957	4,447,800	73.00
74.00	07400	RENAL DIALYSIS	0	1,130,257	74.00
76.00	03020	CARDIAC REHAB	0	0	76.00
76.01	03030	SLEEP LAB	0	270,807	76.01
76.02	03951	PSYCH SERVICES	0	303,532	76.02
76.03	03952	WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	0	78,090	90.00
91.00	09100	EMERGENCY	-2,351,536	6,221,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-245,989	211,496	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,060,672	136,472,399	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,101	192.00
194.00	07950	CLINIC CORPORATION	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	11,553	194.01
194.02	07952	MARKETING	0	241,367	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	0	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	0	803,169	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,060,672	137,544,589	200.00

RECLASSIFICATIONS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A-6

Date/Time Prepared:
4/27/2022 1:28 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,095,265		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,727		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	4,102,992		
	B - RECLASS OXYGEN COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	133,662		1.00
	PATIENT					
2.00	OPERATING ROOM	50.00	0	38,241		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
	0		0	171,903		
	D - RECLASS OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	304,340		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,942,930		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,712		3.00
	0		0	3,260,982		
	E - RECLASS MARKETING DEPT.					
1.00	MARKETING	194.02	83,752	157,615		1.00
	0		83,752	157,615		
	F - RECLASS MED. SUPP. CHRGD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	3,585,338		1.00
	PATIENT					
2.00	IMPL. DEV. CHARGED TO	72.00	0	1,772,677		2.00
	PATIENTS					
3.00		0.00	0	0		3.00
	0		0	5,358,015		
	G - RECLASS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,285,009		1.00
	0		0	4,285,009		
	I - RECLASS PT, OT, AND SP SERVICES					
1.00	PHYSICAL THERAPY	66.00	474,894	36,102		1.00
2.00		0.00	0	0		2.00
	0		474,894	36,102		
	J - RECLASS MISC SERVICES					
1.00	EMERGENCY	91.00	221,355	17,926		1.00
	0		221,355	17,926		
	K - RECLASS OTHER RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,367,264	617,374		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	183,748		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		1,367,264	801,122		
500.00	Grand Total: Increases		2,147,265	18,191,666		500.00

RECLASSIFICATIONS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet A-6
Date/Time Prepared:
4/27/2022 1:28 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - RECLASS EMPLOYEE BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,093,801	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	1,387	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,804	0	3.00
4.00	LABORATORY	60.00	0	5,000	0	4.00
			0	4,102,992		
	B - RECLASS OXYGEN COSTS					
1.00	OPERATION OF PLANT	7.00	0	640	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	838	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	7,485	0	3.00
4.00	LABORATORY	60.00	0	978	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	157,547	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	402	0	6.00
7.00	EMERGENCY	91.00	0	4,013	0	7.00
			0	171,903		
	D - RECLASS OTHER CAPITAL COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,260,982	12	1.00
2.00		0.00	0	0	13	2.00
3.00		0.00	0	0	12	3.00
			0	3,260,982		
	E - RECLASS MARKETING DEPT.					
1.00	ADMINISTRATIVE & GENERAL	5.00	83,752	157,615	0	1.00
			83,752	157,615		
	F - RECLASS MED. SUPP. CHRGD TO PATIENTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,964,125	0	1.00
2.00	OPERATING ROOM	50.00	0	2,003,230	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	390,660	0	3.00
			0	5,358,015		
	G - RECLASS DRUGS CHARGED TO PATIENTS					
1.00	PHARMACY	15.00	0	4,285,009	0	1.00
			0	4,285,009		
	I - RECLASS PT, OT, AND SP SERVICES					
1.00	OCCUPATIONAL THERAPY	67.00	210,772	14,714	0	1.00
2.00	SPEECH PATHOLOGY	68.00	264,122	21,388	0	2.00
			474,894	36,102		
	J - RECLASS MISC SERVICES					
1.00	WOUND CARE	76.03	221,355	17,926	0	1.00
			221,355	17,926		
	K - RECLASS OTHER RADIOLOGY COSTS					
1.00	ULTRASOUND	54.01	482,318	153,094	0	1.00
2.00	RADIOISOTOPE	56.00	175,832	243,323	0	2.00
3.00	CT SCAN	57.00	490,609	318,427	0	3.00
4.00	MRI	58.00	218,505	86,278	0	4.00
			1,367,264	801,122		
500.00	Grand Total: Decreases		2,147,265	18,191,666		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet A-7
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	67,659	0	0	0	0	1.00
2.00	Land Improvements	757,698	0	0	0	0	2.00
3.00	Buildings and Fixtures	96,618,358	0	0	0	0	3.00
4.00	Building Improvements	82,482,627	1,065,259	0	1,065,259	121,013	4.00
5.00	Fixed Equipment	6,082,907	209,502	0	209,502	85,621	5.00
6.00	Movable Equipment	36,584,916	5,479,763	0	5,479,763	7,601,966	6.00
7.00	HIT designated Assets	18,610,706	1,175,608	0	1,175,608	17,144,664	7.00
8.00	Subtotal (sum of lines 1-7)	241,204,871	7,930,132	0	7,930,132	24,953,264	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	241,204,871	7,930,132	0	7,930,132	24,953,264	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	67,659	0				1.00
2.00	Land Improvements	757,698	0				2.00
3.00	Buildings and Fixtures	96,618,358	0				3.00
4.00	Building Improvements	83,426,873	0				4.00
5.00	Fixed Equipment	6,206,788	0				5.00
6.00	Movable Equipment	34,462,713	0				6.00
7.00	HIT designated Assets	2,641,650	0				7.00
8.00	Subtotal (sum of lines 1-7)	224,181,739	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	224,181,739	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet A-7
Part II
Date/Time Prepared:
4/27/2022 1:28 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	903,550	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,027,760	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,931,310	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	903,550				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,027,760				2.00
3.00	Total (sum of lines 1-2)	0	5,931,310				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet A-7
Part III
Date/Time Prepared:
4/27/2022 1:28 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	180,870,589	0	180,870,589	0.806803	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	43,311,151	0	43,311,151	0.193197	0	2.00
3.00	Total (sum of lines 1-2)	224,181,740	0	224,181,740	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,252,780	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,068,431	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,321,211	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	304,340	2,942,930	0	6,500,050	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,712	0	0	4,082,143	2.00
3.00	Total (sum of lines 1-2)	0	318,052	2,942,930	0	10,582,193	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A-8

Date/Time Prepared:
4/27/2022 1:28 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)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-63,433	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-759	CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,699,850			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B		0RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,318,136			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B		0DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B		0MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00	Sale of drugs to other than patients	B	-20,957	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-280	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B	-4,392	ADMINISTRATIVE & GENERAL	5.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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	2,088,580	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,058,183	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	INSERVICE EDUCATION REVENUE	B		0NURSING ADMINISTRATION	13.00	0	33.00
34.00	FITNESS REVENUE	B	-28,286	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00	CARELINE REVENUE	B	-11,327	ADMINISTRATIVE & GENERAL	5.00	0	35.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A-8

