

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: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 4:40 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 11/29/2021 Time: 4:40 pm
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MCDONOUGH DISTRICT HOSPITAL (14-0089) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Encryption Information

ECR: Date: 11/29/2021 Time: 4:40 pm

ftT0LqHePgRVmcYMEYtgZHLuWQLsa0

4jmMP0l0R8BBoAJmbuxxRLj0zCvCUP

igWt1k0hnR0pVjKw

PI: Date: 11/29/2021 Time: 4:40 pm

.TRqaXrvrVolFG17RHMxF.l2AxFOI0

dgBQF0ha4483GPmoQAseLGzwxvQcU

x4Dl0XcTF30aHT42

(Signed) WILLIAM MURDOCK

Officer or Administrator of Provider(s)

CFO

Title

11/30/2021 06:08:52 AM (PT)

Date

	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	-198,876	61,350	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		55,890		0	10.00
10.01 RURAL HEALTH CLINIC (RHC) II	0		151,506		0	10.01
200.00 Total	0	-198,876	268,746	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: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 4:40 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 525 E GRANT ST		PO Box:						1.00		
2.00	City: MACOMB		State: IL		Zip Code: 61455-		County: MC DONOUGH		2.00		
			Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MCDONOUGH DISTRICT HOSPITAL	140089	99914	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		MDH SWING BEDS	14U089	99914		04/29/2015	N	P	N	7.00
8.00	Swing Beds - NF		MDH SWING BEDS	14U089	99914		04/29/2015	N		N	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		MDH HOME HEALTH	147293	99914		12/14/1984	N	P	O	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		MDH HOSPICE	141524	99914		01/12/1989				14.00
15.00	Hospital-Based Health Clinic - RHC		BUSHNELL FAMILY PRACTICE	148522	99914		01/31/2013	N	O	O	15.00
15.01	Hospital-Based Health Clinic - RHC II		MDH FAM MEDICINE/CONVENIENCE CARE/SU	148619	99914		11/03/2021	N	O	O	15.01
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)						11			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 4:40 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	105	157	0	0	468	8	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
					Urban/Rural S	Date of Geogr			
					1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2						26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2						27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1						35.00	
					Beginning:	Ending:			
					1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	07/01/2020					06/30/2021	36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0						37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
					Y/N	Y/N			
					1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y					Y	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y					Y	40.00	
					V	XVIII	XIX		
					1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N					N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N					N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N					N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N					N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	N							56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N							59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 4:40 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)		N			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
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 4:40 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 4:40 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00			
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			
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	170,885		0		118.01	
				1.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 4:40 pm	
		1.00		2.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 4:40 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 4:40 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.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/06/2021	Y	10/06/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/29/2021 4:40 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.				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.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL	NELSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6124559706	JILL.NELSON@RSMUS.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0089

Period:
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		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,870	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)		38	13,870	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	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)		45	16,425	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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
26.01 RHC (CONSOLIDATED)	88.01				0	26.01
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		45				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)		3	1,095			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: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 4:40 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)	1,205	91	2,152		1.00
2.00	HMO and other (see instructions)	287	468			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	34	0	34		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	8		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,239	91	2,194		7.00
8.00	INTENSIVE CARE UNIT	390	111	724		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		60	349		13.00
14.00	Total (see instructions)	1,629	262	3,267	0.00	379.61
15.00	CAH visits	0	0	0		14.00
16.00	SUBPROVIDER - IPF					15.00
17.00	SUBPROVIDER - IRF					16.00
18.00	SUBPROVIDER					17.00
19.00	SKILLED NURSING FACILITY					18.00
20.00	NURSING FACILITY					19.00
21.00	OTHER LONG TERM CARE					20.00
22.00	HOME HEALTH AGENCY	3,715	0	11,555	0.00	19.27
23.00	AMBULATORY SURGICAL CENTER (D.P.)					21.00
24.00	HOSPICE	0	0	0	0.00	4.83
24.10	HOSPICE (non-distinct part)			0		24.00
25.00	CMHC - CMHC					24.10
26.00	RURAL HEALTH CLINIC	1,051	0	3,338	0.00	5.13
26.01	RHC (CONSOLIDATED)	2,816	0	13,456	0.00	32.77
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	441.61
28.00	Observation Bed Days		8	700		27.00
29.00	Ambulance Trips	0				28.00
30.00	Employee discount days (see instruction)			0		29.00
31.00	Employee discount days - IRF			0		30.00
32.00	Labor & delivery days (see instructions)	0	8	427		31.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.00
33.00	LTCH non-covered days	0				32.01
33.01	LTCH site neutral days and discharges	0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 4:40 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	465	170	1,069	1.00
2.00 HMO and other (see instructions)			80	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	465	170	1,069	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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
26.01 RHC (CONSOLIDATED)	0.00					26.01
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: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 4:40 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	32,699,329	0	32,699,329	853,011.00	38.33 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		556,636	0	556,636	4,356.00	127.79 3.00
4.00	Physician-Part A - Administrative		329,272	0	329,272	3,289.00	100.11 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		4,071,225	0	4,071,225	28,648.00	142.11 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		177,160	0	177,160	8,292.00	21.37 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		3,074,457	-762,342	2,312,115	67,473.00	34.27 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,720,822	0	1,720,822	21,207.00	81.14 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,214,013	0	7,214,013		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		645,288	0	645,288		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		69,758	0	69,758		
22.00	Physician Part A - Administrative		49,197	0	49,197		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		474,444	0	474,444		
24.00	Wage-related costs (RHC/FQHC)		68,110	0	68,110		
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		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 4:40 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	326,852	0	326,852	7,637.00	42.80	26.00
27.00	Administrative & General	5.00	5,213,020	0	5,213,020	144,089.00	36.18	27.00
28.00	Administrative & General under contract (see inst.)		622,309	0	622,309	2,819.00	220.76	28.00
29.00	Maintenance & Repairs	6.00	511,466	0	511,466	19,057.00	26.84	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	382,885	0	382,885	22,074.00	17.35	32.00
33.00	Housekeeping under contract (see instructions)		765,770	0	765,770	44,148.00	17.35	33.00
34.00	Dietary	10.00	347,038	-241,279	105,759	5,674.00	18.64	34.00
35.00	Dietary under contract (see instructions)		676,781	0	676,781	36,941.00	18.32	35.00
36.00	Cafeteria	11.00	0	241,279	241,279	12,945.00	18.64	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	360,813	0	360,813	7,867.00	45.86	38.00
39.00	Central Services and Supply	14.00	261,191	3,981	265,172	14,739.00	17.99	39.00
40.00	Pharmacy	15.00	631,052	0	631,052	14,141.00	44.63	40.00
41.00	Medical Records & Medical Records Library	16.00	319,317	0	319,317	13,992.00	22.82	41.00
42.00	Social Service	17.00	370,769	0	370,769	9,372.00	39.56	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 4:40 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	29,959,168	0	29,959,168	895,623.00	33.45	1.00
2.00	Excluded area salaries (see instructions)	3,074,457	-762,342	2,312,115	67,473.00	34.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,884,711	762,342	27,647,053	828,150.00	33.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,720,822	0	1,720,822	21,207.00	81.14	4.00
5.00	Subtotal wage-related costs (see inst.)	7,263,210	0	7,263,210	0.00	26.27	5.00
6.00	Total (sum of lines 3 thru 5)	35,868,743	762,342	36,631,085	849,357.00	43.13	6.00
7.00	Total overhead cost (see instructions)	10,789,263	3,981	10,793,244	355,495.00	30.36	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2021 4:40 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	688,774	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)	0	8.02
8.03	Health Insurance (Purchased)	4,859,565	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	198,556	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	98,351	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	346,634	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	93,080	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	2,172,803	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	21,205	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	41,842	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,520,810	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: 14-0089

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/29/2021 4:40 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,720,822	8,520,810	1.00
2.00	Hospital	1,720,822	7,113,032	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	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	68,110	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	1,339,668	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0089 Component CCN: 14-7293		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 11/29/2021 4:40 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County			MCDONOUGH				0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	190.00	3.00	176.00	369.00	2.00
				Number of Employees (Full Time Equivalent)					
				Enter the number of hours in your normal work week					
				Staff		Contract		Total	
				0		1.00		2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)					0.50	0.00	0.50	4.00
5.00	Other Administrative Personnel					4.91	0.00	4.91	5.00
6.00	Direct Nursing Service					7.93	0.00	7.93	6.00
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00
8.00	Physical Therapy Service					2.56	0.00	2.56	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					2.10	0.00	2.10	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.10	0.00	0.10	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.02	0.00	0.02	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					1.15	0.00	1.15	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	Other (specify)					0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					37900			20.00
20.01						99914			20.01
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			1,544	648	44	0	2,236	21.00
22.00	Skilled Nursing Visit Charges			270,200	113,400	7,700	0	391,300	22.00
23.00	Physical Therapy Visits			432	284	9	0	725	23.00
24.00	Physical Therapy Visit Charges			75,600	49,700	1,575	0	126,875	24.00
25.00	Occupational Therapy Visits			200	279	4	0	483	25.00
26.00	Occupational Therapy Visit Charges			35,000	48,825	700	0	84,525	26.00
27.00	Speech Pathology Visits			27	27	0	0	54	27.00
28.00	Speech Pathology Visit Charges			4,725	4,725	0	0	9,450	28.00
29.00	Medical Social Service Visits			3	11	0	0	14	29.00
30.00	Medical Social Service Visit Charges			525	1,925	0	0	2,450	30.00
31.00	Home Health Aide Visits			123	79	1	0	203	31.00
32.00	Home Health Aide Visit Charges			14,268	9,164	116	0	23,548	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			2,329	1,328	58	0	3,715	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			400,318	227,739	10,091	0	638,148	35.00
36.00	Total Number of Episodes (standard/non outlier)			237		38	0	275	36.00
37.00	Total Number of Outlier Episodes				65		0	65	37.00
38.00	Total Non-Routine Medical Supply Charges			14,509	4,035	115	0	18,659	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0089 Component CCN: 14-8522		Period: From 07/01/2020 To 06/30/2021		Worksheet S-8 Date/Time Prepared: 11/29/2021 4:40 pm	
				RHC I		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street			1150 N COLE ST			1.00		
			City		State		ZIP Code		
			1.00		2.00		3.00		
2.00	City, State, ZIP Code, County			BUSHNELL IL 61422			2.00		
				1.00					
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0		3.00	
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)						4.00		
5.00	Migrant Health Center (Section 329(d), PHS Act)						5.00		
6.00	Health Services for the Homeless (Section 340(d), PHS Act)						6.00		
7.00	Appalachian Regional Commission						7.00		
8.00	Look-Alikes						8.00		
9.00	OTHER (SPECIFY)						9.00		
				1.00		2.00			
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N			0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
Facility hours of operations (1)									
11.00	CLINIC			08:00 17:00			08:00		11.00
				1.00		2.00			
12.00	Have you received an approval for an exception to the productivity standard?			N			12.00		
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N			0		13.00
				Provider name		CCN number			
				1.00		2.00			
14.00	RHC/FQHC name, CCN number						14.00		
				Y/N		V		Total Visits	
				1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00		
				County		4.00			
2.00	City, State, ZIP Code, County			MCDONOUGH			2.00		
				Tuesday		Wednesday		Thursday	
				to		from to		from to	
				6.00 7.00		8.00 9.00		10.00	
Facility hours of operations (1)									
11.00	CLINIC			17:00 08:00 17:00 08:00 17:00			11.00		

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet S-8	
				Component CCN: 14-8522				Date/Time Prepared: 11/29/2021 4:40 pm	
						RHC I		Cost	
				Friday		Saturday			
				from	to	from	to		
				11.00	12.00	13.00	14.00		
Facility hours of operations (1)									
11.00	CLINIC	08:00	17:00						11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0089 Component CCN: 14-8619		Period: From 07/01/2020 To 06/30/2021		Worksheet S-8 Date/Time Prepared: 11/29/2021 4:40 pm	
				RHC II		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street				515 EAST GRANT STREET		1.00		
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County				MACOMB IL 61455		2.00		
						1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0		3.00
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)								4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)								5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)								6.00
7.00	Appalachian Regional Commission								7.00
8.00	Look-Alikes								8.00
9.00	OTHER (SPECIFY)								9.00
				1.00		2.00			
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1)								
11.00	CLINIC				09:00 18:00		08:00 19:00		08:00 11.00
				1.00		2.00			
12.00	Have you received an approval for an exception to the productivity standard?								12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				Y		2		13.00
				Provider name		CCN number			
				1.00		2.00			
14.00	RHC/FQHC name, CCN number				MDH FAM MEDICINE/CONVENIENCE CARE/SU		148619		14.00
14.01					MDH PEDIATRIC CLINIC		148617		14.01
				Y/N		V		XVIII XIX Total Visits	
				1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)								15.00
				County					
				4.00					
2.00	City, State, ZIP Code, County				MCDONOUGH				2.00
				Tuesday		Wednesday		Thursday	
				to		from to		from to	
				6.00		7.00 8.00		9.00 10.00	
Facility hours of operations (1)									
11.00	CLINIC				19:00 08:00		19:00 08:00		19:00 11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN:14-0089 Component CCN:14-8619		Period: From 07/01/2020 To 06/30/2021		Worksheet S-8 Date/Time Prepared: 11/29/2021 4:40 pm	
						RHC II		Cost	
				Friday		Saturday			
				from	to	from	to		
				11.00	12.00	13.00	14.00		
Facility hours of operations (1)									
11.00	CLINIC			09:00	18:00	09:00	18:00	11.00	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0089

Period:

Worksheet S-9

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021PARTS I THROUGH IV
Date/Time Prepared:
11/29/2021 4:40 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	3,431	568	463	4,462	11.00
12.00	Hospice Inpatient Respite Care	1	0	0	1	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	3,432	568	463	4,463	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 4:40 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)			0.349434 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	484,850		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	2,171,098		5.00
6.00	Medicaid charges	23,925,005		6.00
7.00	Medicaid cost (line 1 times line 6)	8,360,210		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	5,704,262		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	66,654		9.00
10.00	Stand-alone CHIP charges	239,617		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	83,730		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	17,076		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	97,541		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	66,882		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	5,721,338		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	187,680	2,208,237	2,395,917 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	65,582	2,208,237	2,273,819 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	65,582	2,208,237	2,273,819 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,453,000		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	251,658		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	387,166		27.01
28.00	Non-Medicare bad debt expense (see instructions)	3,065,834		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,206,815		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,480,634		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	9,201,972		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