Date/Time Prepared:
4/27/2022 1:28 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	
36.00	RENTAL INCOME	B	-121,134	CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
37.00	OTHER MISC REVENUE	B	-46,134	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	OTHER AMORTIZATION COSTS	A	-106,208	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	MARKETING EXPENSE	A	-209,982	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	NON-ALLOWABLE PHONE / TV	A	-158,605	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01	NON-ALLOWABLE TV	A	-10,969	ADMINISTRATIVE & GENERAL	5.00	0	40.01
40.02	NON-ALLOWABLE PHONE DEPR	A	-20,230	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.02
40.03	NON-ALLOWABLE PHONE / TV BENEFITS	A	-10,255	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.03
40.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.04
40.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.05
41.00	PHYSICIAN RECRUITING	A	-24,856	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	STATE OPERATING TAX	A	-13,952,372	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	CLUB DUES AND LOBBYING	A	-36,665	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	LEGAL FEES	A	0	ADMINISTRATIVE & GENERAL	5.00	0	44.00
44.01	ALLOCATED RECOVERY ROOM	A	0	RECOVERY ROOM	51.00	0	44.01
44.02	ALLOCATED ANESTHESIA	A	0	ANESTHESIOLOGY	53.00	0	44.02
44.03	NONALLOWABLE EXPENSE	A	-250	ADMINISTRATIVE & GENERAL	5.00	0	44.03
44.04	AMBULANCE TRAINING	B	-245,989	AMBULANCE SERVICES	95.00	0	44.04
45.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02
45.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.06
45.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,060,672				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: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A-8-1

Date/Time Prepared:
4/27/2022 1:28 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	0.00			0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	POOLED ALLOCATION OF NON-CAP	3,793,083	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - BUILDING & FIX	381,784	0	3.00
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL - MOVABLE EQUIPM	119,843	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL FUNCTIONAL ALLOC	2,637,703	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	1,407,843	3,589,387	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	0	6,069,005	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			8,340,256	9,658,392	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		100.00	QUORUM HEALTH C	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: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A-8-1

Date/Time Prepared:
4/27/2022 1:28 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	0	0		1.00
2.00	3,793,083	0		2.00
3.00	381,784	9		3.00
4.00	119,843	9		4.00
4.01	2,637,703	0		4.01
4.02	-2,181,544	0		4.02
4.03	-6,069,005	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
5.00	-1,318,136			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: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet A-8-2

Date/Time Prepared:
4/27/2022 1:28 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	28,978	28,978	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,316,462	2,316,462	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,363,847	1,363,847	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,455,339	1,455,339	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	183,688	183,688	0	0	0	6.00
7.00	91.00	EMERGENCY	2,351,536	2,351,536	0	0	0	7.00
8.00	0.00		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			7,699,850	7,699,850	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		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			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	28,978		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,316,462		2.00
3.00	50.00	OPERATING ROOM	0	0	0	1,363,847		3.00
4.00	0.00		0	0	0	0		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,455,339		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	183,688		6.00
7.00	91.00	EMERGENCY	0	0	0	2,351,536		7.00
8.00	0.00		0	0	0	0		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	0	0	7,699,850		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,500,050	6,500,050			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,082,143	4,082,143			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,628,408	99,926	62,755	4,791,089	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,377,213	545,899	342,834	469,633	5.00
7.00	00700	OPERATION OF PLANT	5,446,793	1,830,613	1,149,657	107,576	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,614,424	112,000	70,338	0	8.00
9.00	00900	HOUSEKEEPING	2,478,255	61,250	38,466	0	9.00
10.00	01000	DIETARY	3,555,571	198,265	124,514	0	10.00
13.00	01300	NURSING ADMINISTRATION	4,481,312	33,620	21,114	310,140	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	849,296	152,464	95,750	36,924	14.00
15.00	01500	PHARMACY	2,993,765	44,840	28,160	215,042	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	314,310	71,229	44,733	0	16.00
17.00	01700	SOCIAL SERVICE	-332	5,843	3,670	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,360,439	1,026,626	644,738	963,547	30.00
31.00	03100	INTENSIVE CARE UNIT	4,788,548	183,616	115,314	303,308	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1,108,931	33,553	21,072	88,716	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,267,893	359,788	225,953	160,446	50.00
51.00	05100	RECOVERY ROOM	1,226,649	44,053	27,666	107,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,393,713	113,988	71,586	174,314	52.00
53.00	05300	ANESTHESIOLOGY	228,542	12,021	7,549	3,818	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,903,283	338,642	212,673	371,106	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	8,418,429	143,899	90,371	366,145	60.00
65.00	06500	RESPIRATORY THERAPY	2,238,312	48,255	30,305	148,032	65.00
66.00	06600	PHYSICAL THERAPY	2,421,730	143,325	90,011	196,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,639,464	73,844	46,375	206,813	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,719,000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,772,677	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,447,800	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,130,257	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03030	SLEEP LAB	270,807	9,686	6,083	19,281	76.01
76.02	03951	PSYCH SERVICES	303,532	0	0	18,702	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	78,090	0	0	5,811	90.00
91.00	09100	EMERGENCY	6,221,599	288,866	181,413	432,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	211,496	0	0	27,420	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	136,472,399	5,976,111	3,753,100	4,733,701	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	3,255	2,044	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,101	0	0	265	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	11,553	2,708	1,701	0	194.01
194.02	07952	MARKETING	241,367	0	0	8,144	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	0	517,976	325,298	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	803,169	0	0	48,979	194.05
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	137,544,589	6,500,050	4,082,143	4,791,089	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,735,579					5.00
7.00	00700	OPERATION OF PLANT	2,883,556	11,418,195				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	607,063	317,834	2,721,659			8.00
9.00	00900	HOUSEKEEPING	871,006	173,815	0	3,622,792		9.00
10.00	01000	DIETARY	1,310,359	562,635	0	186,547	5,937,891	10.00
13.00	01300	NURSING ADMINISTRATION	1,637,357	95,407	0	31,633	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	383,286	432,663	74,916	143,453	0	14.00
15.00	01500	PHARMACY	1,108,808	127,247	0	42,190	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	145,374	202,134	0	67,019	0	16.00
17.00	01700	SOCIAL SERVICE	3,102	16,583	0	5,498	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,066,416	2,913,352	1,108,912	965,949	5,065,618	30.00
31.00	03100	INTENSIVE CARE UNIT	1,821,358	521,065	229,998	172,764	872,273	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	423,099	95,218	28,534	31,570	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,356,217	1,021,005	248,508	338,523	0	50.00
51.00	05100	RECOVERY ROOM	474,870	125,013	108,614	41,449	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	930,345	323,475	243,624	107,251	0	52.00
53.00	05300	ANESTHESIOLOGY	85,118	34,112	0	11,310	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,644,031	960,997	203,276	318,627	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	3,047,152	408,357		135,394	0	60.00
65.00	06500	RESPIRATORY THERAPY	832,805	136,939	7,065	45,403	0	65.00
66.00	06600	PHYSICAL THERAPY	963,573	406,729	611	134,854	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,002,275	209,554	49,912	69,480	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,256,520	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	598,926	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,756	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	381,874	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	SLEEP LAB	103,338	27,486	0	9,113	0	76.01
76.02	03951	PSYCH SERVICES	108,872	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	28,347	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,407,218	819,742	417,689	271,793	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	80,721	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,065,742	9,931,362	2,721,659	3,129,820	5,937,891	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,790	9,238	0	3,063	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,529	0	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	5,393	7,686	0	2,548	0	194.01
194.02	07952	MARKETING	84,301	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	284,913	1,469,909	0	487,361	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	287,911	0	0	0	0	194.05
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)	34,735,579	11,418,195	2,721,659	3,622,792	5,937,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
13.00	01300	NURSING ADMINISTRATION	6,610,583					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,168,752				14.00
15.00	01500	PHARMACY	0	40,300	4,600,352			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83	0	844,882		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	34,364	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,351,756	164,013	0	85,951	27,221	30.00
31.00	03100	INTENSIVE CARE UNIT	740,311	131,249	0	21,638	4,687	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	12,877	0	4,725	2,456	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	391,614	443,594	0	126,477	0	50.00
51.00	05100	RECOVERY ROOM	261,488	3,367	0	12,861	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	425,463	51,395	0	7,501	0	52.00
53.00	05300	ANESTHESIOLOGY	9,318	34,758	0	4,410	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	905,790	111,012	0	169,997	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	136,212	0	87,149	0	60.00
65.00	06500	RESPIRATORY THERAPY	361,314	54,730	0	21,850	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,712	0	18,668	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	79,978	0	39,586	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	392,918	0	6,920	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	308,332	0	16,745	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,600,352	107,812	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,091	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	SLEEP LAB	47,061	1,644	0	3,076	0	76.01
76.02	03951	PSYCH SERVICES	45,648	188	0	605	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	14,183	1,446	0	204	0	90.00
91.00	09100	EMERGENCY	1,056,637	175,336	0	103,616	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	11,216	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,610,583	2,158,360	4,600,352	844,882	34,364	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	65	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	0	10,327	0	0	0	194.05
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)	6,610,583	2,168,752	4,600,352	844,882	34,364	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,744,538	0	32,744,538	30.00
31.00	03100	INTENSIVE CARE UNIT	9,906,129	0	9,906,129	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	1,850,751	0	1,850,751	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,940,018	0	7,940,018	50.00
51.00	05100	RECOVERY ROOM	2,433,163	0	2,433,163	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,842,655	0	4,842,655	52.00
53.00	05300	ANESTHESIOLOGY	430,956	0	430,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,139,434	0	13,139,434	54.00
54.01	05401	ULTRASOUND	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	12,833,108	0	12,833,108	60.00