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

Worksheet A

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL		5,762,965	5,762,965	57,744	5,820,709	1.01
1.02	00102	CAP REL COSTS-HSB I		68,803	68,803	0	68,803	1.02
1.03	00103	CAP REL COSTS-HSB II		380,193	380,193	0	380,193	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		46,297	46,297	0	46,297	1.04
1.05	00105	CAP REL COSTS-DIAYSIS		0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		11,914	11,914	0	11,914	1.06
1.07	00107	CAP REL COSTS-MAB		57,406	57,406	0	57,406	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		27,521	27,521	0	27,521	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN		0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG		156,968	156,968	0	156,968	1.10
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	326,852	9,029,904	9,356,756	10,946	9,367,702	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,213,020	5,765,544	10,978,564	-52,748	10,925,816	5.00
6.00	00600	MAINTENANCE & REPAIRS	454,358	1,626,311	2,080,669	0	2,080,669	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	27,489	209,242	236,731	0	236,731	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	22,187	136,463	158,650	0	158,650	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	1,186	20,231	21,417	0	21,417	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	2,320	13,995	16,315	0	16,315	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	1,768	13,574	15,342	0	15,342	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	2,158	16,301	18,459	0	18,459	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	136,292	136,292	0	136,292	8.00
9.00	00900	HOUSEKEEPING	382,885	545,194	928,079	0	928,079	9.00
9.01	00901	HOUSEKEEPING-HSB	0	72,366	72,366	0	72,366	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	41,652	41,652	0	41,652	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	5,524	5,524	0	5,524	9.03
9.04	00904	HOUSEKEEPING-MAB	0	3,867	3,867	0	3,867	9.04
10.00	01000	DIETARY	347,038	546,540	893,578	-621,261	272,317	10.00
11.00	01100	CAFETERIA	0	0	0	621,261	621,261	11.00
13.00	01300	NURSING ADMINISTRATION	360,813	6,950	367,763	0	367,763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	261,191	228,040	489,231	3,981	493,212	14.00
15.00	01500	PHARMACY	631,052	2,087,817	2,718,869	0	2,718,869	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	319,317	261,992	581,309	-15,942	565,367	16.00
17.00	01700	SOCIAL SERVICE	370,769	36,680	407,449	0	407,449	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	902,185	902,185	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,868,939	231,251	4,100,190	-598,150	3,502,040	30.00
31.00	03100	INTENSIVE CARE UNIT	826,300	82,169	908,469	0	908,469	31.00
43.00	04300	NURSERY	0	0	0	261,089	261,089	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,022,518	454,353	1,476,871	-3,577	1,473,294	50.00
51.00	05100	RECOVERY ROOM	500,251	37,727	537,978	0	537,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	333,080	333,080	52.00
53.00	05300	ANESTHESIOLOGY	1,151,579	390,731	1,542,310	-905,587	636,723	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,129,686	843,588	1,973,274	-81,193	1,892,081	54.00
57.00	05700	CT SCAN	0	217,913	217,913	81,193	299,106	57.00
58.00	05800	MRI	0	483,525	483,525	0	483,525	58.00
60.00	06000	LABORATORY	2,237,512	2,199,664	4,437,176	0	4,437,176	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	135,716	135,716	0	135,716	63.00
65.00	06500	RESPIRATORY THERAPY	754,216	385,650	1,139,866	-30,774	1,109,092	65.00
66.00	06600	PHYSICAL THERAPY	1,542,196	42,331	1,584,527	0	1,584,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	181,672	2,168	183,840	0	183,840	67.00
68.00	06800	SPEECH PATHOLOGY	125,882	2,593	128,475	0	128,475	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	736,753	736,753	37,753	774,506	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	550,888	550,888	0	550,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,522	768,941	775,463	0	775,463	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	638,467	7,129	645,596	0	645,596	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	254,932	42,488	297,420	0	297,420	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	442,643	54,504	497,147	97,251	594,398	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	3,057,416	3,057,416	88.01
90.00	09000	CLINIC	5,265,230	1,649,698	6,914,928	-2,182,153	4,732,775	90.00
91.00	09100	EMERGENCY	951,924	798,850	1,750,774	0	1,750,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	64,873	155,857	220,730	0	220,730	95.00
101.00	10100	HOME HEALTH AGENCY	1,407,195	317,589	1,724,784	0	1,724,784	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	366,911	270,166	637,077	0	637,077	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

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

Worksheet A

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	31,463,851	38,178,788	69,642,639	972,514	70,615,153	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	0	0	194.00
194.01	07962 OUTREACH	146,137	31,067	177,204	0	177,204	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	83,265	507,018	590,283	0	590,283	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	527,356	527,356	0	527,356	194.05
194.06	07955 HOSPITALITY HOUSE	799	12,159	12,958	0	12,958	194.06
194.07	07956 HSK DIALYSIS	0	5,524	5,524	0	5,524	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	82,536	1,159	83,695	0	83,695	194.09
194.10	07959 FARM LAND	0	6,501	6,501	0	6,501	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	753,258	342,973	1,096,231	-972,514	123,717	194.12
194.13	07961 VALET PARKING SERVICE	62,084	2,117	64,201	0	64,201	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	107,399	7,817	115,216	0	115,216	194.15
200.00	TOTAL (SUM OF LINES 118 through 199)	32,699,329	39,622,479	72,321,808	0	72,321,808	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

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

Worksheet A

Date/Time Prepared:
11/29/2021 4:40 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	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL	-1,332,678	4,488,031	1.01
1.02	00102	CAP REL COSTS-HSB I	-56,726	12,077	1.02
1.03	00103	CAP REL COSTS-HSB II	0	380,193	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	46,297	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	11,914	1.06
1.07	00107	CAP REL COSTS-MAB	-3,655	53,751	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	27,521	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	156,968	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,215,156	5,152,546	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-640,126	10,285,690	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,080,669	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	236,731	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	158,650	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	21,417	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	16,315	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	15,342	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	18,459	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	136,292	8.00
9.00	00900	HOUSEKEEPING	0	928,079	9.00
9.01	00901	HOUSEKEEPING-HSB	0	72,366	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	41,652	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	5,524	9.03
9.04	00904	HOUSEKEEPING-MAB	0	3,867	9.04
10.00	01000	DIETARY	0	272,317	10.00
11.00	01100	CAFETERIA	-110,799	510,462	11.00
13.00	01300	NURSING ADMINISTRATION	0	367,763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	493,212	14.00
15.00	01500	PHARMACY	0	2,718,869	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,627	560,740	16.00
17.00	01700	SOCIAL SERVICE	0	407,449	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-902,185	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,152,818	2,349,222	30.00
31.00	03100	INTENSIVE CARE UNIT	0	908,469	31.00
43.00	04300	NURSERY	0	261,089	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,473,294	50.00
51.00	05100	RECOVERY ROOM	0	537,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	333,080	52.00
53.00	05300	ANESTHESIOLOGY	-532,315	104,408	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,892,081	54.00
57.00	05700	CT SCAN	0	299,106	57.00
58.00	05800	MRI	0	483,525	58.00
60.00	06000	LABORATORY	-569,842	3,867,334	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	135,716	63.00
65.00	06500	RESPIRATORY THERAPY	-48,130	1,060,962	65.00
66.00	06600	PHYSICAL THERAPY	-9,652	1,574,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	183,840	67.00
68.00	06800	SPEECH PATHOLOGY	0	128,475	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	774,506	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	550,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-535,642	239,821	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-100	645,496	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	297,420	76.01
76.02	03951	PAIN MANAGEMENT	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	594,398	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	3,057,416	88.01
90.00	09000	CLINIC	-2,687,712	2,045,063	90.00
91.00	09100	EMERGENCY	0	1,750,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	220,730	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,724,784	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	637,077	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,802,163	57,812,990	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

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

Worksheet A

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	DAY HEALTH	0	0	194.00
194.01	07962	OUTREACH	0	177,204	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	590,283	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	527,356	194.05
194.06	07955	HOSPITALITY HOUSE	0	12,958	194.06
194.07	07956	HSK DIALYSIS	0	5,524	194.07
194.08	07957	LEASED SALARIES	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	83,695	194.09
194.10	07959	FARM LAND	0	6,501	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	123,717	194.12
194.13	07961	VALET PARKING SERVICE	0	64,201	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	194.14
194.15	07965	ASSISTED LIVING	0	115,216	194.15
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,802,163	59,519,645	200.00

RECLASSIFICATIONS

Provider CCN: 14-0089

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 4:40 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS OB SALARY					
1.00	NURSERY	43.00	261,089	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	333,080	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	3,981	0		3.00
	0		598,150	0		
	B - RECLASS FOOD SERVICE					
1.00	CAFETERIA	11.00	241,279	379,982		1.00
	0		241,279	379,982		
	C - RECLASS CT EXPENSE					
1.00	CT SCAN	57.00	81,193	0		1.00
	0		81,193	0		
	D - RECLASS CRNA SALARIES					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	556,636	345,549		1.00
	0		556,636	345,549		
	E - RECLASS COPY MACHINE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,942		1.00
	0		0	15,942		
	F - RECLASS 02 EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37,753		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	37,753		
	G - RECLASS AUTO & AMBULANCE COLLISION I					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	13,655		1.00
	0		0	13,655		
	H - RECLASS MITEL LEASE OF PHONE SERVICE					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	44,089		1.00
	0		0	44,089		
	I - RECLASS EMPLOYEE VACCINES					
1.00		0.00	0	0		1.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,946		8.00
	TOTALS		0	10,946		
	K - RECLASS RHC/CLINIC CODING & ADMIN EX					
1.00	RURAL HEALTH CLINIC	88.00	76,234	21,017		1.00
2.00	RURAL HEALTH CLINIC (RHC)	88.01	315,892	87,089		2.00
3.00	CLINIC	90.00	370,216	102,066		3.00
	TOTALS		762,342	210,172		
	L - RECLASS RHC EXPENSES					
1.00	RURAL HEALTH CLINIC (RHC)	88.01	2,264,001	390,434		1.00
	TOTALS		2,264,001	390,434		
500.00	Grand Total: Increases		4,503,601	1,448,522		500.00

RECLASSIFICATIONS

Provider CCN: 14-0089

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 4:40 pm

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - RECLASS OB SALARY						
1.00	ADULTS & PEDIATRICS	30.00	598,150	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		598,150	0		
B - RECLASS FOOD SERVICE						
1.00	DIETARY	10.00	241,279	379,982	0	1.00
	0		241,279	379,982		
C - RECLASS CT EXPENSE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	81,193	0	0	1.00
	0		81,193	0		
D - RECLASS CRNA SALARIES						
1.00	ANESTHESIOLOGY	53.00	556,636	345,549	0	1.00
	0		556,636	345,549		
E - RECLASS COPY MACHINE EXPENSE						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,942	0	1.00
	0		0	15,942		
F - RECLASS O2 EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	0	30,774	0	1.00
2.00	OPERATING ROOM	50.00	0	3,577	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	3,402	0	3.00
	0		0	37,753		
G - RECLASS AUTO & AMBULANCE COLLISION I						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,655	12	1.00
	0		0	13,655		
H - RECLASS MITEL LEASE OF PHONE SERVICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	44,089	10	1.00
	0		0	44,089		
I - RECLASS EMPLOYEE VACCINES						
1.00		0.00	0	0	0	1.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	10,946	0	8.00
	TOTALS		0	10,946		
K - RECLASS RHC/CLINIC CODING & ADMIN EX						
1.00	MMG-PHYSICIAN OFFICES	194.12	762,342	210,172	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		762,342	210,172		
L - RECLASS RHC EXPENSES						
1.00	CLINIC	90.00	2,264,001	390,434	0	1.00
	TOTALS		2,264,001	390,434		
500.00	Grand Total: Decreases		4,503,601	1,448,522		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	111,602	0	0	0	0	1.00
2.00	Land Improvements	3,450,730	0	0	0	0	2.00
3.00	Buildings and Fixtures	49,930,582	3,022,386	0	3,022,386	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	71,367,199	1,144,278	0	1,144,278	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	124,860,113	4,166,664	0	4,166,664	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	124,860,113	4,166,664	0	4,166,664	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	111,602	0				1.00
2.00	Land Improvements	3,450,730	0				2.00
3.00	Buildings and Fixtures	52,952,968	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	72,511,477	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	129,026,777	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	129,026,777	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 4:40 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	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	5,762,965	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	68,803	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	380,193	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	46,297	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	11,914	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	57,406	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	27,521	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	156,968	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	6,512,067	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1)				
		Capital-Relat	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-HOSPITAL	0	5,762,965				1.01
1.02	CAP REL COSTS-HSB I	0	68,803				1.02
1.03	CAP REL COSTS-HSB II	0	380,193				1.03
1.04	CAP REL COSTS-REHAB CNT	0	46,297				1.04
1.05	CAP REL COSTS-DIAYSIS	0	0				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	11,914				1.06
1.07	CAP REL COSTS-MAB	0	57,406				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	27,521				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	156,968				1.10
3.00	Total (sum of lines 1-2)	0	6,512,067				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 4:40 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	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-HOSPITAL	131,317,709	0	131,317,709	0.963908	0	1.01
1.02	CAP REL COSTS-HSB I	2,455,192	0	2,455,192	0.018022	0	1.02
1.03	CAP REL COSTS-HSB II	2,016,146	0	2,016,146	0.014799	0	1.03
1.04	CAP REL COSTS-REHAB CNT	168,641	0	168,641	0.001238	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000011	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	31,617	0	31,617	0.000232	0	1.06
1.07	CAP REL COSTS-MAB	228,466	0	228,466	0.001677	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	8,950	0	8,950	0.000066	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	4,484	0	4,484	0.000033	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000014	0	1.10
3.00	Total (sum of lines 1-2)	136,234,673	0	136,234,673	0.000000	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	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	4,432,389	41,987	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	68,803	0	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	380,193	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	46,297	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	11,914	0	1.06
1.07	CAP REL COSTS-MAB	0	0	0	57,406	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	27,521	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	156,968	0	1.10
3.00	Total (sum of lines 1-2)	0	0	0	5,181,491	41,987	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	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	13,655	0	0	4,488,031	1.01
1.02	CAP REL COSTS-HSB I	0	0	-56,726	0	12,077	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	0	380,193	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	46,297	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	11,914	1.06
1.07	CAP REL COSTS-MAB	0	0	-3,655	0	53,751	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	27,521	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	156,968	1.10
3.00	Total (sum of lines 1-2)	0	13,655	-60,381	0	5,176,752	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B		0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-HOSPITAL (chapter 2)		-1,325,731	CAP REL COSTS-HOSPITAL	1.01	9	1.01
1.02	Investment income - CAP REL COSTS-HSB I (chapter 2)			0CAP REL COSTS-HSB I	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-HSB II (chapter 2)			0CAP REL COSTS-HSB II	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			0CAP REL COSTS-REHAB CNT	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			0CAP REL COSTS-DIAYSIS	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			0CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-MAB (chapter 2)			0CAP REL COSTS-MAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			0CAP REL COSTS-ORTHO BLDG	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-CONVENIENCE CARE CLIN (chapter 2)			0CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	1.09
1.10	Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			0CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	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)	B	-158,378	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-2,770	CAP REL COSTS-HOSPITAL	1.01	9	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,958,338			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	A	-2,075	CAP REL COSTS-HOSPITAL	1.01	9	11.00
12.00	Related organization transactions (chapter 10)	A-8-1		0		0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-110,799	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B		0MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-4,627	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-22,793	ADMINISTRATIVE & GENERAL	5.00	0	21.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 4:40 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	
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-HOSPITAL		0	CAP REL COSTS-HOSPITAL	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-HSB I		0	CAP REL COSTS-HSB I	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-HSB II		0	CAP REL COSTS-HSB II	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT		0	CAP REL COSTS-REHAB CNT	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS		0	CAP REL COSTS-DIAYSIS	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE		0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB		0	CAP REL COSTS-MAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG		0	CAP REL COSTS-ORTHO BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLIN		0	CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG		0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-902,185	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE LEASE	A	-2,102	CAP REL COSTS-HOSPITAL	1.01	10	33.00
33.01	PATHOLOGIST CONSULTING REV	B	-32,479	LABORATORY	60.00	0	33.01
33.02	MISCELLANEOUS REV	B	-50,145	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	AHA/IHA DUES	A	-23,046	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	DAY HEALTH MEALS	B	0	DIETARY	10.00	0	33.04
33.05	RADIOLOGY BILLING	B	-114,876	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	NUTRITION COUNSELING	B	0	DIETARY	10.00	0	33.06
33.07	KARE-A-LOT	B	0	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	CONSULTING-PT/OT	B	-9,652	PHYSICAL THERAPY	66.00	0	33.08
33.09	TELEPHONE SERVICES-SALARIES	A	-7,029	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-3,671,193	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	CRNA EMPLOYEE BENEFITS	A	-69,758	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYSICIAN PART B EMPLOYEE BENEFITS	A	-474,205	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	ADVERTISING	A	-263,859	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	NON-ALLOWABLE PROPERTY TAX	A	0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	33.14
34.00	NON-ALLOWABLE PROPERTY TAX	A	0	CAP REL COSTS-HSB II	1.03	13	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 4:40 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	
34.50	NON-ALLOWABLE PROPERTY TAX	A		0CAP REL COSTS-REHAB CNT	1.04	13	34.50
35.00	NON-ALLOWABLE PROPERTY TAX	A	-3,655	CAP REL COSTS-MAB	1.07	13	35.00
35.50	NON-ALLOWABLE PROPERTY TAX	A	-56,726	CAP REL COSTS-HSB I	1.02	13	35.50
36.00	NON-ALLOWABLE PROPERTY TAX	A		0CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	36.00
36.50	OUTREACH SERVICES	B		0ADULTS & PEDIATRICS	30.00	0	36.50
37.00	ADVERTISING	A		0AMBULANCE SERVICES	95.00	0	37.00
38.00	CONSULTING	B	-100	0PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	38.00
38.01	CONTRACT PHARMACY	B	-535,642	0DRUGS CHARGED TO PATIENTS	73.00	0	38.01
38.02	CLINIC MID-LEVELS	B		0CLINIC	90.00	0	38.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,802,163				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0089