65.00	06500	RESPIRATORY THERAPY	3,925,010	0	3,925,010	65.00
66.00	06600	PHYSICAL THERAPY	4,380,094	0	4,380,094	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,417,281	0	4,417,281	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,375,358	0	5,375,358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,696,680	0	2,696,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,658,720	0	10,658,720	73.00
74.00	07400	RENAL DIALYSIS	1,517,222	0	1,517,222	74.00
76.00	03020	CARDIAC REHAB	0	0	0	76.00
76.01	03030	SLEEP LAB	497,575	0	497,575	76.01
76.02	03951	PSYCH SERVICES	477,547	0	477,547	76.02
76.03	03952	WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000	CLINIC	128,081	0	128,081	90.00
91.00	09100	EMERGENCY	12,376,822	0	12,376,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	330,853	0	330,853	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	132,901,995	0	132,901,995	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19,390	0	19,390	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,960	0	21,960	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	31,589	0	31,589	194.01
194.02	07952	MARKETING	333,812	0	333,812	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	3,085,457	0	3,085,457	194.04
194.05	07955	INDUSTRIAL MEDICINE	1,150,386	0	1,150,386	194.05
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	137,544,589	0	137,544,589	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	99,926	62,755	162,681	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	545,899	342,834	888,733	5.00
7.00	00700	OPERATION OF PLANT	0	1,830,613	1,149,657	2,980,270	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	112,000	70,338	182,338	8.00
9.00	00900	HOUSEKEEPING	0	61,250	38,466	99,716	9.00
10.00	01000	DIETARY	0	198,265	124,514	322,779	10.00
13.00	01300	NURSING ADMINISTRATION	0	33,620	21,114	54,734	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	152,464	95,750	248,214	14.00
15.00	01500	PHARMACY	0	44,840	28,160	73,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	71,229	44,733	115,962	16.00
17.00	01700	SOCIAL SERVICE	0	5,843	3,670	9,513	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,026,626	644,738	1,671,364	30.00
31.00	03100	INTENSIVE CARE UNIT	0	183,616	115,314	298,930	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	33,553	21,072	54,625	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	359,788	225,953	585,741	50.00
51.00	05100	RECOVERY ROOM	0	44,053	27,666	71,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	113,988	71,586	185,574	52.00
53.00	05300	ANESTHESIOLOGY	0	12,021	7,549	19,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	338,642	212,673	551,315	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	143,899	90,371	234,270	60.00
65.00	06500	RESPIRATORY THERAPY	0	48,255	30,305	78,560	65.00
66.00	06600	PHYSICAL THERAPY	0	143,325	90,011	233,336	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	73,844	46,375	120,219	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03030	SLEEP LAB	0	9,686	6,083	15,769	76.01
76.02	03951	PSYCH SERVICES	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	197	90.00
91.00	09100	EMERGENCY	0	288,866	181,413	470,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,700	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	931	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,976,111	3,753,100	9,729,211	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	3,255	2,044	5,299	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	9	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	2,708	1,701	4,409	194.01
194.02	07952	MARKETING	0	0	0	277	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	0	517,976	325,298	843,274	194.04
194.05	07955	INDUSTRIAL MEDICINE	0	0	0	1,663	194.05
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,500,050	4,082,143	10,582,193	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	904,680					5.00
7.00	00700	OPERATION OF PLANT	75,105	3,059,028				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,812	85,150	283,300			8.00
9.00	00900	HOUSEKEEPING	22,686	46,566	0	168,968		9.00
10.00	01000	DIETARY	34,129	150,735	0	8,701	516,344	10.00
13.00	01300	NURSING ADMINISTRATION	42,646	25,560	0	1,475	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,983	115,914	7,798	6,691	0	14.00
15.00	01500	PHARMACY	28,880	34,091	0	1,968	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,786	54,153	0	3,126	0	16.00
17.00	01700	SOCIAL SERVICE	81	4,443	0	256	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,920	780,509	115,428	45,050	440,493	30.00
31.00	03100	INTENSIVE CARE UNIT	47,439	139,598	23,941	8,058	75,851	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	11,020	25,510	2,970	1,472	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,324	273,536	25,867	15,789	0	50.00
51.00	05100	RECOVERY ROOM	12,368	33,492	11,306	1,933	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,232	86,662	25,359	5,002	0	52.00
53.00	05300	ANESTHESIOLOGY	2,217	9,139	0	528	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,866	257,459	21,159	14,861	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	79,366	109,402	0	6,315	0	60.00
65.00	06500	RESPIRATORY THERAPY	21,691	36,687	735	2,118	0	65.00
66.00	06600	PHYSICAL THERAPY	25,097	108,966	64	6,290	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,105	56,141	5,195	3,241	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,727	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,600	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,141	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,946	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	SLEEP LAB	2,692	7,364	0	425	0	76.01
76.02	03951	PSYCH SERVICES	2,836	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	738	0	0	0	0	90.00
91.00	09100	EMERGENCY	62,698	219,616	43,478	12,676	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,102	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	887,233	2,660,693	283,300	145,975	516,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	47	2,475	0	143	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	144	0	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	140	2,059	0	119	0	194.01
194.02	07952	MARKETING	2,196	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	7,421	393,801	0	22,731	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	7,499	0	0	0	0	194.05
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)	904,680	3,059,028	283,300	168,968	516,344	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
13.00	01300	NURSING ADMINISTRATION	134,946					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	389,854				14.00
15.00	01500	PHARMACY	0	7,244	152,485			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15	0	177,042		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	14,156	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,009	29,483	0	18,036	11,213	30.00
31.00	03100	INTENSIVE CARE UNIT	15,112	23,593	0	4,541	1,931	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	2,315	0	992	1,012	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,994	79,741	0	26,540	0	50.00
51.00	05100	RECOVERY ROOM	5,338	605	0	2,699	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,685	9,239	0	1,574	0	52.00
53.00	05300	ANESTHESIOLOGY	190	6,248	0	925	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,490	19,955	0	35,422	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	24,485	0	18,288	0	60.00
65.00	06500	RESPIRATORY THERAPY	7,376	9,838	0	4,585	0	65.00
66.00	06600	PHYSICAL THERAPY	0	667	0	3,917	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,377	0	8,307	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	70,631	0	1,452	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,426	0	3,514	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	152,485	22,624	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,068	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	SLEEP LAB	961	296	0	645	0	76.01
76.02	03951	PSYCH SERVICES	932	34	0	127	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	290	260	0	43	0	90.00
91.00	09100	EMERGENCY	21,569	31,518	0	21,743	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,016	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,946	387,986	152,485	177,042	14,156	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	0	1,856	0	0	0	194.05
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0			137	201.00
202.00		TOTAL (sum lines 118 through 201)	134,946	389,854	152,485	177,042	14,293	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet B
Part II
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,324,217	0	3,324,217	30.00
31.00	03100	INTENSIVE CARE UNIT	649,293	0	649,293	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	102,928	0	102,928	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,055,980	0	1,055,980	50.00
51.00	05100	RECOVERY ROOM	143,098	0	143,098	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	352,246	0	352,246	52.00
53.00	05300	ANESTHESIOLOGY	38,947	0	38,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000,128	0	1,000,128	54.00
54.01	05401	ULTRASOUND	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	484,559	0	484,559	60.00
65.00	06500	RESPIRATORY THERAPY	166,617	0	166,617	65.00
66.00	06600	PHYSICAL THERAPY	385,022	0	385,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	240,608	0	240,608	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,810	0	104,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,540	0	74,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,250	0	214,250	73.00
74.00	07400	RENAL DIALYSIS	11,014	0	11,014	74.00
76.00	03020	CARDIAC REHAB	0	0	0	76.00
76.01	03030	SLEEP LAB	28,807	0	28,807	76.01
76.02	03951	PSYCH SERVICES	4,564	0	4,564	76.02
76.03	03952	WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000	CLINIC	1,528	0	1,528	90.00
91.00	09100	EMERGENCY	898,277	0	898,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	5,049	0	5,049	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,286,482	0	9,286,482	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	7,964	0	7,964	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	165	0	165	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	6,727	0	6,727	194.01
194.02	07952	MARKETING	2,473	0	2,473	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	1,267,227	0	1,267,227	194.04
194.05	07955	INDUSTRIAL MEDICINE	11,018	0	11,018	194.05
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	137	0	137	201.00
202.00		TOTAL (sum lines 118 through 201)	10,582,193	0	10,582,193	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet B-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	487,213				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		487,213			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,490	7,490	49,269,532		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,918	40,918	4,829,530	-34,735,579	5.00
7.00	00700	OPERATION OF PLANT	137,214	137,214	1,106,268	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,395	8,395	0	0	8.00
9.00	00900	HOUSEKEEPING	4,591	4,591	0	0	9.00
10.00	01000	DIETARY	14,861	14,861	0	0	10.00
13.00	01300	NURSING ADMINISTRATION	2,520	2,520	3,189,362	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,428	11,428	379,709	0	14.00
15.00	01500	PHARMACY	3,361	3,361	2,211,414	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	5,339	0	0	16.00
17.00	01700	SOCIAL SERVICE	438	438	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,951	76,951	9,908,548	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,763	13,763	3,119,110	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	2,515	2,515	912,318	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,968	26,968	1,649,965	0	50.00
51.00	05100	RECOVERY ROOM	3,302	3,302	1,101,711	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	8,544	1,792,578	0	52.00
53.00	05300	ANESTHESIOLOGY	901	901	39,260	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,383	25,383	3,816,313	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	10,786	10,786	3,765,299	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,617	3,617	1,522,304	0	65.00
66.00	06600	PHYSICAL THERAPY	10,743	10,743	2,024,648	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,535	5,535	2,126,782	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03030	SLEEP LAB	726	726	198,281	0	76.01
76.02	03951	PSYCH SERVICES	0	0	192,325	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	59,756	0	90.00
91.00	09100	EMERGENCY	21,652	21,652	4,451,911	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	281,982	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	447,941	447,941	48,679,374	-34,735,579	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	244	244	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,724	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	203	203	0	0	194.01
194.02	07952	MARKETING	0	0	83,752	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	38,825	38,825	0	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	0	0	503,682	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,500,050	4,082,143	4,791,089	34,735,579	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.341290	8.378559	0.097242	0.337865	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet B-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			162,681		904,680	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003302		0.008800	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: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet B-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS G HR)	
			7.00	8.00	9.00	10.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	301,591					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,395	1,706,604				8.00
9.00	00900	HOUSEKEEPING	4,591	0	288,605			9.00
10.00	01000	DIETARY	14,861	0	14,861	91,001		10.00
13.00	01300	NURSING ADMINISTRATION	2,520	0	2,520	0	27,852,016	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,428	46,976	11,428	0	0	14.00
15.00	01500	PHARMACY	3,361	0	3,361	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	0	5,339	0	0	16.00
17.00	01700	SOCIAL SERVICE	438	0	438	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,951	695,339	76,951	77,633	9,908,548	30.00
31.00	03100	INTENSIVE CARE UNIT	13,763	144,219	13,763	13,368	3,119,110	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,515	17,892	2,515	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,968	155,826	26,968	0	1,649,965	50.00
51.00	05100	RECOVERY ROOM	3,302	68,106	3,302	0	1,101,711	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	152,763	8,544	0	1,792,578	52.00
53.00	05300	ANESTHESIOLOGY	901	0	901	0	39,260	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,383	127,463	25,383	0	3,816,313	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,786	0	10,786	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,617	4,430	3,617	0	1,522,304	65.00
66.00	06600	PHYSICAL THERAPY	10,743	383	10,743	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,535	31,297	5,535	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	SLEEP LAB	726	0	726	0	198,281	76.01
76.02	03951	PSYCH SERVICES	0	0	0	0	192,325	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	59,756	90.00
91.00	09100	EMERGENCY	21,652	261,910	21,652	0	4,451,865	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	262,319	1,706,604	249,333	91,001	27,852,016	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	244	0	244	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	203	0	203	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	38,825	0	38,825	0	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	0	0	0	0	0	194.05
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)	11,418,195	2,721,659	3,622,792	5,937,891	6,610,583	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.859867	1.594781	12.552769	65.250832	0.237347	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,059,028	283,300	168,968	516,344	134,946	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.142968	0.166002	0.585465	5.674048	0.004845	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet B-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS G HR)	
			7.00	8.00	9.00	10.00	13.00	
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: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet B-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (TOTAL SUPP LIE)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
			14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,523,497				14.00
15.00	01500	PHARMACY	176,968	4,285,009			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	366	0	1,093,916,579		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	36,935	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	720,221	0	111,335,755	29,257	30.00
31.00	03100	INTENSIVE CARE UNIT	576,347	0	28,027,909	5,038	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	56,547	0	6,120,794	2,640	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,947,915	0	163,830,149	0	50.00
51.00	05100	RECOVERY ROOM	14,787	0	16,659,651	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	225,686	0	9,715,782	0	52.00
53.00	05300	ANESTHESIOLOGY	152,631	0	5,712,043	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	487,479	0	219,712,351	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	598,138	0	112,887,401	0	60.00
65.00	06500	RESPIRATORY THERAPY	240,332	0	28,303,632	0	65.00
66.00	06600	PHYSICAL THERAPY	16,302	0	24,181,603	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	351,203	0	51,277,032	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,725,396	0	8,964,166	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,353,959	0	21,690,172	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,285,009	139,653,425	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,595,207	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03030	SLEEP LAB	7,221	0	3,984,054	0	76.01
76.02	03951	PSYCH SERVICES	824	0	784,266	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	6,350	0	263,694	0	90.00
91.00	09100	EMERGENCY	769,941	0	134,217,493	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	49,252	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,477,865	4,285,009	1,093,916,579	36,935	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	285	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	194.03
194.04	07954	OTHER NON-REIMBURSABLE	0	0	0	0	194.04
194.05	07955	INDUSTRIAL MEDICINE	45,347	0	0	0	194.05
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)	2,168,752	4,600,352	844,882	34,364	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.227726	1.073592	0.000772	0.930391	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	389,854	152,485	177,042	14,293	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet B-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (TOTAL SUPP LIE)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PT. DAYS & OP OB)		
		14.00	15.00	16.00	17.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.040936	0.035586	0.000162	0.383268		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,744,538		32,744,538	0	32,744,538	30.00
31.00	03100	INTENSIVE CARE UNIT	9,906,129		9,906,129	0	9,906,129	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	1,850,751		1,850,751	0	1,850,751	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,940,018		7,940,018	0	7,940,018	50.00
51.00	05100	RECOVERY ROOM	2,433,163		2,433,163	0	2,433,163	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,842,655		4,842,655	0	4,842,655	52.00
53.00	05300	ANESTHESIOLOGY	430,956		430,956	0	430,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,139,434		13,139,434	0	13,139,434	54.00