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 4:40 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	60.00	LABORATORY	624,714	295,442	329,272	260,300	3,289	1.00
2.00	53.00	ANESTHESIOLOGY	532,315	532,315	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,152,260	1,152,260	0	0	0	3.00
4.00	90.00	CLINIC	1,825,725	1,825,725	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	558	558	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	48,130	48,130	0	0	0	6.00
7.00	60.00	LABORATORY	241,921	241,921	0	0	0	7.00
8.00	90.00	CLINIC	861,987	861,987	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			5,287,610	4,958,338	329,272		3,289	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	60.00	LABORATORY	411,599	20,580	5,904	3,112	13,395	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	2,292	0	4,682	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	8,262	0	13,851	3.00
4.00	90.00	CLINIC	0	0	3,390	0	4,641	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	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			411,599	20,580	19,848	3,112	36,569	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	60.00	LABORATORY	7,060	421,771	0	295,442		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	532,315		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,152,260		3.00
4.00	90.00	CLINIC	0	0	0	1,825,725		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	558		5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	48,130		6.00
7.00	60.00	LABORATORY	0	0	0	241,921		7.00
8.00	90.00	CLINIC	0	0	0	861,987		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			7,060	421,771	0	4,958,338		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	CAP REL COSTS-HOSPITA L	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0				1.00
1.01	00101	CAP REL COSTS-HOSPITAL	4,488,031	0	4,488,031		1.01
1.02	00102	CAP REL COSTS-HSB I	12,077	0	0	12,077	1.02
1.03	00103	CAP REL COSTS-HSB II	380,193	0	0	0	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	46,297	0	0	0	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	11,914	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	53,751	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	27,521	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	156,968	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,152,546	0	38,246	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,285,690	0	287,913	2,354	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,080,669	0	180,553	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	236,731	0	0	2,466	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	158,650	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	21,417	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	16,315	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	15,342	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	18,459	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	136,292	0	71,833	0	8.00
9.00	00900	HOUSEKEEPING	928,079	0	75,716	0	9.00
9.01	00901	HOUSEKEEPING-HSB	72,366	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	41,652	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	5,524	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	3,867	0	0	0	9.04
10.00	01000	DIETARY	272,317	0	54,554	0	10.00
11.00	01100	CAFETERIA	510,462	0	77,657	0	11.00
13.00	01300	NURSING ADMINISTRATION	367,763	0	14,367	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	493,212	0	142,112	0	14.00
15.00	01500	PHARMACY	2,718,869	0	26,675	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	560,740	0	30,092	0	16.00
17.00	01700	SOCIAL SERVICE	407,449	0	17,473	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,349,222	0	1,046,039	0	30.00
31.00	03100	INTENSIVE CARE UNIT	908,469	0	71,056	0	31.00
43.00	04300	NURSERY	261,089	0	19,220	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,473,294	0	738,518	435	50.00
51.00	05100	RECOVERY ROOM	537,978	0	50,477	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	333,080	0	33,004	0	52.00
53.00	05300	ANESTHESIOLOGY	104,408	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,892,081	0	313,268	0	54.00
57.00	05700	CT SCAN	299,106	0	13,008	0	57.00
58.00	05800	MRI	483,525	0	9,707	0	58.00
60.00	06000	LABORATORY	3,867,334	0	153,276	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	135,716	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,060,962	0	95,596	0	65.00
66.00	06600	PHYSICAL THERAPY	1,574,875	0	96,683	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	183,840	0	6,135	0	67.00
68.00	06800	SPEECH PATHOLOGY	128,475	0	19,880	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	774,506	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	550,888	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	239,821	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	645,496	0	0	544	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	297,420	0	60,417	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	594,398	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	3,057,416	0	8,969	338	88.01
90.00	09000	CLINIC	2,045,063	0	5,591	1,691	90.00
91.00	09100	EMERGENCY	1,750,774	0	317,559	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	220,730	0	65,892	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,724,784	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITA L	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	637,077	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,812,990	0	4,141,486	7,828	334,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,247	0	192.00
194.00	07950	DAY HEALTH	0	0	0	700	0	194.00
194.01	07962	OUTREACH	177,204	0	0	51	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	590,283	0	50,477	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	527,356	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	12,958	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	5,524	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	83,695	0	0	0	0	194.09
194.10	07959	FARM LAND	6,501	0	194,143	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	123,717	0	87,364	251	45,851	194.12
194.13	07961	VALET PARKING SERVICE	64,201	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	115,216	0	14,561	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	59,519,645	0	4,488,031	12,077	380,193	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT	46,297					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		0	11,914			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	53,751		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	27,521	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	13,761	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,297	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
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
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						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	7,839	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	7,839	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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11/29/2021 4:40 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,297	0	0	15,678	13,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	22,395	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	11,914	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	6,719	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	8,959	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	13,760	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	46,297	0	11,914	53,751	27,521	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	156,968				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,190,792			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	965,741	11,703,083	11,703,083	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	84,174	2,345,396	574,036	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	5,093	244,290	59,790	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	4,110	206,027	50,425	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	220	21,637	5,296	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	430	16,745	4,098	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	328	15,670	3,835	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	400	18,859	4,616	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	208,125	50,939	8.00
9.00	00900	HOUSEKEEPING	0	0	70,933	1,074,728	263,040	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	72,366	17,712	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	41,652	10,194	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	5,524	1,352	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	3,867	946	9.04
10.00	01000	DIETARY	0	0	19,593	346,464	84,797	10.00
11.00	01100	CAFETERIA	0	0	44,699	632,818	154,882	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	66,844	448,974	109,886	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	49,125	684,449	167,519	14.00
15.00	01500	PHARMACY	0	0	116,908	2,862,452	700,585	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	59,156	649,988	159,085	16.00
17.00	01700	SOCIAL SERVICE	0	0	68,688	493,610	120,811	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	392,477	3,787,738	927,049	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	153,080	1,132,605	277,205	31.00
43.00	04300	NURSERY	0	0	48,369	328,678	80,444	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	189,431	2,401,678	587,811	50.00
51.00	05100	RECOVERY ROOM	0	0	92,676	681,131	166,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	61,706	427,790	104,702	52.00
53.00	05300	ANESTHESIOLOGY	0	0	11,602	116,010	28,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	194,243	2,399,592	587,300	54.00
57.00	05700	CT SCAN	0	0	15,042	327,156	80,071	57.00
58.00	05800	MRI	0	0	0	493,232	120,719	58.00
60.00	06000	LABORATORY	0	0	359,786	4,380,396	1,072,080	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	135,716	33,216	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	139,725	1,296,283	317,265	65.00
66.00	06600	PHYSICAL THERAPY	0	35,308	285,706	2,038,869	499,013	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	33,656	223,631	54,734	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	23,321	171,676	42,018	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	774,506	189,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	550,888	134,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,208	241,029	58,992	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	118,282	764,322	187,068	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	47,228	405,065	99,140	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	121,660	96,196	812,254	198,799	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	476,637	3,608,736	883,238	88.01
90.00	09000	CLINIC	0	0	287,602	2,418,022	591,811	90.00
91.00	09100	EMERGENCY	0	0	176,352	2,244,685	549,387	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	12,018	298,640	73,092	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	260,696	1,993,319	487,865	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	67,974	712,890	174,480	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