54.01	05401	ULTRASOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	12,833,108		12,833,108	0	12,833,108	60.00
65.00	06500	RESPIRATORY THERAPY	3,925,010	0	3,925,010	0	3,925,010	65.00
66.00	06600	PHYSICAL THERAPY	4,380,094	0	4,380,094	0	4,380,094	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,417,281		4,417,281	0	4,417,281	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,375,358		5,375,358	0	5,375,358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,696,680		2,696,680	0	2,696,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,658,720		10,658,720	0	10,658,720	73.00
74.00	07400	RENAL DIALYSIS	1,517,222		1,517,222	0	1,517,222	74.00
76.00	03020	CARDIAC REHAB	0		0	0	0	76.00
76.01	03030	SLEEP LAB	497,575		497,575	0	497,575	76.01
76.02	03951	PSYCH SERVICES	477,547		477,547	0	477,547	76.02
76.03	03952	WOUND CARE	0		0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	128,081		128,081	0	128,081	90.00
91.00	09100	EMERGENCY	12,376,822		12,376,822	0	12,376,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,927,981		3,927,981		3,927,981	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	330,853		330,853	0	330,853	95.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	136,829,976	0	136,829,976	0	136,829,976	200.00
201.00		Less Observation Beds	3,927,981		3,927,981		3,927,981	201.00
202.00		Total (see instructions)	132,901,995	0	132,901,995	0	132,901,995	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 1:28 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	98,224,303		98,224,303		30.00	
31.00	03100	INTENSIVE CARE UNIT	28,027,909		28,027,909		31.00	
40.00	04000	SUBPROVIDER - IPF	0		0		40.00	
41.00	04100	SUBPROVIDER - IRF	0		0		41.00	
43.00	04300	NURSERY	6,120,794		6,120,794		43.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	79,822,239	84,007,910	163,830,149	0.048465	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,148,325	10,511,326	16,659,651	0.146051	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,715,782	0	9,715,782	0.498432	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,266,752	2,445,291	5,712,043	0.075447	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,391,353	155,320,998	219,712,351	0.059803	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	58,938,014	53,949,387	112,887,401	0.113681	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	25,924,306	2,379,326	28,303,632	0.138675	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,919,052	11,262,551	24,181,603	0.181133	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	30,936,052	20,340,980	51,277,032	0.086145	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,026,871	3,937,295	8,964,166	0.599650	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,207,739	9,482,433	21,690,172	0.124327	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	114,130,473	25,522,952	139,653,425	0.076323	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,311,410	283,797	6,595,207	0.230049	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.01	03030	SLEEP LAB	12,244	3,971,810	3,984,054	0.124892	0.000000	76.01
76.02	03951	PSYCH SERVICES	42,606	741,660	784,266	0.608909	0.000000	76.02
76.03	03952	WOUND CARE	0	0	0	0.000000	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00	
90.00	09000	CLINIC	207,281	56,413	263,694	0.485718	0.000000	90.00
91.00	09100	EMERGENCY	32,415,783	101,801,710	134,217,493	0.092215	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,404,917	8,706,535	13,111,452	0.299584	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00	
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00	
200.00		Subtotal (see instructions)	599,194,205	494,722,374	1,093,916,579		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	599,194,205	494,722,374	1,093,916,579		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 1:28 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.048465			50.00
51.00	05100	RECOVERY ROOM	0.146051			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498432			52.00
53.00	05300	ANESTHESIOLOGY	0.075447			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.059803			54.00
54.01	05401	ULTRASOUND	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.113681			60.00
65.00	06500	RESPIRATORY THERAPY	0.138675			65.00
66.00	06600	PHYSICAL THERAPY	0.181133			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.086145			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.599650			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.124327			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.076323			73.00
74.00	07400	RENAL DIALYSIS	0.230049			74.00
76.00	03020	CARDIAC REHAB	0.000000			76.00
76.01	03030	SLEEP LAB	0.124892			76.01
76.02	03951	PSYCH SERVICES	0.608909			76.02
76.03	03952	WOUND CARE	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	0.485718			90.00
91.00	09100	EMERGENCY	0.092215			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.299584			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
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: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,744,538		32,744,538	0	32,744,538	30.00	
31.00	03100	INTENSIVE CARE UNIT	9,906,129		9,906,129	0	9,906,129	31.00	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
43.00	04300	NURSERY	1,850,751		1,850,751	0	1,850,751	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,940,018		7,940,018	0	7,940,018	50.00	
51.00	05100	RECOVERY ROOM	2,433,163		2,433,163	0	2,433,163	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,842,655		4,842,655	0	4,842,655	52.00	
53.00	05300	ANESTHESIOLOGY	430,956		430,956	0	430,956	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,139,434		13,139,434	0	13,139,434	54.00	
54.01	05401	ULTRASOUND	0		0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MRI	0		0	0	0	58.00	
60.00	06000	LABORATORY	12,833,108		12,833,108	0	12,833,108	60.00	
65.00	06500	RESPIRATORY THERAPY	3,925,010	0	3,925,010	0	3,925,010	65.00	
66.00	06600	PHYSICAL THERAPY	4,380,094	0	4,380,094	0	4,380,094	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,417,281		4,417,281	0	4,417,281	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,375,358		5,375,358	0	5,375,358	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,696,680		2,696,680	0	2,696,680	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	10,658,720		10,658,720	0	10,658,720	73.00	
74.00	07400	RENAL DIALYSIS	1,517,222		1,517,222	0	1,517,222	74.00	
76.00	03020	CARDIAC REHAB	0		0	0	0	76.00	
76.01	03030	SLEEP LAB	497,575		497,575	0	497,575	76.01	
76.02	03951	PSYCH SERVICES	477,547		477,547	0	477,547	76.02	
76.03	03952	WOUND CARE	0		0	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
90.00	09000	CLINIC	128,081		128,081	0	128,081	90.00	
91.00	09100	EMERGENCY	12,376,822		12,376,822	0	12,376,822	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,927,981		3,927,981	0	3,927,981	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	330,853		330,853	0	330,853	95.00	
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0		0	0	0	116.00	
200.00		Subtotal (see instructions)	136,829,976	0	136,829,976	0	136,829,976	200.00	
201.00		Less Observation Beds	3,927,981		3,927,981	0	3,927,981	201.00	
202.00		Total (see instructions)	132,901,995	0	132,901,995	0	132,901,995	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	98,224,303		98,224,303		30.00
31.00	03100	INTENSIVE CARE UNIT	28,027,909		28,027,909		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	6,120,794		6,120,794		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	79,822,239	84,007,910	163,830,149	0.048465	0.000000
51.00	05100	RECOVERY ROOM	6,148,325	10,511,326	16,659,651	0.146051	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,715,782	0	9,715,782	0.498432	0.000000
53.00	05300	ANESTHESIOLOGY	3,266,752	2,445,291	5,712,043	0.075447	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,391,353	155,320,998	219,712,351	0.059803	0.000000
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	58,938,014	53,949,387	112,887,401	0.113681	0.000000
65.00	06500	RESPIRATORY THERAPY	25,924,306	2,379,326	28,303,632	0.138675	0.000000
66.00	06600	PHYSICAL THERAPY	12,919,052	11,262,551	24,181,603	0.181133	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	30,936,052	20,340,980	51,277,032	0.086145	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,026,871	3,937,295	8,964,166	0.599650	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,207,739	9,482,433	21,690,172	0.124327	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	114,130,473	25,522,952	139,653,425	0.076323	0.000000
74.00	07400	RENAL DIALYSIS	6,311,410	283,797	6,595,207	0.230049	0.000000
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000
76.01	03030	SLEEP LAB	12,244	3,971,810	3,984,054	0.124892	0.000000
76.02	03951	PSYCH SERVICES	42,606	741,660	784,266	0.608909	0.000000
76.03	03952	WOUND CARE	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	207,281	56,413	263,694	0.485718	0.000000
91.00	09100	EMERGENCY	32,415,783	101,801,710	134,217,493	0.092215	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,404,917	8,706,535	13,111,452	0.299584	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0		
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	599,194,205	494,722,374	1,093,916,579		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	599,194,205	494,722,374	1,093,916,579		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet C
Part I
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	ULTRASOUND	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	CARDIAC REHAB	0.000000			76.00
76.01	03030	SLEEP LAB	0.000000			76.01
76.02	03951	PSYCH SERVICES	0.000000			76.02
76.03	03952	WOUND CARE	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet D
Part I
Date/Time Prepared:
4/27/2022 1:28 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	3,324,217	0	3,324,217	33,245	99.99	30.00	
31.00	INTENSIVE CARE UNIT	649,293		649,293	5,038	128.88	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
43.00	NURSERY	102,928		102,928	2,640	38.99	43.00	
200.00	Total (lines 30 through 199)	4,076,438		4,076,438	40,923		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	9,699	969,803					30.00
31.00	INTENSIVE CARE UNIT	1,637	210,977					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	11,336	1,180,780					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet D
Part II
Date/Time Prepared:
4/27/2022 1:28 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,055,980	163,830,149	0.006446	21,908,676	141,223	50.00
51.00	05100	RECOVERY ROOM	143,098	16,659,651	0.008589	1,115,305	9,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	352,246	9,715,782	0.036255	0	0	52.00
53.00	05300	ANESTHESIOLOGY	38,947	5,712,043	0.006818	506,300	3,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000,128	219,712,351	0.004552	23,192,249	105,571	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	484,559	112,887,401	0.004292	22,617,007	97,072	60.00
65.00	06500	RESPIRATORY THERAPY	166,617	28,303,632	0.005887	9,242,715	54,412	65.00
66.00	06600	PHYSICAL THERAPY	385,022	24,181,603	0.015922	5,502,660	87,613	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	240,608	51,277,032	0.004692	10,531,584	49,414	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,810	8,964,166	0.011692	1,458,061	17,048	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,540	21,690,172	0.003437	3,969,201	13,642	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,250	139,653,425	0.001534	36,010,441	55,240	73.00
74.00	07400	RENAL DIALYSIS	11,014	6,595,207	0.001670	3,094,283	5,167	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.01	03030	SLEEP LAB	28,807	3,984,054	0.007231	0	0	76.01
76.02	03951	PSYCH SERVICES	4,564	784,266	0.005819	3,000	17	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	1,528	263,694	0.005795	162,307	941	90.00
91.00	09100	EMERGENCY	898,277	134,217,493	0.006693	11,025,956	73,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	398,769	13,111,452	0.030414	1,500,827	45,646	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,603,764	961,543,573		151,840,572	759,834	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0084		Period: From 12/01/2020 To 11/30/2021		Worksheet D Part III Date/Time Prepared: 4/27/2022 1:28 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
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	33,245	0.00	9,699	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	5,038	0.00	1,637	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
43.00	04300	NURSERY		0	2,640	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	40,923		11,336	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	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 1:28 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	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03030	SLEEP LAB	0	0	0	0	0	76.01
76.02	03951	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 1:28 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	163,830,149	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,659,651	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,715,782	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,712,043	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	219,712,351	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	112,887,401	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,303,632	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,181,603	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	51,277,032	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,964,166	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,690,172	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	139,653,425	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,595,207	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0.000000	76.00
76.01	03030	SLEEP LAB	0	0	0	3,984,054	0.000000	76.01
76.02	03951	PSYCH SERVICES	0	0	0	784,266	0.000000	76.02
76.03	03952	WOUND CARE	0	0	0	0	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
90.00	09000	CLINIC	0	0	0	263,694	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	134,217,493	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,111,452	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	961,543,573		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/27/2022 1:28 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	21,908,676	0	12,840,973	0
51.00	05100	RECOVERY ROOM	0.000000	1,115,305	0	1,367,108	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	506,300	0	303,214	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	23,192,249	0	24,040,151	0
54.01	05401	ULTRASOUND	0.000000	0	0	0	0
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0
57.00	05700	CT SCAN	0.000000	0	0	0	0
58.00	05800	MRI	0.000000	0	0	0	0
60.00	06000	LABORATORY	0.000000	22,617,007	0	4,356,754	0
65.00	06500	RESPIRATORY THERAPY	0.000000	9,242,715	0	414,725	0
66.00	06600	PHYSICAL THERAPY	0.000000	5,502,660	0	62,277	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	10,531,584	0	3,733,511	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,458,061	0	381,720	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,969,201	0	2,679,107	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	36,010,441	0	3,882,156	0
74.00	07400	RENAL DIALYSIS	0.000000	3,094,283	0	64,235	0
76.00	03020	CARDIAC REHAB	0.000000	0	0	0	0
76.01	03030	SLEEP LAB	0.000000	0	0	796,060	0
76.02	03951	PSYCH SERVICES	0.000000	3,000	0	58,797	0
76.03	03952	WOUND CARE	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0
90.00	09000	CLINIC	0.000000	162,307	0	7,760	0
91.00	09100	EMERGENCY	0.000000	11,025,956	0	8,624,798	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,500,827	0	923,983	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		151,840,572	0	64,537,329	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0084		Period: From 12/01/2020 To 11/30/2021		Worksheet D Part V Date/Time Prepared: 4/27/2022 1:28 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	0.048465	12,840,973	0	0	622,338	50.00	
51.00	05100	RECOVERY ROOM	0.146051	1,367,108	0	0	199,667	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498432	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.075447	303,214	0	0	22,877	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.059803	24,040,151	0	0	1,437,673	54.00	
54.01	05401	ULTRASOUND	0.000000	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
60.00	06000	LABORATORY	0.113681	4,356,754	0	0	495,280	60.00	
65.00	06500	RESPIRATORY THERAPY	0.138675	414,725	0	0	57,512	65.00	
66.00	06600	PHYSICAL THERAPY	0.181133	62,277	0	0	11,280	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.086145	3,733,511	0	0	321,623	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.599650	381,720	0	0	228,898	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.124327	2,679,107	0	0	333,085	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.076323	3,882,156	9,689	0	296,298	73.00	
74.00	07400	RENAL DIALYSIS	0.230049	64,235	0	0	14,777	74.00	
76.00	03020	CARDIAC REHAB	0.000000	0	0	0	0	76.00	
76.01	03030	SLEEP LAB	0.124892	796,060	0	0	99,422	76.01	
76.02	03951	PSYCH SERVICES	0.608909	58,797	0	0	35,802	76.02	
76.03	03952	WOUND CARE	0.000000	0	0	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC						88.00	
90.00	09000	CLINIC	0.485718	7,760	0	0	3,769	90.00	
91.00	09100	EMERGENCY	0.092215	8,624,798	0	0	795,336	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.299584	923,983	0	0	276,811	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00	
200.00		Subtotal (see instructions)		64,537,329	9,689	0	5,252,448	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		64,537,329	9,689	0	5,252,448	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0084		Period: From 12/01/2020 To 11/30/2021	Worksheet D Part V Date/Time Prepared: 4/27/2022 1:28 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
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	739	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	CARDIAC REHAB	0	0		76.00
76.01	03030	SLEEP LAB	0	0		76.01
76.02	03951	PSYCH SERVICES	0	0		76.02
76.03	03952	WOUND CARE	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	739	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	739	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet D-1 Date/Time Prepared: 4/27/2022 1:28 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,245	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,245	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)		29,257	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)		9,699	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)		32,744,538	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)		32,744,538	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)		32,744,538	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)		984.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,553,030	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)		9,553,030	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet D-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	9,906,129	5,038	1,966.28	1,637	3,218,800
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,781,786
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,553,616
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,180,780
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					759,834
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,940,614
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,613,002
	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)					3,988
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					984.95
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,927,981