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From 07/01/2020
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10		4A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	156,968	5,101,455	57,263,261	11,150,833	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	25,642	6,276	192.00
194.00	07950	DAY HEALTH	0	0	0	700	171	194.00
194.01	07962	OUTREACH	0	0	27,073	204,328	50,009	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	15,426	656,186	160,602	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	527,356	129,070	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	148	25,020	6,124	194.06
194.07	07956	HSK DIALYSIS	0	0	0	5,524	1,352	194.07
194.08	07957	LEASED SALARIES	0	0	0	6,719	1,644	194.08
194.09	07958	VISITING PHYSICIANS	0	0	15,291	107,945	26,420	194.09
194.10	07959	FARM LAND	0	0	0	200,644	49,108	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	270,943	66,313	194.12
194.13	07961	VALET PARKING SERVICE	0	0	11,502	75,703	18,528	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	19,897	149,674	36,633	194.15
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	156,968	5,190,792	59,519,645	11,703,083	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	2,919,432					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	304,080				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	256,452			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	26,933		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	20,843	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	52,674	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	55,521	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	40,004	0	0	0	0	10.00
11.00	01100	CAFETERIA	56,945	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,535	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	104,208	0	0	0	0	14.00
15.00	01500	PHARMACY	19,560	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,066	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	12,813	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	767,043	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	52,104	0	0	0	0	31.00
43.00	04300	NURSERY	14,094	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	541,542	18,239	0	0	0	50.00
51.00	05100	RECOVERY ROOM	37,014	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,201	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,714	0	0	0	0	54.00
57.00	05700	CT SCAN	9,538	0	0	0	0	57.00
58.00	05800	MRI	7,118	0	0	0	0	58.00
60.00	06000	LABORATORY	112,394	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	70,099	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	70,896	0	0	26,933	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,499	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,578	0	0	0	0	68.00
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	22,811	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	44,303	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	6,577	14,160	88,566	0	0	88.01
90.00	09000	CLINIC	4,100	70,873	105,771	0	0	90.00
91.00	09100	EMERGENCY	232,860	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	48,317	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,040	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	3,040	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,665,317	126,083	194,337	26,933	6,080	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
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	136,012	0	0	8,684	192.00
194.00	07950	DAY HEALTH	0	29,347	0	0	0	194.00
194.01	07962	OUTREACH	0	2,140	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	37,014	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	2,605	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	3,474	194.09
194.10	07959	FARM LAND	142,361	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	64,063	10,498	62,115	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	10,677	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,919,432	304,080	256,452	26,933	20,843	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- HSB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	19,505					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	23,475				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	311,738			8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,393,289		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	90,078	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	88,732	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,720	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	16,232	23,599	0	14.00
15.00	01500	PHARMACY	0	0	0	13,215	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,776	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,720	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	69,065	473,868	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	30,752	90,620	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	32,517	91,564	5,403	50.00
51.00	05100	RECOVERY ROOM	0	0	27,401	63,246	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	26,617	49,086	0	54.00
57.00	05700	CT SCAN	0	0	0	6,608	0	57.00
58.00	05800	MRI	0	0	4,620	0	0	58.00
60.00	06000	LABORATORY	0	0	2,424	78,349	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,792	33,983	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,280	16,909	51,918	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,720	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,888	0	68.00
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	6,757	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	6,181	8,496	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	18,195	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	4,195	88.01
90.00	09000	CLINIC	0	0	0	7,552	20,995	90.00
91.00	09100	EMERGENCY	0	0	74,312	264,310	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	236	4,720	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	13,215	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	298	944	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	23,475	311,356	1,383,849	37,350	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- HSB	
			6.05	6.06	8.00	9.00	9.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	40,290	192.00
194.00	07950	DAY HEALTH	0	0	0	0	8,694	194.00
194.01	07962	OUTREACH	0	0	0	4,720	634	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	4,720	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	19,505	0	382	0	3,110	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	19,505	23,475	311,738	1,393,289	90,078	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II	51,846					9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	6,876				9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	4,813			9.04
10.00	01000	DIETARY	0	0	0	559,997		10.00
11.00	01100	CAFETERIA	0	0	0	0	844,645	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	10,570	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	19,826	14.00
15.00	01500	PHARMACY	0	0	0	0	19,015	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	18,819	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	12,611	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	5,844	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	400,132	95,549	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	159,865	30,647	31.00
43.00	04300	NURSERY	0	0	0	0	9,535	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	37,862	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	20,273	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	12,164	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	36,547	54.00
57.00	05700	CT SCAN	0	0	0	0	3,384	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	73,934	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	30,647	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	51,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	6,376	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,642	68.00
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	4,921	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	34,534	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	10,710	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	17,905	0	0	0	127,678	88.01
90.00	09000	CLINIC	21,383	0	0	0	32,633	90.00
91.00	09100	EMERGENCY	0	0	0	0	40,183	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	2,852	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	702	0	53,884	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	702	0	13,506	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,288	0	1,404	559,997	824,177	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,005	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	2,712	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	2,796	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	602	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	802	0	3,188	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	12,558	6,876	0	0	224	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	5,704	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	5,844	194.15
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)	51,846	6,876	4,813	559,997	844,645	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
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To 06/30/2021Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATIO N	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
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	584,685					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,098	1,017,931				14.00
15.00	01500	PHARMACY	0	2,633	3,617,460			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,604	0	855,338		16.00
17.00	01700	SOCIAL SERVICE	0	584	0	0	645,149	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	269,263	32,282	0	617,886	470,421	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,473	0	0	157,622	31.00
43.00	04300	NURSERY	137,779	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	96,333	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	5,170	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,545	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,275	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,818	0	0	0	54.00
57.00	05700	CT SCAN	0	42	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	282,384	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,636	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,994	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,251	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	382	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	637	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	210,528	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	160,425	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	71,781	3,617,460	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	690	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	2,405	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,644	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	21,096	0	0	0	88.01
90.00	09000	CLINIC	0	13,126	0	0	0	90.00
91.00	09100	EMERGENCY	0	29,788	0	237,452	12,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	318	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,634	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,838	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	584,685	1,007,771	3,617,460	855,338	640,262	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	43	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	5,869	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	1,442	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	333	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	2,013	0	0	4,887	194.12
194.13	07961	VALET PARKING SERVICE	0	159	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	301	0	0	0	194.15
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)	584,685	1,017,931	3,617,460	855,338	645,149	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
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Part I
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	5,844				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,910,296	0	7,910,296	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,940,893	0	1,940,893	31.00
43.00	04300	NURSERY	0	570,530	0	570,530	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,812,949	0	3,812,949	50.00
51.00	05100	RECOVERY ROOM	0	1,000,942	0	1,000,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	744,402	0	744,402	52.00
53.00	05300	ANESTHESIOLOGY	5,844	161,297	0	161,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,347,674	0	3,347,674	54.00
57.00	05700	CT SCAN	0	426,799	0	426,799	57.00
58.00	05800	MRI	0	625,689	0	625,689	58.00
60.00	06000	LABORATORY	0	6,001,961	0	6,001,961	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	182,568	0	182,568	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,760,063	0	1,760,063	65.00
66.00	06600	PHYSICAL THERAPY	0	2,768,325	0	2,768,325	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	294,342	0	294,342	67.00
68.00	06800	SPEECH PATHOLOGY	0	235,439	0	235,439	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,174,594	0	1,174,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	846,143	0	846,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,994,183	0	3,994,183	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,016,182	0	1,016,182	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	576,300	0	576,300	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,031,892	0	1,031,892	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	4,772,151	0	4,772,151	88.01
90.00	09000	CLINIC	0	3,286,266	0	3,286,266	90.00
91.00	09100	EMERGENCY	0	3,685,196	0	3,685,196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	428,175	0	428,175	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,558,659	0	2,558,659	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		907,698	0	907,698	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	24.00	25.00	26.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,844	56,061,608	0	56,061,608	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	0	218,909	0	218,909	192.00
194.00	07950	DAY HEALTH	0	38,912	0	38,912	194.00
194.01	07962	OUTREACH	0	264,586	0	264,586	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	862,467	0	862,467	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	657,868	0	657,868	194.05
194.06	07955	HOSPITALITY HOUSE	0	31,144	0	31,144	194.06
194.07	07956	HSK DIALYSIS	0	6,876	0	6,876	194.07
194.08	07957	LEASED SALARIES	0	16,290	0	16,290	194.08
194.09	07958	VISITING PHYSICIANS	0	142,162	0	142,162	194.09
194.10	07959	FARM LAND	0	392,113	0	392,113	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	523,487	0	523,487	194.12
194.13	07961	VALET PARKING SERVICE	0	100,094	0	100,094	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	203,129	0	203,129	194.15
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)	5,844	59,519,645	0	59,519,645	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITA L	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	38,246	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	287,913	2,354	147,624	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	180,553	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	2,466	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	43,267	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	71,833	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	75,716	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	54,554	0	0	10.00
11.00	01100	CAFETERIA	0	0	77,657	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	14,367	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	142,112	0	0	14.00
15.00	01500	PHARMACY	0	0	26,675	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	30,092	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17,473	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,046,039	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	71,056	0	0	31.00
43.00	04300	NURSERY	0	0	19,220	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	738,518	435	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,477	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	33,004	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	313,268	0	0	54.00
57.00	05700	CT SCAN	0	0	13,008	0	0	57.00
58.00	05800	MRI	0	0	9,707	0	0	58.00
60.00	06000	LABORATORY	0	0	153,276	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	95,596	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	96,683	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,135	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	19,880	0	0	68.00
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	544	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	60,417	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	8,969	338	65,376	88.01
90.00	09000	CLINIC	0	0	5,591	1,691	78,075	90.00
91.00	09100	EMERGENCY	0	0	317,559	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	0	65,892	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	CAP REL COSTS-HOSPITA L	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,141,486	7,828	334,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,247	0	192.00
194.00	07950	DAY HEALTH	0	0	0	700	0	194.00
194.01	07962	OUTREACH	0	0	0	51	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	50,477	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	194,143	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	87,364	251	45,851	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	14,561	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	4,488,031	12,077	380,193	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	13,761	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
	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
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,297	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
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
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						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	7,839	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	7,839	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,297	0	0	15,678	13,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	22,395	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	11,914	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	6,719	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	8,959	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	13,760	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	46,297	0	11,914	53,751	27,521	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIV E & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
			1.09	1.10	2A	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	38,246	38,246		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	451,652	7,113	458,765	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	180,553	620	22,502	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	2,466	38	2,344	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	43,267	30	1,977	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	2	208	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	3	161	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	2	150	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	3	181	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	71,833	0	1,997	8.00
9.00	00900	HOUSEKEEPING	0	0	75,716	523	10,311	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	694	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	400	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	53	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	37	9.04
10.00	01000	DIETARY	0	0	54,554	144	3,324	10.00
11.00	01100	CAFETERIA	0	0	77,657	329	6,071	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	14,367	493	4,307	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	142,112	362	6,567	14.00
15.00	01500	PHARMACY	0	0	26,675	861	27,462	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	30,092	436	6,236	16.00
17.00	01700	SOCIAL SERVICE	0	0	17,473	506	4,736	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,046,039	2,892	36,340	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	71,056	1,128	10,866	31.00
43.00	04300	NURSERY	0	0	19,220	356	3,153	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	738,953	1,396	23,042	50.00
51.00	05100	RECOVERY ROOM	0	0	50,477	683	6,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	33,004	455	4,104	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	85	1,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	313,268	1,431	23,022	54.00
57.00	05700	CT SCAN	0	0	13,008	111	3,139	57.00
58.00	05800	MRI	0	0	9,707	0	4,732	58.00
60.00	06000	LABORATORY	0	0	153,276	2,651	42,037	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,302	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	95,596	1,030	12,437	65.00
66.00	06600	PHYSICAL THERAPY	0	35,308	178,288	2,105	19,561	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,135	248	2,146	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	19,880	172	1,647	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,285	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9	2,312	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	544	872	7,333	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	60,417	348	3,886	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	121,660	121,660	709	7,793	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	74,683	3,512	34,622	88.01
90.00	09000	CLINIC	0	0	85,357	2,119	23,199	90.00
91.00	09100	EMERGENCY	0	0	317,559	1,299	21,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	65,892	89	2,865	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	7,839	1,921	19,124	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	7,839	501	6,839	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10		4.00	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	156,968	4,716,360	37,587	437,119	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	25,642	0	246	192.00
194.00	07950	DAY HEALTH	0	0	700	0	7	194.00
194.01	07962	OUTREACH	0	0	51	199	1,960	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	50,477	114	6,295	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	5,059	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	11,914	1	240	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	53	194.07
194.08	07957	LEASED SALARIES	0	0	6,719	0	64	194.08
194.09	07958	VISITING PHYSICIANS	0	0	8,959	113	1,036	194.09
194.10	07959	FARM LAND	0	0	194,143	0	1,925	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	147,226	0	2,599	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	85	726	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	14,561	147	1,436	194.15
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	156,968	5,176,752	38,246	458,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	203,675					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	4,848				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	45,274			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	210		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	164	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	3,675	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,873	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	2,791	0	0	0	0	10.00
11.00	01100	CAFETERIA	3,973	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	735	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,270	0	0	0	0	14.00
15.00	01500	PHARMACY	1,365	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,539	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	894	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,514	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,635	0	0	0	0	31.00
43.00	04300	NURSERY	983	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,781	291	0	0	0	50.00
51.00	05100	RECOVERY ROOM	2,582	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,688	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,026	0	0	0	0	54.00
57.00	05700	CT SCAN	665	0	0	0	0	57.00
58.00	05800	MRI	497	0	0	0	0	58.00
60.00	06000	LABORATORY	7,841	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,890	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,946	0	0	210	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	314	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,017	0	0	0	0	68.00
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	364	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,091	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	459	226	15,635	0	0	88.01
90.00	09000	CLINIC	286	1,130	18,673	0	0	90.00
91.00	09100	EMERGENCY	16,246	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,371	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	24	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	24	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,947	2,011	34,308	210	48	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
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	2,168	0	0	68	192.00
194.00	07950	DAY HEALTH	0	468	0	0	0	194.00
194.01	07962	OUTREACH	0	34	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	2,582	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	21	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	27	194.09
194.10	07959	FARM LAND	9,932	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,469	167	10,966	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	745	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	203,675	4,848	45,274	210	164	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- HSB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	152					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	184				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	77,505			8.00
9.00	00900	HOUSEKEEPING	0	0	0	90,423		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	694	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	5,759		10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	306		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,036	1,532		14.00
15.00	01500	PHARMACY	0	0	0	858		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	245		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	306		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	17,171	30,755	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,646	5,881	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,084	5,942	42	50.00
51.00	05100	RECOVERY ROOM	0	0	6,812	4,105	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	6,617	3,186	0	54.00
57.00	05700	CT SCAN	0	0	0	429	0	57.00
58.00	05800	MRI	0	0	1,149	0	0	58.00
60.00	06000	LABORATORY	0	0	603	5,085	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	943	2,205	0	65.00
66.00	06600	PHYSICAL THERAPY	0	41	4,204	3,369	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	306	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	123	0	68.00
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	52	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	1,537	551	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	143	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	32	88.01
90.00	09000	CLINIC	0	0	0	490	162	90.00
91.00	09100	EMERGENCY	0	0	18,475	17,153	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	59	306	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	858	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	74	61	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	184	77,410	89,811	288	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- HSB	
			6.05	6.06	8.00	9.00	9.01	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	310	192.00
194.00	07950	DAY HEALTH	0	0	0	0	67	194.00
194.01	07962	OUTREACH	0	0	0	306	5	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	306	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	152	0	95	0	24	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
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)	152	184	77,505	90,423	694	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II	400					9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	53				9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	37			9.04
10.00	01000	DIETARY	0	0	0	66,572		10.00
11.00	01100	CAFETERIA	0	0	0	0	88,030	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,102	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,066	14.00
15.00	01500	PHARMACY	0	0	0	0	1,982	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,961	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,314	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	609	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	47,567	9,958	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	19,005	3,194	31.00
43.00	04300	NURSERY	0	0	0	0	994	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	3,946	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	2,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,268	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,809	54.00
57.00	05700	CT SCAN	0	0	0	0	353	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	7,705	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,194	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	664	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	484	68.00
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	513	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3,599	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	1,116	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	138	0	0	0	13,308	88.01
90.00	09000	CLINIC	165	0	0	0	3,401	90.00
91.00	09100	EMERGENCY	0	0	0	0	4,188	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	297	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	5	0	5,616	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	5	0	1,408	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	303	0	10	66,572	85,897	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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To 06/30/2021Worksheet B
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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	283	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	291	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	5	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	6	0	332	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	97	53	0	0	23	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	595	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	609	194.15
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)	400	53	37	66,572	88,030	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
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Part II
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Cost Center Description			NURSING ADMINISTRATIO N	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
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	21,310					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	76	164,021				14.00
15.00	01500	PHARMACY	0	424	59,627			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	258	0	40,767		16.00
17.00	01700	SOCIAL SERVICE	0	94	0	0	25,323	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,814	5,202	0	29,450	18,464	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,526	0	0	6,187	31.00
43.00	04300	NURSERY	5,022	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,522	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	833	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,398	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,172	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,032	0	0	0	54.00
57.00	05700	CT SCAN	0	7	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	45,504	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,197	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,288	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,168	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	62	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	103	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,923	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,849	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,566	59,627	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	111	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	387	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	426	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	3,399	0	0	0	88.01
90.00	09000	CLINIC	0	2,115	0	0	0	90.00
91.00	09100	EMERGENCY	0	4,800	0	11,317	480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	51	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,069	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	296	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,310	162,384	59,627	40,767	25,131	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	7	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	946	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	232	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	54	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	324	0	0	192	194.12
194.13	07961	VALET PARKING SERVICE	0	26	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	48	0	0	0	194.15
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)	21,310	164,021	59,627	40,767	25,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	609				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		1,307,166	0	1,307,166	30.00
31.00	03100	INTENSIVE CARE UNIT		130,124	0	130,124	31.00
43.00	04300	NURSERY		29,728	0	29,728	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		834,999	0	834,999	50.00
51.00	05100	RECOVERY ROOM		74,140	0	74,140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		46,917	0	46,917	52.00
53.00	05300	ANESTHESIOLOGY		2,763	0	2,763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		370,391	0	370,391	54.00
57.00	05700	CT SCAN		17,712	0	17,712	57.00
58.00	05800	MRI		16,085	0	16,085	58.00
60.00	06000	LABORATORY		264,702	0	264,702	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		3,499	0	3,499	63.00
65.00	06500	RESPIRATORY THERAPY		121,583	0	121,583	65.00
66.00	06600	PHYSICAL THERAPY		219,234	0	219,234	66.00
67.00	06700	OCCUPATIONAL THERAPY		9,875	0	9,875	67.00
68.00	06800	SPEECH PATHOLOGY		23,426	0	23,426	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		41,354	0	41,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		31,134	0	31,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		74,027	0	74,027	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		12,875	0	12,875	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		71,333	0	71,333	76.01
76.02	03951	PAIN MANAGEMENT		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		130,731	0	130,731	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)		146,014	0	146,014	88.01
90.00	09000	CLINIC		137,097	0	137,097	90.00
91.00	09100	EMERGENCY		413,053	0	413,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		72,930	0	72,930	95.00
101.00	10100	HOME HEALTH AGENCY		36,456	0	36,456	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		17,047	0	17,047	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	24.00	25.00	26.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,656,395	0	4,656,395	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		28,450	0	28,450	192.00
194.00	07950	DAY HEALTH		1,242	0	1,242	194.00
194.01	07962	OUTREACH		2,845	0	2,845	194.01
194.02	07951	OCCUPATIONAL MEDICINE		0	0	0	194.02
194.03	07952	FUND DEVELOPMENT		60,705	0	60,705	194.03
194.04	07953	OUTSIDE LAUNDRY		0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT		5,291	0	5,291	194.05
194.06	07955	HOSPITALITY HOUSE		12,155	0	12,155	194.06
194.07	07956	HSK DIALYSIS		53	0	53	194.07
194.08	07957	LEASED SALARIES		7,115	0	7,115	194.08
194.09	07958	VISITING PHYSICIANS		10,527	0	10,527	194.09
194.10	07959	FARM LAND		206,000	0	206,000	194.10
194.11	07963	CONVENIENCE CARE CLINIC		0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES		166,387	0	166,387	194.12
194.13	07961	VALET PARKING SERVICE		1,432	0	1,432	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE		0	0	0	194.14
194.15	07965	ASSISTED LIVING		17,546	0	17,546	194.15
200.00		Cross Foot Adjustments	609	609	0	609	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	609	5,176,752	0	5,176,752	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CAPITAL RELATED COSTS						
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL L (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
			1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT	0						1.00
1.01	00101	CAP REL COSTS-HOSPITAL	0	231,172					1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	60,540				1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	44,727			1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	4,300		1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	0	0	0		1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0		1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0		1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0		1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0		1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,970	0	0	0		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	14,830	11,799	17,367	0		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	9,300	0	0	0		6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	12,362	0	0		6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	5,090	0		6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0		6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0		6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,700	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	3,900	0	0	0		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0		9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0		9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0		9.04
10.00	01000	DIETARY	0	2,810	0	0	0		10.00
11.00	01100	CAFETERIA	0	4,000	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	740	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,320	0	0	0		14.00
15.00	01500	PHARMACY	0	1,374	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,550	0	0	0		16.00
17.00	01700	SOCIAL SERVICE	0	900	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	53,880	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,660	0	0	0		31.00
43.00	04300	NURSERY	0	990	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	38,040	2,182	0	0		50.00
51.00	05100	RECOVERY ROOM	0	2,600	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,700	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,136	0	0	0		54.00
57.00	05700	CT SCAN	0	670	0	0	0		57.00
58.00	05800	MRI	0	500	0	0	0		58.00
60.00	06000	LABORATORY	0	7,895	0	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	4,924	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	4,980	0	0	4,300		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	316	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,024	0	0	0		68.00
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,729	0	0		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,112	0	0	0		76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	462	1,694	7,691	0		88.01
90.00	09000	CLINIC	0	288	8,479	9,185	0		90.00
91.00	09100	EMERGENCY	0	16,357	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0						92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	3,394	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITA L (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
			1.00	1.01	1.02	1.03	1.04	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	213,322	39,245	39,333	4,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,272	0	0	192.00
194.00	07950	DAY HEALTH	0	0	3,511	0	0	194.00
194.01	07962	OUTREACH	0	0	256	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,600	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	10,000	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	4,500	1,256	5,394	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	750	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	4,488,031	12,077	380,193	46,297	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	19.414250	0.199488	8.500302	10.766744	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITA LITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS	1,656					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	2,160				1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,200			1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	9,172		1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	4,586	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
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						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	1,050	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITA LITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
116.00	11600	HOSPICE	0	0	1,050	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,100	4,586	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2,160	0	0	0	194.06
194.07	07956	HSK DIALYSIS	1,656	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,200	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	4,586	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	11,914	53,751	27,521	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	5.515741	7.465417	3.000545	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			1.10	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	5,806					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,019,184				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	5,213,020	-11,703,083	47,816,562		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	454,358	0	2,345,396	205,072	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	27,489	0	244,290	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	22,187	0	206,027	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	1,186	0	21,637	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	2,320	0	16,745	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	1,768	0	15,670	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	2,158	0	18,859	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	208,125	3,700	8.00
9.00	00900	HOUSEKEEPING	0	382,885	0	1,074,728	3,900	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	72,366	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	41,652	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	5,524	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	3,867	0	9.04
10.00	01000	DIETARY	0	105,759	0	346,464	2,810	10.00
11.00	01100	CAFETERIA	0	241,279	0	632,818	4,000	11.00
13.00	01300	NURSING ADMINISTRATION	0	360,813	0	448,974	740	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	265,172	0	684,449	7,320	14.00
15.00	01500	PHARMACY	0	631,052	0	2,862,452	1,374	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	319,317	0	649,988	1,550	16.00
17.00	01700	SOCIAL SERVICE	0	370,769	0	493,610	900	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,118,529	0	3,787,738	53,880	30.00
31.00	03100	INTENSIVE CARE UNIT	0	826,300	0	1,132,605	3,660	31.00
43.00	04300	NURSERY	0	261,089	0	328,678	990	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,022,518	0	2,401,678	38,040	50.00
51.00	05100	RECOVERY ROOM	0	500,251	0	681,131	2,600	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	333,080	0	427,790	1,700	52.00
53.00	05300	ANESTHESIOLOGY	0	62,628	0	116,010	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,048,493	0	2,399,592	16,136	54.00
57.00	05700	CT SCAN	0	81,193	0	327,156	670	57.00
58.00	05800	MRI	0	0	0	493,232	500	58.00
60.00	06000	LABORATORY	0	1,942,070	0	4,380,396	7,895	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	135,716	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	754,216	0	1,296,283	4,924	65.00
66.00	06600	PHYSICAL THERAPY	1,306	1,542,196	0	2,038,869	4,980	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	181,672	0	223,631	316	67.00
68.00	06800	SPEECH PATHOLOGY	0	125,882	0	171,676	1,024	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	774,506	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	550,888	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,522	0	241,029	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	638,467	0	764,322	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	254,932	0	405,065	3,112	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,500	519,249	0	812,254	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	2,572,812	0	3,608,736	462	88.01
90.00	09000	CLINIC	0	1,552,430	0	2,418,022	288	90.00
91.00	09100	EMERGENCY	0	951,924	0	2,244,685	16,357	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	64,873	0	298,640	3,394	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,407,195	0	1,993,319	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BUSHNELL OFFICE BLDG (SQUARE FEET)					
		1.10	4.00	5A	5.00	6.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	366,911	0	712,890	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	27,536,964	-11,703,083	45,560,178	187,222 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	25,642	0 192.00
194.00	07950	DAY HEALTH	0	0	0	700	0 194.00
194.01	07962	OUTREACH	0	146,137	0	204,328	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	83,265	0	656,186	2,600 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	527,356	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	799	0	25,020	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	5,524	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	6,719	0 194.08
194.09	07958	VISITING PHYSICIANS	0	82,536	0	107,945	0 194.09
194.10	07959	FARM LAND	0	0	0	200,644	10,000 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	270,943	4,500 194.12
194.13	07961	VALET PARKING SERVICE	0	62,084	0	75,703	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14
194.15	07965	ASSISTED LIVING	0	107,399	0	149,674	750 194.15
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)	156,968	5,190,792	11,703,083	2,919,432	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.035481	0.185259	0.244750	14.236132	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		38,246	458,765	203,675	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001365	0.009594	0.993188	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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	36,379				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	22,270			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	4,300		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	7,200	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	4,586
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,182	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,300	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
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,729	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	1,694	7,691	0	0	88.01
90.00	09000	CLINIC	8,479	9,185	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,050	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	1,050	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,084	16,876	4,300	2,100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	16,272	0	0	3,000	0	192.00
194.00	07950 DAY HEALTH	3,511	0	0	0	0	194.00
194.01	07962 OUTREACH	256	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	900	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	1,200	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	1,256	5,394	0	0	4,586	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965 ASSISTED LIVING	0	0	0	0	0	194.15
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)	304,080	256,452	26,933	20,843	19,505	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.358668	11.515581	6.263488	2.894861	4.253162	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,848	45,274	210	164	152	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.133264	2.032959	0.048837	0.022778	0.033144	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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		MAINTENANCE & REPAIRS-BUSHN ELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING- HSB (SQUARE FEET)	HOUSEKEEPING- HSB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	5,806				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	206,263			8.00
9.00	00900	HOUSEKEEPING	0	0	1,476		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	36,379	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	94	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	5	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,740	25	0	14.00
15.00	01500	PHARMACY	0	0	14	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	45,697	502	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,347	96	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	21,515	97	2,182	50.00
51.00	05100	RECOVERY ROOM	0	18,130	67	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,611	52	0	54.00
57.00	05700	CT SCAN	0	0	7	0	57.00
58.00	05800	MRI	0	3,057	0	0	58.00
60.00	06000	LABORATORY	0	1,604	83	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,509	36	0	65.00
66.00	06600	PHYSICAL THERAPY	1,306	11,188	55	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2	0	68.00
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,729	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	4,090	9	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,500	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	1,694	88.01
90.00	09000	CLINIC	0	0	8	8,479	90.00
91.00	09100	EMERGENCY	0	49,169	280	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	156	5	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	14	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	197	1	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	206,010	1,466	15,084	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		MAINTENANCE & REPAIRS-BUSHN ELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING- HSB (SQUARE FEET)	HOUSEKEEPING- HSB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,272	192.00
194.00	07950	DAY HEALTH	0	0	0	3,511	194.00
194.01	07962	OUTREACH	0	0	5	256	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	5	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	253	0	1,256	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	0	194.15
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)	23,475	311,738	1,393,289	90,078	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.043231	1.511362	943.962737	2.476099	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	184	77,505	90,423	694	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.031691	0.375758	61.262195	0.019077	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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSIN)	
			9.03	9.04	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO	4,586					9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,200				9.04
10.00	01000	DIETARY	0	0	1,191			10.00
11.00	01100	CAFETERIA	0	0	0	30,206		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	378	1,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	709	6	14.00
15.00	01500	PHARMACY	0	0	0	680	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	673	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	451	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	209	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	851	3,417	770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	340	1,096	0	31.00
43.00	04300	NURSERY	0	0	0	341	394	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,354	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	725	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	435	502	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	135	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,307	0	54.00
57.00	05700	CT SCAN	0	0	0	121	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	2,644	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,096	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,833	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	228	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	166	0	68.00
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	176	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,235	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	383	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	4,566	0	88.01
90.00	09000	CLINIC	0	0	0	1,167	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,437	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	102	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,050	0	1,927	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,050	0	483	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSIN)	
			9.03	9.04	10.00	11.00	13.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,100	1,191	29,474	1,672	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	3,000	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	97	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	100	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	900	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	1,200	0	114	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,586	0	0	8	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	204	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	0	0	0	209	0	194.15
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)	6,876	4,813	559,997	844,645	584,685	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.499346	0.668472	470.190596	27.962822	349.691986	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	53	37	66,572	88,030	21,310	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.011557	0.005139	55.895886	2.914322	12.745215	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: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,495,508					14.00
15.00	01500	PHARMACY	9,040	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,507	0	335			16.00
17.00	01700	SOCIAL SERVICE	2,006	0	0	528		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,856	0	242	385	0	30.00
31.00	03100	INTENSIVE CARE UNIT	32,531	0	0	129	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	330,801	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	17,753	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,981	0	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,619	0	0	0	0	54.00
57.00	05700	CT SCAN	144	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	969,691	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,824	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	27,450	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24,898	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,312	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,186	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	722,941	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	550,888	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,493	100	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,369	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	8,258	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	9,080	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	72,442	0	0	0	0	88.01
90.00	09000	CLINIC	45,075	0	0	0	0	90.00
91.00	09100	EMERGENCY	102,291	0	93	10	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,093	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	22,780	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,312	0	0	0		116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,460,621	100	335	524	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	146	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	20,155	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	4,951	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	1,144	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	6,913	0	0	4	0	194.12
194.13	07961	VALET PARKING SERVICE	545	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
194.15	07965	ASSISTED LIVING	1,033	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,017,931	3,617,460	855,338	645,149	5,844	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.291211	36,174.600000	2,553.247761	1,221.873106	58.440000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	164,021	59,627	40,767	25,323	609	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.046923	596.270000	121.692537	47.960227	6.090000	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: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,910,296	7,910,296	0	7,910,296 30.00
31.00	03100	INTENSIVE CARE UNIT	1,940,893	1,940,893	0	1,940,893 31.00
43.00	04300	NURSERY	570,530	570,530	0	570,530 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,812,949	3,812,949	0	3,812,949 50.00
51.00	05100	RECOVERY ROOM	1,000,942	1,000,942	0	1,000,942 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	744,402	744,402	0	744,402 52.00
53.00	05300	ANESTHESIOLOGY	161,297	161,297	0	161,297 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,347,674	3,347,674	0	3,347,674 54.00
57.00	05700	CT SCAN	426,799	426,799	0	426,799 57.00
58.00	05800	MRI	625,689	625,689	0	625,689 58.00
60.00	06000	LABORATORY	6,001,961	6,001,961	0	6,001,961 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	182,568	182,568	0	182,568 63.00
65.00	06500	RESPIRATORY THERAPY	1,760,063	1,760,063	0	1,760,063 65.00
66.00	06600	PHYSICAL THERAPY	2,768,325	2,768,325	0	2,768,325 66.00
67.00	06700	OCCUPATIONAL THERAPY	294,342	294,342	0	294,342 67.00
68.00	06800	SPEECH PATHOLOGY	235,439	235,439	0	235,439 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,174,594	1,174,594	0	1,174,594 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	846,143	846,143	0	846,143 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,994,183	3,994,183	0	3,994,183 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,016,182	1,016,182	0	1,016,182 76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	576,300	576,300	0	576,300 76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,031,892	1,031,892	0	1,031,892 88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	4,772,151	4,772,151	0	4,772,151 88.01
90.00	09000	CLINIC	3,286,266	3,286,266	0	3,286,266 90.00
91.00	09100	EMERGENCY	3,685,196	3,685,196	0	3,685,196 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,939,203	1,939,203	0	1,939,203 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	428,175	428,175	0	428,175 95.00
101.00	10100	HOME HEALTH AGENCY	2,558,659	2,558,659	0	2,558,659 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	907,698	907,698		907,698 116.00
200.00		Subtotal (see instructions)	58,000,811	58,000,811	0	58,000,811 200.00
201.00		Less Observation Beds	1,939,203	1,939,203	0	1,939,203 201.00
202.00		Total (see instructions)	56,061,608	56,061,608	0	56,061,608 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 4:40 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	5,865,671		5,865,671		30.00
31.00	03100	INTENSIVE CARE UNIT	4,446,428		4,446,428		31.00
43.00	04300	NURSERY	456,642		456,642		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,100,708	10,821,436	12,922,144	0.295071	50.00
51.00	05100	RECOVERY ROOM	463,932	4,376,010	4,839,942	0.206809	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,287,755	0	1,287,755	0.578062	52.00
53.00	05300	ANESTHESIOLOGY	299,559	2,128,274	2,427,833	0.066437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,676	5,726,424	6,163,100	0.543180	54.00
57.00	05700	CT SCAN	1,158,602	14,258,234	15,416,836	0.027684	57.00
58.00	05800	MRI	184,906	3,872,782	4,057,688	0.154198	58.00
60.00	06000	LABORATORY	4,920,978	26,840,063	31,761,041	0.188972	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	865,719	1,184,543	2,050,262	0.089046	63.00
65.00	06500	RESPIRATORY THERAPY	1,685,834	5,798,767	7,484,601	0.235158	65.00
66.00	06600	PHYSICAL THERAPY	452,178	6,061,724	6,513,902	0.424987	66.00
67.00	06700	OCCUPATIONAL THERAPY	255,150	953,096	1,208,246	0.243611	67.00
68.00	06800	SPEECH PATHOLOGY	86,651	610,396	697,047	0.337766	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,086,508	2,184,624	3,271,132	0.359079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,068,697	663,894	1,732,591	0.488369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,550,542	7,338,039	10,888,581	0.366823	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,709	1,384,377	1,388,086	0.732074	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,938	496,079	501,017	1.150260	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0.000000	76.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	627,622	627,622		88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	10,198	5,138,414	5,148,612		88.01
90.00	09000	CLINIC	7,602	6,604,471	6,612,073	0.497010	90.00
91.00	09100	EMERGENCY	2,008,267	16,323,801	18,332,068	0.201025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	411,489	1,058,377	1,469,866	1.319306	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,988,327	1,988,327		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	876,524	876,524		116.00
200.00		Subtotal (see instructions)	33,119,339	127,316,298	160,435,637		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	33,119,339	127,316,298	160,435,637		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 4:40 pm
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.295071			50.00
51.00	05100	RECOVERY ROOM	0.206809			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.578062			52.00
53.00	05300	ANESTHESIOLOGY	0.066437			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.543180			54.00
57.00	05700	CT SCAN	0.027684			57.00
58.00	05800	MRI	0.154198			58.00
60.00	06000	LABORATORY	0.188972			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.089046			63.00
65.00	06500	RESPIRATORY THERAPY	0.235158			65.00
66.00	06600	PHYSICAL THERAPY	0.424987			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243611			67.00
68.00	06800	SPEECH PATHOLOGY	0.337766			68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.359079			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.488369			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.366823			73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.732074			76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.150260			76.01
76.02	03951	PAIN MANAGEMENT	0.000000			76.02
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)				88.01
90.00	09000	CLINIC	0.497010			90.00
91.00	09100	EMERGENCY	0.201025			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.319306			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					
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 4:40 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	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		7,910,296	0	7,910,296
31.00	03100	INTENSIVE CARE UNIT		1,940,893	0	1,940,893
43.00	04300	NURSERY		570,530	0	570,530
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		3,812,949	0	3,812,949
51.00	05100	RECOVERY ROOM		1,000,942	0	1,000,942
52.00	05200	DELIVERY ROOM & LABOR ROOM		744,402	0	744,402
53.00	05300	ANESTHESIOLOGY		161,297	0	161,297
54.00	05400	RADIOLOGY-DIAGNOSTIC		3,347,674	0	3,347,674
57.00	05700	CT SCAN		426,799	0	426,799
58.00	05800	MRI		625,689	0	625,689
60.00	06000	LABORATORY		6,001,961	0	6,001,961
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		182,568	0	182,568
65.00	06500	RESPIRATORY THERAPY	0	1,760,063	0	1,760,063
66.00	06600	PHYSICAL THERAPY	0	2,768,325	0	2,768,325
67.00	06700	OCCUPATIONAL THERAPY	0	294,342	0	294,342
68.00	06800	SPEECH PATHOLOGY	0	235,439	0	235,439
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,174,594	0	1,174,594
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		846,143	0	846,143
73.00	07300	DRUGS CHARGED TO PATIENTS		3,994,183	0	3,994,183
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,016,182	0	1,016,182
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		576,300	0	576,300
76.02	03951	PAIN MANAGEMENT		0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		1,031,892	0	1,031,892
88.01	08801	RURAL HEALTH CLINIC (RHC)		4,772,151	0	4,772,151
90.00	09000	CLINIC		3,286,266	0	3,286,266
91.00	09100	EMERGENCY		3,685,196	0	3,685,196
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		1,939,203	0	1,939,203
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		428,175	0	428,175
101.00	10100	HOME HEALTH AGENCY		2,558,659	0	2,558,659
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE		907,698		907,698
200.00		Subtotal (see instructions)	0	58,000,811	0	58,000,811
201.00		Less Observation Beds		1,939,203		1,939,203
202.00		Total (see instructions)	0	56,061,608	0	56,061,608