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet D-1

Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,324,217	32,744,538	0.101520	3,927,981	398,769
91.00	Nursing Program cost	0	32,744,538	0.000000	3,927,981	0
92.00	Allied health cost	0	32,744,538	0.000000	3,927,981	0
93.00	All other Medical Education	0	32,744,538	0.000000	3,927,981	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet D-3 Date/Time Prepared: 4/27/2022 1:28 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		33,539,859		30.00
31.00	03100	INTENSIVE CARE UNIT		9,392,726		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.048465	21,908,676	1,061,804	50.00
51.00	05100	RECOVERY ROOM	0.146051	1,115,305	162,891	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498432	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.075447	506,300	38,199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.059803	23,192,249	1,386,966	54.00
54.01	05401	ULTRASOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.113681	22,617,007	2,571,124	60.00
65.00	06500	RESPIRATORY THERAPY	0.138675	9,242,715	1,281,734	65.00
66.00	06600	PHYSICAL THERAPY	0.181133	5,502,660	996,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086145	10,531,584	907,243	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.599650	1,458,061	874,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.124327	3,969,201	493,479	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.076323	36,010,441	2,748,425	73.00
74.00	07400	RENAL DIALYSIS	0.230049	3,094,283	711,837	74.00
76.00	03020	CARDIAC REHAB	0.000000	0	0	76.00
76.01	03030	SLEEP LAB	0.124892	0	0	76.01
76.02	03951	PSYCH SERVICES	0.608909	3,000	1,827	76.02
76.03	03952	WOUND CARE	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.485718	162,307	78,835	90.00
91.00	09100	EMERGENCY	0.092215	11,025,956	1,016,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.299584	1,500,827	449,624	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		151,840,572	14,781,786	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)		151,840,572		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet E Part A Date/Time Prepared: 4/27/2022 1:28 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)			17,535,280	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			3,450,411	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)			253,122	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			16,878	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)			179.07	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		or	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		\$	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			7.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)			31.28	31.00
32.00	Sum of lines 30 and 31			39.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)			21.59	33.00
34.00	Disproportionate share adjustment (see instructions)			1,132,703	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet E Part A Date/Time Prepared: 4/27/2022 1:28 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,216,785	880,009	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,013,432	147,070	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,160,502		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	23,548,896		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)		23,548,896	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,768,689	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		246,636	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,564,221	59.00
60.00	Primary payer payments		8,069	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,556,152	61.00
62.00	Deductibles billed to program beneficiaries		2,023,204	62.00
63.00	Coinsurance billed to program beneficiaries		232,903	63.00
64.00	Allowable bad debts (see instructions)		574,787	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		373,612	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		326,011	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,673,657	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)		46,430	70.93
70.94	HRR adjustment amount (see instructions)		-327,954	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet E Part A Date/Time Prepared: 4/27/2022 1:28 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)		23,392,133	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		23,616,543	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)		-224,410	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		3,119,664	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	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet E Part B Date/Time Prepared: 4/27/2022 1:28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		739	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,252,448	2.00
3.00	OPPS payments		5,009,373	3.00
4.00	Outlier payment (see instructions)		8,480	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)		739	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,689	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)		9,689	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)		9,689	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,950	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)		739	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)		5,017,853	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)		829,127	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)		4,189,465	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)		4,189,465	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,189,465	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)		270,242	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		175,657	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		120,707	36.00
37.00	Subtotal (see instructions)		4,365,122	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)		4,365,122	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		4,552,673	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-187,551	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet E-1
Part I
Date/Time Prepared:
4/27/2022 1:28 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		23,289,543		4,428,073	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	10/06/2021	327,000	10/06/2021	124,600	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)		327,000		124,600	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)		23,616,543		4,552,673	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		224,410		187,551	6.02
7.00	Total Medicare program liability (see instructions)		23,392,133		4,365,122	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet E-1 Part II Date/Time Prepared: 4/27/2022 1:28 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet G

Date/Time Prepared:
4/27/2022 1:28 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	-916,635	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	40,762,520	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-24,794,459	0	0	0	6.00
7.00	Inventory	4,074,146	0	0	0	7.00
8.00	Prepaid expenses	1,151,998	0	0	0	8.00
9.00	Other current assets	415,188	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	20,692,758	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,861,624	0	0	0	12.00
13.00	Land improvements	429,300	0	0	0	13.00
14.00	Accumulated depreciation	-72,368	0	0	0	14.00
15.00	Buildings	28,809,149	0	0	0	15.00
16.00	Accumulated depreciation	-1,986,637	0	0	0	16.00
17.00	Leasehold improvements	1,736,819	0	0	0	17.00
18.00	Accumulated depreciation	-135,576	0	0	0	18.00
19.00	Fixed equipment	1,670,132	0	0	0	19.00
20.00	Accumulated depreciation	-641,180	0	0	0	20.00
21.00	Automobiles and trucks	25,767	0	0	0	21.00
22.00	Accumulated depreciation	-10,974	0	0	0	22.00
23.00	Major movable equipment	8,028,587	0	0	0	23.00
24.00	Accumulated depreciation	-2,427,362	0	0	0	24.00
25.00	Minor equipment depreciable	1,893,950	0	0	0	25.00
26.00	Accumulated depreciation	-747,909	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)	43,433,322	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	7,936,737	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,936,737	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	72,062,817	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	31,652,206	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,205,766	0	0	0	38.00
39.00	Payroll taxes payable	2,086,800	0	0	0	39.00
40.00	Notes and loans payable (short term)	255,993	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	33,487,248	0	0	0	43.00
44.00	Other current liabilities	3,157,394	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	74,845,407	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	41,667	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	581,724	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	623,391	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	75,468,798	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-3,405,981	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-3,405,981	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	72,062,817	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet G-1

Date/Time Prepared:
4/27/2022 1:28 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		12,446,094		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-15,852,079				2.00
3.00	Total (sum of line 1 and line 2)		-3,405,985		0		3.00
4.00	ROUNDING	4		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)		4		0		10.00
11.00	Subtotal (line 3 plus line 10)		-3,405,981		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-3,405,981		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	ROUNDING		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
4/27/2022 1:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	104,345,097		104,345,097	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	104,345,097		104,345,097	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,027,909		28,027,909	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)	28,027,909		28,027,909	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	132,373,006		132,373,006	17.00
18.00	Ancillary services	429,833,620	384,117,314	813,950,934	18.00
19.00	Outpatient services	37,027,981	110,564,658	147,592,639	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		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	INDUSTRIAL MEDICINE	0	1,241,162	1,241,162	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	599,234,607	495,923,134	1,095,157,741	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		160,605,261		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		160,605,261		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0084

Period:
From 12/01/2020
To 11/30/2021

Worksheet G-3

Date/Time Prepared:
4/27/2022 1:28 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,095,157,741	1.00
2.00	Less contractual allowances and discounts on patients' accounts	951,929,145	2.00
3.00	Net patient revenues (line 1 minus line 2)	143,228,596	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	160,605,261	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,376,665	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	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	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	280	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	245,989	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	4,392	21.00
22.00	Rental of hospital space	121,134	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	78,127	24.00
24.50	COVID-19 PHE Funding	1,074,664	24.50
25.00	Total other income (sum of lines 6-24)	1,524,586	25.00
26.00	Total (line 5 plus line 25)	-15,852,079	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)	-15,852,079	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0084	Period: From 12/01/2020 To 11/30/2021	Worksheet L Parts I-III Date/Time Prepared: 4/27/2022 1:28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,595,733	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,989	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)		94.01	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)		7.96	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.28	8.00
9.00	Sum of lines 7 and 8		39.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.27	10.00
11.00	Disproportionate share adjustment (see instructions)		131,967	11.00
12.00	Total prospective capital payments (see instructions)		1,768,689	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