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 4:40 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			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,865,671		5,865,671			30.00
31.00	03100	INTENSIVE CARE UNIT	4,446,428		4,446,428			31.00
43.00	04300	NURSERY	456,642		456,642			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,100,708	10,821,436	12,922,144	0.295071	0.000000	50.00
51.00	05100	RECOVERY ROOM	463,932	4,376,010	4,839,942	0.206809	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,287,755	0	1,287,755	0.578062	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	299,559	2,128,274	2,427,833	0.066437	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,676	5,726,424	6,163,100	0.543180	0.000000	54.00
57.00	05700	CT SCAN	1,158,602	14,258,234	15,416,836	0.027684	0.000000	57.00
58.00	05800	MRI	184,906	3,872,782	4,057,688	0.154198	0.000000	58.00
60.00	06000	LABORATORY	4,920,978	26,840,063	31,761,041	0.188972	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	865,719	1,184,543	2,050,262	0.089046	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,685,834	5,798,767	7,484,601	0.235158	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	452,178	6,061,724	6,513,902	0.424987	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	255,150	953,096	1,208,246	0.243611	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	86,651	610,396	697,047	0.337766	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,086,508	2,184,624	3,271,132	0.359079	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,068,697	663,894	1,732,591	0.488369	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,550,542	7,338,039	10,888,581	0.366823	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,709	1,384,377	1,388,086	0.732074	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,938	496,079	501,017	1.150260	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0.000000	0.000000	76.02
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	627,622	627,622	1.644130	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	10,198	5,138,414	5,148,612	0.926881	0.000000	88.01
90.00	09000	CLINIC	7,602	6,604,471	6,612,073	0.497010	0.000000	90.00
91.00	09100	EMERGENCY	2,008,267	16,323,801	18,332,068	0.201025	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	411,489	1,058,377	1,469,866	1.319306	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	1,988,327	1,988,327			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	876,524	876,524			116.00
200.00		Subtotal (see instructions)	33,119,339	127,316,298	160,435,637			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	33,119,339	127,316,298	160,435,637			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 4:40 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
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
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000			76.01
76.02	03951	PAIN MANAGEMENT	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000			88.01
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						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 4:40 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,307,166	1,561	1,305,605	2,852	457.79	30.00
31.00	INTENSIVE CARE UNIT	130,124		130,124	724	179.73	31.00
43.00	NURSERY	29,728		29,728	349	85.18	43.00
200.00	Total (lines 30 through 199)	1,467,018		1,465,457	3,925		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,205	551,637				30.00
31.00	INTENSIVE CARE UNIT	390	70,095				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	1,595	621,732				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	PPS	
						Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	834,999	12,922,144	0.064618	802,056	51,827	50.00
51.00	05100 RECOVERY ROOM	74,140	4,839,942	0.015318	180,052	2,758	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	46,917	1,287,755	0.036433	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2,763	2,427,833	0.001138	121,972	139	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	370,391	6,163,100	0.060098	339,571	20,408	54.00
57.00	05700 CT SCAN	17,712	15,416,836	0.001149	1,158,602	1,331	57.00
58.00	05800 MRI	16,085	4,057,688	0.003964	154,815	614	58.00
60.00	06000 LABORATORY	264,702	31,761,041	0.008334	2,516,190	20,970	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,499	2,050,262	0.001707	408,886	698	63.00
65.00	06500 RESPIRATORY THERAPY	121,583	7,484,601	0.016244	1,080,666	17,554	65.00
66.00	06600 PHYSICAL THERAPY	219,234	6,513,902	0.033656	265,256	8,927	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,875	1,208,246	0.008173	152,720	1,248	67.00
68.00	06800 SPEECH PATHOLOGY	23,426	697,047	0.033607	56,386	1,895	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	41,354	3,271,132	0.012642	513,964	6,498	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	31,134	1,732,591	0.017970	591,139	10,623	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,027	10,888,581	0.006799	1,954,684	13,290	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,875	1,388,086	0.009275	191	2	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	71,333	501,017	0.142376	3,439	490	76.01
76.02	03951 PAIN MANAGEMENT	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	130,731	627,622	0.208296	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)	146,014	5,148,612	0.028360	0	0	88.01
90.00	09000 CLINIC	137,097	6,612,073	0.020734	315	7	90.00
91.00	09100 EMERGENCY	413,053	18,332,068	0.022532	1,124,311	25,333	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	320,451	1,469,866	0.218014	209,907	45,763	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	3,383,395	146,802,045		11,635,122	230,375	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 4:40 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	2,852	0.00	1,205	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	724	0.00	390	31.00		
43.00	04300	NURSERY		0	349	0.00	0	43.00		
200.00	Total (lines 30 through 199)			0	3,925		1,595	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
43.00	04300	NURSERY	0						43.00	
200.00	Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0089

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
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: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			Title XVIII		Hospital		PPS
			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	12,922,144	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	4,839,942	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,287,755	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	2,427,833	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,163,100	0.000000
57.00	05700	CT SCAN	0	0	0	15,416,836	0.000000
58.00	05800	MRI	0	0	0	4,057,688	0.000000
60.00	06000	LABORATORY	0	0	0	31,761,041	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,050,262	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,484,601	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	6,513,902	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,208,246	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	697,047	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,271,132	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,732,591	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,888,581	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,388,086	0.000000
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	501,017	0.000000
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	627,622	0.000000
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	5,148,612	0.000000
90.00	09000	CLINIC	0	0	0	6,612,073	0.000000
91.00	09100	EMERGENCY	0	0	0	18,332,068	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,469,866	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	0	0	0	146,802,045	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	802,056	0	3,613,321	0
51.00	05100	RECOVERY ROOM	0.000000	180,052	0	1,296,324	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	121,972	0	658,517	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	339,571	0	1,705,568	0
57.00	05700	CT SCAN	0.000000	1,158,602	0	5,343,752	0
58.00	05800	MRI	0.000000	154,815	0	1,196,173	0
60.00	06000	LABORATORY	0.000000	2,516,190	0	3,824,381	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	408,886	0	338,631	0
65.00	06500	RESPIRATORY THERAPY	0.000000	1,080,666	0	2,150,156	0
66.00	06600	PHYSICAL THERAPY	0.000000	265,256	0	217,568	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	152,720	0	620	0
68.00	06800	SPEECH PATHOLOGY	0.000000	56,386	0	6,317	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	513,964	0	538,780	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	591,139	0	276,365	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,954,684	0	3,110,391	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	191	0	176,979	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000	3,439	0	178,710	0
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0
90.00	09000	CLINIC	0.000000	315	0	574,988	0
91.00	09100	EMERGENCY	0.000000	1,124,311	0	4,445,317	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	209,907	0	294,584	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)		11,635,122	0	29,947,442	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/29/2021 4:40 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		0.295071	3,613,321	0	0	1,066,186	50.00
51.00	05100	RECOVERY ROOM		0.206809	1,296,324	0	0	268,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.578062	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.066437	658,517	0	0	43,750	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.543180	1,705,568	0	0	926,430	54.00
57.00	05700	CT SCAN		0.027684	5,343,752	0	0	147,936	57.00
58.00	05800	MRI		0.154198	1,196,173	0	0	184,447	58.00
60.00	06000	LABORATORY		0.188972	3,824,381	0	0	722,701	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.089046	338,631	0	0	30,154	63.00
65.00	06500	RESPIRATORY THERAPY		0.235158	2,150,156	0	0	505,626	65.00
66.00	06600	PHYSICAL THERAPY		0.424987	217,568	0	0	92,464	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.243611	620	0	0	151	67.00
68.00	06800	SPEECH PATHOLOGY		0.337766	6,317	0	0	2,134	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.359079	538,780	0	0	193,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.488369	276,365	0	0	134,968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.366823	3,110,391	0	20,646	1,140,963	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.732074	176,979	0	0	129,562	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		1.150260	178,710	0	0	205,563	76.01
76.02	03951	PAIN MANAGEMENT		0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)							88.01
90.00	09000	CLINIC		0.497010	574,988	0	1,003	285,775	90.00
91.00	09100	EMERGENCY		0.201025	4,445,317	0	0	893,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		1.319306	294,584	0	0	388,646	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
200.00		Subtotal (see instructions)			29,947,442	0	21,649	7,362,632	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			29,947,442	0	21,649	7,362,632	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/29/2021 4:40 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
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,573					73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0					76.01
76.02	03951	PAIN MANAGEMENT	0	0					76.02
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)							88.01
90.00	09000	CLINIC	0	499					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)	0	8,072					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	8,072					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 4:40 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,894	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,852	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,152	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			17	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)			17	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			4	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)			4	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,205	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)			17	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)			17	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			237.99	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			243.34	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			157.19	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			157.19	20.00
21.00	Total general inpatient routine service cost (see instructions)			7,910,296	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)			4,046	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)			4,137	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)			629	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)			629	25.00
26.00	Total swing-bed cost (see instructions)			9,441	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			7,900,855	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)			7,900,855	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)			2,770.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,338,199	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)			3,338,199	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0089

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,940,893	724	2,680.79	390	1,045,508
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)					3,154,873
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,538,580
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					621,732
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					230,375
52.00	Total Program excludable cost (sum of lines 50 and 51)					852,107
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,686,473
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)					4,046
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					4,137
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					8,183
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					700
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,770.29
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,939,203

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0089		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 4:40 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	1,307,166	7,910,296	0.165249	1,939,203	320,451	90.00		
91.00	Nursing School cost	0	7,910,296	0.000000	1,939,203	0	91.00		
92.00	Allied health cost	0	7,910,296	0.000000	1,939,203	0	92.00		
93.00	All other Medical Education	0	7,910,296	0.000000	1,939,203	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 4:40 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		2,161,107		30.00
31.00	03100	INTENSIVE CARE UNIT		1,801,352		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.295071	802,056	236,663	50.00
51.00	05100	RECOVERY ROOM	0.206809	180,052	37,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.578062	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066437	121,972	8,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.543180	339,571	184,448	54.00
57.00	05700	CT SCAN	0.027684	1,158,602	32,075	57.00
58.00	05800	MRI	0.154198	154,815	23,872	58.00
60.00	06000	LABORATORY	0.188972	2,516,190	475,489	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.089046	408,886	36,410	63.00
65.00	06500	RESPIRATORY THERAPY	0.235158	1,080,666	254,127	65.00
66.00	06600	PHYSICAL THERAPY	0.424987	265,256	112,730	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243611	152,720	37,204	67.00
68.00	06800	SPEECH PATHOLOGY	0.337766	56,386	19,045	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.359079	513,964	184,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.488369	591,139	288,694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.366823	1,954,684	717,023	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.732074	191	140	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.150260	3,439	3,956	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.01
90.00	09000	CLINIC	0.497010	315	157	90.00
91.00	09100	EMERGENCY	0.201025	1,124,311	226,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.319306	209,907	276,932	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)		11,635,122	3,154,873	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)		11,635,122		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3
			Component CCN: 14-U089		Date/Time Prepared: 11/29/2021 4:40 pm
			Title XVIII	Swing Beds - SNF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.295071	0	50.00
51.00	05100	RECOVERY ROOM	0.206809	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.578062	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066437	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.543180	2,263	54.00
57.00	05700	CT SCAN	0.027684	0	57.00
58.00	05800	MRI	0.154198	0	58.00
60.00	06000	LABORATORY	0.188972	24,582	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.089046	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.235158	3,642	65.00
66.00	06600	PHYSICAL THERAPY	0.424987	18,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243611	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.337766	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.359079	3,356	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.488369	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.366823	30,290	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.732074	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.150260	0	76.01
76.02	03951	PAIN MANAGEMENT	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000	0	88.01
90.00	09000	CLINIC	0.497010	0	90.00
91.00	09100	EMERGENCY	0.201025	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.319306	0	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)		82,836	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)		82,836	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 4:40 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)		813,835	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,896,843	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)		3,002	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		102,042	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)		45.97	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.21	31.00
32.00	Sum of lines 30 and 31		22.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.17	33.00
34.00	Disproportionate share adjustment (see instructions)		75,791	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 4:40 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)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000042559	0.000132586	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		355,393	1,099,140	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		89,334	822,096	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		911,430		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		4,802,943		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		4,846,666		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			4,846,666	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			297,611	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			118,951	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)			5,263,228	59.00
60.00	Primary payer payments			16	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			5,263,212	61.00
62.00	Deductibles billed to program beneficiaries			505,912	62.00
63.00	Coinsurance billed to program beneficiaries			0	63.00
64.00	Allowable bad debts (see instructions)			175,052	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			113,784	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			4,871,084	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)			-3,565	70.93
70.94	HRR adjustment amount (see instructions)			-21,111	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 4:40 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)	2020	204,346	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)	2021	779,356	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		62,223	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		5,767,887	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		5,966,763	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)		-198,876	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		157,577	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	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	813,835	0	813,835		813,835
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,896,843	0		2,896,843	2,896,843
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	3,002	0	3,002		3,002
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	102,042	0		102,042	102,042
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0817	0.0817	0.0817	0.0817	
11.00	Disproportionate share adjustment (see instructions)	34.00	75,791	0	16,623	59,168	75,791
11.01	Uncompensated care payments	36.00	911,430	0	89,334	822,096	911,430
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	4,802,943	0	922,794	3,880,149	4,802,943
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,846,666	0	1,062,778	3,783,888	4,846,666
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,846,666	0	1,062,778	3,783,888	4,846,666

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	297,611	0	63,940	233,671	297,611
17.00	Special add-on payments for new technologies	54.00	118,951	0	0	118,951	118,951
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	1,126,718	4,136,510	5,263,228
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	278,601	0	63,350	215,251	278,601
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	19,010	0	590	18,420	19,010
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	297,611	0	63,940	233,671	297,611
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.181364	0.188409	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			204,346		204,346
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				779,356	779,356
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII		Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)
		0	1.00	2.00	3.00	4.00
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	813,835	813,835		813,835
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,896,843		2,896,843	2,896,843
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	3,002	3,002		3,002
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	102,042		102,042	102,042
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0817	0.0817	0.0817	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	75,791	16,623	59,168	75,791
11.01	Uncompensated care payments	36.00	911,430	89,334	822,096	911,430
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	4,802,943	922,794	3,880,149	4,802,943
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,846,666	1,062,778	3,783,888	4,846,666
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,846,666	1,062,778	3,783,888	4,846,666
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	297,611	63,940	233,671	297,611
17.00	Special add-on payments for new technologies	54.00	118,951	0	118,951	118,951
17.01	Net organ acquisition cost					17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00
19.00	SUBTOTAL			1,126,718	4,136,510	5,263,228

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	278,601	63,350	215,251	278,601	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	19,010	590	18,420	19,010	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	297,611	63,940	233,671	297,611	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	204,346	204,346		204,346	28.00
29.00	Low volume adjustment on or after October 1	70.97	779,356		779,356	779,356	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-3,565	1,933	-5,498	-3,565	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-21,111	0	-21,111	-21,111	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		13,330	48,893	62,223	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 4:40 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,072	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,362,632	2.00
3.00	OPPS payments		5,321,964	3.00
4.00	Outlier payment (see instructions)		34,832	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)		8,072	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,649	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)		21,649	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		21,649	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,577	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)		8,072	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)		5,356,796	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)		1,111,821	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)		4,253,047	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)		4,253,047	30.00
31.00	Primary payer payments		1,702	31.00
32.00	Subtotal (line 30 minus line 31)		4,251,345	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)		212,114	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		137,874	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		4,389,219	37.00
38.00	MSP-LCC reconciliation amount from PS&R		15	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)		4,389,204	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		4,327,854	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)		61,350	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		85,027	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: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 4:40 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		5,966,763		4,327,854	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,966,763		4,327,854	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		61,350	6.01
6.02	SETTLEMENT TO PROGRAM		198,876		0	6.02
7.00	Total Medicare program liability (see instructions)		5,767,887		4,389,204	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0089

Period:

Worksheet E-1

Component CCN: 14-U089

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII		Swing Beds - SNF		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		21,263		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,263		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,263		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/29/2021 4:40 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 14-0089

Period:

Worksheet E-2

Component CCN: 14-U089

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		21,263	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		34	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		21,263	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		21,263	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		21,263	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		21,263	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		21,263	0	19.00
19.01	Sequestration adjustment (see instructions)		0	0	19.01
19.02	Demonstration payment adjustment amount after sequestration		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	0	19.25
20.00	Interim payments		21,263	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		0	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

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

Provider CCN: 14-0089

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

Worksheet G

Date/Time Prepared:
11/29/2021 4:40 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	36,625,442	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	6,709,909	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,818,716	0	0	0	7.00
8.00	Prepaid expenses	1,317,772	0	0	0	8.00
9.00	Other current assets	0	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)	46,471,839	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	3,656,493	0	0	0	13.00
14.00	Accumulated depreciation	-2,594,028	0	0	0	14.00
15.00	Buildings	55,212,092	0	0	0	15.00
16.00	Accumulated depreciation	-24,568,101	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	77,254,486	0	0	0	23.00
24.00	Accumulated depreciation	-55,080,766	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,991,778	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	38,989,190	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,232,383	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	40,221,573	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	140,685,190	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,042,517	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,873,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,290,788	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,442,286	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,648,591	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,914,624	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,026,142	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,940,766	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	57,589,357	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	83,095,833				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	83,095,833	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	140,685,190	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0089

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

Worksheet G-1

Date/Time Prepared:
11/29/2021 4:40 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		78,792,051		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		4,303,782				2.00
3.00	Total (sum of line 1 and line 2)		83,095,833		0		3.00
4.00	ROUNDING	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		83,095,833		0		11.00
12.00	ROUNDING	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)		83,095,833		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	ROUNDING		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: 14-0089

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,236,536		10,236,536	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	61,913		61,913	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)	10,298,449		10,298,449	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,446,428		4,446,428	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)	4,446,428		4,446,428	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,744,877		14,744,877	17.00
18.00	Ancillary services	20,825,711	103,541,701	124,367,412	18.00
19.00	Outpatient services	2,027,041	28,814,665	30,841,706	19.00
20.00	RURAL HEALTH CLINIC	0	627,622	627,622	20.00
20.01	RURAL HEALTH CLINIC (RHC)	0	0	0	20.01
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,988,327	1,988,327	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	876,524	876,524	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER	1,110	1,053,954	1,055,064	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	37,598,739	136,902,793	174,501,532	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		72,321,808		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	RECONCILIATION TO FINANCIAL STATEMEN	2,094,563			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)		2,094,563		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		70,227,245		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0089

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

Worksheet G-3

Date/Time Prepared:
11/29/2021 4:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	174,501,532	1.00
2.00	Less contractual allowances and discounts on patients' accounts	104,369,116	2.00
3.00	Net patient revenues (line 1 minus line 2)	70,132,416	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	70,227,245	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-94,829	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	41,660	6.00
7.00	Income from investments	306,066	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP	691,554	24.00
24.01	GRANTS & GIFTS	404,996	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.50	COVID-19 PHE Funding	4,617,335	24.50
25.00	Total other income (sum of lines 6-24)	6,061,611	25.00
26.00	Total (line 5 plus line 25)	5,966,782	26.00
27.00	OTHER NON-OP NET	255,198	27.00
27.01	INTEREST EXPENSE	1,407,802	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,663,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,303,782	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0089
HHA CCN: 14-7293
Period: From 07/01/2020 To 06/30/2021
Worksheet H
Date/Time Prepared: 11/29/2021 4:40 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0
2.00 Capital Related - Movable Equipment			0		0	0
3.00 Plant Operation & Maintenance	0	0	0	0	0	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	404,658	0	0	189,597	6,675	600,930
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	548,795	0	50,109	0	16,657	615,561
7.00 Physical Therapy	206,660	0	14,105	0	0	220,765
8.00 Occupational Therapy	196,642	0	10,148	0	0	206,790
9.00 Speech Pathology	6,967	0	783	0	0	7,750
10.00 Medical Social Services	952	0	121	0	0	1,073
11.00 Home Health Aide	42,521	0	6,847	0	0	49,368
12.00 Supplies (see instructions)	0	0	0	0	22,547	22,547
13.00 Drugs	0	0	0	0	0	0
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	0	0	0	0	0	0
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	1,407,195	0	82,113	189,597	45,879	1,724,784
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	0	0	0		2.00
3.00 Plant Operation & Maintenance	0	0	0	0		3.00
4.00 Transportation	0	0	0	0		4.00
5.00 Administrative and General	0	600,930	0	600,930		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	615,561	0	615,561		6.00
7.00 Physical Therapy	0	220,765	0	220,765		7.00
8.00 Occupational Therapy	0	206,790	0	206,790		8.00
9.00 Speech Pathology	0	7,750	0	7,750		9.00
10.00 Medical Social Services	0	1,073	0	1,073		10.00
11.00 Home Health Aide	0	49,368	0	49,368		11.00
12.00 Supplies (see instructions)	0	22,547	0	22,547		12.00
13.00 Drugs	0	0	0	0		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	0	0	0		17.00
18.00 Clinic	0	0	0	0		18.00
19.00 Health Promotion Activities	0	0	0	0		19.00
20.00 Day Care Program	0	0	0	0		20.00
21.00 Home Delivered Meals Program	0	0	0	0		21.00
22.00 Homemaker Service	0	0	0	0		22.00
23.00 All Others (specify)	0	0	0	0		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	0	1,724,784	0	1,724,784		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/29/2021 4:40 pm

Home Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	600,930	0	0	0	0	600,930	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	615,561	0	0	0	0	615,561	6.00
7.00	Physical Therapy	220,765	0	0	0	0	220,765	7.00
8.00	Occupational Therapy	206,790	0	0	0	0	206,790	8.00
9.00	Speech Pathology	7,750	0	0	0	0	7,750	9.00
10.00	Medical Social Services	1,073	0	0	0	0	1,073	10.00
11.00	Home Health Aide	49,368	0	0	0	0	49,368	11.00
12.00	Supplies (see instructions)	22,547	0	0	0	0	22,547	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,724,784	0	0	0	0	1,724,784	24.00
		Administrativ e & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	600,930						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	329,143	944,704					6.00
7.00	Physical Therapy	118,044	338,809					7.00
8.00	Occupational Therapy	110,572	317,362					8.00
9.00	Speech Pathology	4,144	11,894					9.00
10.00	Medical Social Services	574	1,647					10.00
11.00	Home Health Aide	26,397	75,765					11.00
12.00	Supplies (see instructions)	12,056	34,603					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,724,784					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-600,930	5.00
	HHA REIMBURSABLE SERVICES					1,123,854	
6.00	Skilled Nursing Care	0	0	0	0	615,561	6.00
7.00	Physical Therapy	0	0	0	0	220,765	7.00
8.00	Occupational Therapy	0	0	0	0	206,790	8.00
9.00	Speech Pathology	0	0	0	0	7,750	9.00
10.00	Medical Social Services	0	0	0	0	1,073	10.00
11.00	Home Health Aide	0	0	0	0	49,368	11.00
12.00	Supplies (see instructions)	0	0	0	0	22,547	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-600,930	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	600,930	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.534705	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAP REL			CAP REL COSTS-REHAB CNT	
				COSTS-HOSPITA L	COSTS-HSB I	COSTS-HSB II		
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	944,704	0	0	0	0	0	2.00
3.00	Physical Therapy	338,809	0	0	0	0	0	3.00
4.00	Occupational Therapy	317,362	0	0	0	0	0	4.00
5.00	Speech Pathology	11,894	0	0	0	0	0	5.00
6.00	Medical Social Services	1,647	0	0	0	0	0	6.00
7.00	Home Health Aide	75,765	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	34,603	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,724,784	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAPITAL RELATED COSTS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG	
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	7,839	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	7,839	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pmHome Health
Agency I

PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	60,156	67,995	16,642	0	0	0	1.00
2.00	Skilled Nursing Care	115,751	1,060,455	259,547	0	0	0	2.00
3.00	Physical Therapy	42,199	381,008	93,252	0	0	0	3.00
4.00	Occupational Therapy	33,824	351,186	85,953	0	0	0	4.00
5.00	Speech Pathology	1,517	13,411	3,282	0	0	0	5.00
6.00	Medical Social Services	369	2,016	493	0	0	0	6.00
7.00	Home Health Aide	6,880	82,645	20,227	0	0	0	7.00
8.00	Supplies (see instructions)	0	34,603	8,469	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	260,696	1,993,319	487,865	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.03	6.04	6.05	6.06	8.00	9.00	
1.00	Administrative and General	0	3,040	0	0	0	13,215	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	3,040	0	0	0	13,215	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pmHome Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING- HSB	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
		9.01	9.02	9.03	9.04	10.00	11.00	
1.00	Administrative and General	0	0	0	702	0	53,884	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	702	0	53,884	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	6,634	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	6,634	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	155,478	0	155,478				1.00
2.00	Skilled Nursing Care	1,326,636	0	1,326,636	85,828	1,412,464		2.00
3.00	Physical Therapy	474,260	0	474,260	30,683	504,943		3.00
4.00	Occupational Therapy	437,139	0	437,139	28,282	465,421		4.00
5.00	Speech Pathology	16,693	0	16,693	1,080	17,773		5.00
6.00	Medical Social Services	2,509	0	2,509	162	2,671		6.00
7.00	Home Health Aide	102,872	0	102,872	6,656	109,528		7.00
8.00	Supplies (see instructions)	43,072	0	43,072	2,787	45,859		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	2,558,659	0	2,558,659	155,478	2,558,659		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.064697			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		Agency 1					
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITA L	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS		
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(PER CENT)	(PER CENT)		
		1.00	1.01	1.02	1.03	1.04	1.05		
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00	
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00	
Cost Center Description		CAPITAL RELATED COSTS							
		CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO	CONVENIENCE	BUSHNELL	EMPLOYEE		
		(PER CENT)	(SQUARE FEET)	BLDG	CARE CLIN	OFFICE BLDG	BENEFITS		
		1.06	1.07	1.08	1.09	1.10	DEPARTMENT		
							(GROSS		
							SALARIES)		
1.00	Administrative and General	0	1,050	0	0	0	324,714	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	624,806	2.00	
3.00	Physical Therapy	0	0	0	0	0	227,785	3.00	
4.00	Occupational Therapy	0	0	0	0	0	182,579	4.00	
5.00	Speech Pathology	0	0	0	0	0	8,186	5.00	
6.00	Medical Social Services	0	0	0	0	0	1,990	6.00	
7.00	Home Health Aide	0	0	0	0	0	37,135	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	0	1,050	0	0	0	1,407,195	20.00	
21.00	Total cost to be allocated	0	7,839	0	0	0	260,696	21.00	
22.00	Unit cost multiplier	0.000000	7.465714	0.000000	0.000000	0.000000	0.185259	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	Home Health Agency I MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	
		5A	5.00	6.00	6.01	6.02	6.03	
1.00	Administrative and General	0	67,995	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,060,455	0	0	0	0	2.00
3.00	Physical Therapy	0	381,008	0	0	0	0	3.00
4.00	Occupational Therapy	0	351,186	0	0	0	0	4.00
5.00	Speech Pathology	0	13,411	0	0	0	0	5.00
6.00	Medical Social Services	0	2,016	0	0	0	0	6.00
7.00	Home Health Aide	0	82,645	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	34,603	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		1,993,319	0	0	0	0	20.00
21.00	Total cost to be allocated		487,865	0	0	0	0	21.00
22.00	Unit cost multiplier		0.244750	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	MAINTENANCE & REPAIRS-BUSHN ELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	
		6.04	6.05	6.06	8.00	9.00	9.01	
1.00	Administrative and General	1,050	0	0	0	14	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,050	0	0	0	14	0	20.00
21.00	Total cost to be allocated	3,040	0	0	0	13,215	0	21.00
22.00	Unit cost multiplier	2.895238	0.000000	0.000000	0.000000	943.928571	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Description		HOUSEKEEPING- HSB II (SQUARE FEET)	HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	Home Health Agency I CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSIN)	
		9.02	9.03	9.04	10.00	11.00	13.00	
1.00	Administrative and General	0	0	1,050	0	1,927	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	1,050	0	1,927	0	20.00
21.00	Total cost to be allocated	0	0	702	0	53,884	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.668571	0.000000	27.962636	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	19.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	22,780	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	22,780	0	0	0	0		20.00
21.00	Total cost to be allocated	6,634	0	0	0	0		21.00
22.00	Unit cost multiplier	0.291220	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Title XVIII				Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,412,464		1,412,464	7,005	201.64
2.00	Physical Therapy	3.00	504,943	0	504,943	1,936	260.82
3.00	Occupational Therapy	4.00	465,421	0	465,421	1,373	338.98
4.00	Speech Pathology	5.00	17,773	0	17,773	117	151.91
5.00	Medical Social Services	6.00	2,671		2,671	35	76.31
6.00	Home Health Aide	7.00	109,528		109,528	1,089	100.58
7.00	Total (sum of lines 1-6)		2,512,800	0	2,512,800	11,555	
Program Visits							
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	5.00
Limitation Cost Computation							
8.00	Skilled Nursing Care		37900	0	160		8.00
8.01	Skilled Nursing Care		99914	0	2,076		8.01
9.00	Physical Therapy		37900	0	26		9.00
9.01	Physical Therapy		99914	0	699		9.01
10.00	Occupational Therapy		37900	0	29		10.00
10.01	Occupational Therapy		99914	0	454		10.01
11.00	Speech Pathology		37900	0	0		11.00
11.01	Speech Pathology		99914	0	54		11.01
12.00	Medical Social Services		37900	0	1		12.00
12.01	Medical Social Services		99914	0	13		12.01
13.00	Home Health Aide		37900	0	0		13.00
13.01	Home Health Aide		99914	0	203		13.01
14.00	Total (sum of lines 8-13)			0	3,715		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		0	1.00	2.00	3.00	4.00	5.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	45,859	0	45,859	49,052	0.934906
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000
Program Visits							
Cost Center Description		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,236		0	450,867	1.00
2.00	Physical Therapy	0	725		0	189,095	2.00
3.00	Occupational Therapy	0	483		0	163,727	3.00
4.00	Speech Pathology	0	54		0	8,203	4.00
5.00	Medical Social Services	0	14		0	1,068	5.00
6.00	Home Health Aide	0	203		0	20,418	6.00
7.00	Total (sum of lines 1-6)	0	3,715		0	833,378	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	18,659	0	0	17,444	0		15.00
16.00	Cost of Drugs		0	0		0	0		16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	450,867							1.00
2.00	Physical Therapy	189,095							2.00
3.00	Occupational Therapy	163,727							3.00
4.00	Speech Pathology	8,203							4.00
5.00	Medical Social Services	1,068							5.00
6.00	Home Health Aide	20,418							6.00
7.00	Total (sum of lines 1-6)	833,378							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.424987	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.243611	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.337766	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.359079	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.366823	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2021 4:40 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	390,271
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	122,754
13.00	Total PPS Reimbursement - LUPA Episodes		0	8,591
14.00	Total PPS Reimbursement - PEP Episodes		0	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	36,890
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	558,506
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	558,506
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	558,506
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	558,506
30.00	OTHER ADJUSTMENTS		0	5,789
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	564,295
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	564,295
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0089
HHA CCN: 14-7293Period:
From 07/01/2020
To 06/30/2021Worksheet H-5
Date/Time Prepared:
11/29/2021 4:40 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		564,295	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) Program to Provider					3.00
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		564,295	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) Program to Provider					5.00
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		564,295	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	34,897	15,388	50,285	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	6,306	6,306	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	16,313	16,313	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	5,641	5,641	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	15,913	0	15,913	0	27.00
28.00	REGISTERED NURSE**	255,092	0	255,092	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	20	0	20	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	60,989	0	60,989	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	29,431	29,431	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	46,785	46,785	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	150,302	150,302	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	366,911	270,166	637,077	0	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	50,285		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	6,306		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	16,313		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	5,641		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	15,913		27.00
28.00	REGISTERED NURSE**	0	255,092		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	20		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	60,989		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	29,431		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	46,785		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	150,302		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	637,077		100.00

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

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-2

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		Hospice I			
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
	1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0	0	26.00
27.00	NURSE PRACTITIONER	15,909	0	15,909	27.00
28.00	REGISTERED NURSE	255,035	0	255,035	28.00
29.00	LPN/LVN	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	20	0	20	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	60,975	0	60,975	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	29,431	29,431	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	46,775	46,775	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	46.00
100.00	TOTAL *	331,939	76,206	408,145	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	15,909	27.00
28.00	REGISTERED NURSE	0	255,035	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	20	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	60,975	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	29,431	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	46,775	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	408,145	100.00

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-3

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

						Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00		
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00		
27.00	NURSE PRACTITIONER	4	0	4	0	4	27.00		
28.00	REGISTERED NURSE	57	0	57	0	57	28.00		
29.00	LPN/LVN	0	0	0	0	0	29.00		
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00		
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00		
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00		
33.00	MEDICAL SOCIAL SERVICES	14	0	14	0	14	33.00		
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00		
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00		
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00		
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00		
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00		
40.00	IMAGING SERVICES	0	0	0	0	0	40.00		
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00		
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00		
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50		
43.00	OUTPATIENT SERVICES	0	10	10	0	10	43.00		
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00		
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00		
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00		
100.00	TOTAL *	75	10	85	0	85	100.00		

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	4	27.00
28.00	REGISTERED NURSE	0	57	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	14	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	10	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	85	100.00

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-5

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	7,839	7,839	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	67,974	67,974	3.00
4.00	ADMINISTRATIVE & GENERAL	50,285	187,986	238,271	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	3,040	3,040	5.00
6.00	LAUNDRY & LINEN SERVICE	0	298	298	6.00
7.00	HOUSEKEEPING	0	1,646	1,646	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,306	1,838	8,144	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	16,313	0	16,313	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	5,641	0	5,641	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	408,145	0	408,145	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	85	0	85	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	150,302	0	150,302	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	637,077	270,621	907,698	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pm

				Hospice I			
Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,839	7,839				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	67,974	0	0	67,974		3.00
4.00	ADMINISTRATIVE & GENERAL	238,271	7,839	0	6,467	252,577	4.00
5.00	PLANT OPERATION & MAINTENANCE	3,040	0	0	0	3,040	5.00
6.00	LAUNDRY & LINEN SERVICE	298	0	0	0	298	6.00
7.00	HOUSEKEEPING	1,646	0	0	0	1,646	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,144	0	0	0	8,144	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	16,313	0	0	0	16,313	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	5,641	0	0	0	5,641	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	408,145			61,507	469,652	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	85	0	0	0	85	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	150,302	0	0	0	150,302	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	907,698	7,839	0	67,974	907,698	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	252,577						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,172	4,212					5.00
6.00	LAUNDRY & LINEN SERVICE	115	0		413			6.00
7.00	HOUSEKEEPING	635	0			2,281		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,140	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	6,289	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	2,175	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	181,070						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	33	4,212		413	2,281	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	57,948	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	252,577	4,212		413	2,281	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	11,284				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			22,602		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	11,281	0	22,602	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	3	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	11,284	0	22,602	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 4:40 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	7,816					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	7,816	0	0		7,816	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		684,605	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	7,027	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	208,250	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	7,816	0	0	0	907,698	100.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,050					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	366,836			3.00
4.00	ADMINISTRATIVE & GENERAL	1,050	0	34,898	-252,577	655,121	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	3,040	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	298	6.00
7.00	HOUSEKEEPING	0	0	0	0	1,646	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	8,144	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	16,313	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	5,641	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			331,938	0	469,652	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	85	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	150,302	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	7,839	0	67,974		252,577	100.00
101.00	UNIT COST MULTIPLIER	7.465714	0.000000	0.185298		0.385543	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,050					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1				6.00
7.00	HOUSEKEEPING	0		1,050			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,050	1	1,050	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	4,212	413	2,281	0	0	100.00
101.00	UNIT COST MULTIPLIER	4.011429	413.000000	2.172381	0.000000	0.000000	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,463					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			28,741			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	100	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,462	0	28,741	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	11,284	0	22,602	0	7,816	100.00
101.00	UNIT COST MULTIPLIER	2.528344	0.000000	0.786403	0.000000	78.160000	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 4:40 pm

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-7

Hospice CCN: 14-1524

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

Date/Time Prepared:
11/29/2021 4:40 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.424987	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.243611	0	340	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.337766	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.366823	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.188972	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.359079	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.732074	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.150260	0	0	0	10.01
10.02	PAIN MANAGEMENT	76.02	0.000000	0	0	0	10.02
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	83	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	10.01
10.02	PAIN MANAGEMENT	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)		0	83	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0089

Period:

Worksheet 0-8

Hospice CCN: 14-1524

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			7,816	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			684,688	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			4,462	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			153.45	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	3,431	568		9.00
10.00	Program cost (line 8 times line 9)	526,487	87,160		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			7,027	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			1	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			7,027.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	1	0		14.00
15.00	Program cost (line 13 times line 14)	7,027	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			699,531	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			4,463	22.00
23.00	Average cost per diem (line 21 divided by line 22)			156.74	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 4:40 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		278,601	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		19,010	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)		9.05	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		297,611	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8522

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificat ions	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	262,980	0	262,980	0	262,980
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	41,811	0	41,811	0	41,811
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	135,349	0	135,349	0	135,349
10.00	Subtotal (sum of lines 1 through 9)	440,140	0	440,140	0	440,140
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	8,879	8,879	0	8,879
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	6,226	6,226	0	6,226
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	15,105	15,105	0	15,105
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	440,140	15,105	455,245	0	455,245
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	16,000	16,000	0	16,000
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	2,503	0	2,503	0	2,503
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	2,503	16,000	18,503	0	18,503
FACILITY OVERHEAD						
29.00	Facility Costs	0	16,676	16,676	0	16,676
30.00	Administrative Costs	0	6,723	6,723	97,251	103,974
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	23,399	23,399	97,251	120,650
32.00	Total facility costs (sum of lines 22, 28 and 31)	442,643	54,504	497,147	97,251	594,398

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8522

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		RHC I		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	262,980	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	41,811	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	135,349	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	440,140	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	8,879	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	6,226	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	15,105	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	455,245	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	16,000	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	2,503	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	18,503	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	16,676	29.00
30.00	Administrative Costs	0	103,974	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	120,650	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	594,398	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8619

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		RHC II		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificat ions	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,275,983	0	1,275,983	0	1,275,983
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	969,785	0	969,785	0	969,785
10.00	Subtotal (sum of lines 1 through 9)	2,245,768	0	2,245,768	0	2,245,768
11.00	Physician Services Under Agreement	0	184,954	184,954	0	184,954
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	184,954	184,954	0	184,954
15.00	Medical Supplies	0	49,891	49,891	0	49,891
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	38,296	38,296	0	38,296
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	88,187	88,187	0	88,187
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,245,768	273,141	2,518,909	0	2,518,909
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	84,578	84,578	0	84,578
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	18,233	0	18,233	0	18,233
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	18,233	84,578	102,811	0	102,811
FACILITY OVERHEAD						
29.00	Facility Costs	0	877	877	0	877
30.00	Administrative Costs	0	31,836	31,836	402,983	434,819
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	32,713	32,713	402,983	435,696
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,264,001	390,432	2,654,433	402,983	3,057,416

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8619

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		RHC II		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	1,275,983	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	969,785	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	2,245,768	10.00
11.00	Physician Services Under Agreement	0	184,954	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	184,954	14.00
15.00	Medical Supplies	0	49,891	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	38,296	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	88,187	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,518,909	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	84,578	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	18,233	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	102,811	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	877	29.00
30.00	Administrative Costs	0	434,819	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	435,696	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	3,057,416	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0089

Period:

Worksheet M-2

Component CCN: 14-8522

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		RHC I		Cost	
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4
	1.00	2.00	3.00	4.00	5.00
VISITS AND PRODUCTIVITY					
Positions					
1.00	Physician	0.81	2,221	4,200	3,402
2.00	Physician Assistant	0.00	0	2,100	0
3.00	Nurse Practitioner	0.32	1,117	2,100	672
4.00	Subtotal (sum of lines 1 through 3)	1.13	3,338	4,074	4,074
5.00	Visiting Nurse	0.00	0		0
6.00	Clinical Psychologist	0.00	0		0
7.00	Clinical Social Worker	0.00	0		0
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.13	3,338		4,074
9.00	Physician Services Under Agreements		0		0
					1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES					
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				455,245
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				18,503
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				473,748
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.960943
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				120,650
15.00	Parent provider overhead allocated to facility (see instructions)				437,494
16.00	Total overhead (sum of lines 14 and 15)				558,144
17.00	Allowable GME overhead (see instructions)				0
18.00	Enter the amount from line 16				558,144
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				536,345
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				991,590

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0089

Period:

Worksheet M-2

Component CCN: 14-8619

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		RHC II		Cost	
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4
	1.00	2.00	3.00	4.00	5.00
VISITS AND PRODUCTIVITY					
Positions					
1.00	Physician	2.17	5,441	4,200	9,114
2.00	Physician Assistant	0.00	0	2,100	0
3.00	Nurse Practitioner	3.08	8,015	2,100	6,468
4.00	Subtotal (sum of lines 1 through 3)	5.25	13,456	15,582	15,582
5.00	Visiting Nurse	0.00	0		0
6.00	Clinical Psychologist	0.00	0		0
7.00	Clinical Social Worker	0.00	0		0
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0
8.00	Total FTEs and Visits (sum of lines 4 through 7)	5.25	13,456		15,582
9.00	Physician Services Under Agreements		0		0
					1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES					
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				2,518,909
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				102,811
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				2,621,720
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.960785
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				435,696
15.00	Parent provider overhead allocated to facility (see instructions)				1,714,735
16.00	Total overhead (sum of lines 14 and 15)				2,150,431
17.00	Allowable GME overhead (see instructions)				0
18.00	Enter the amount from line 16				2,150,431
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				2,066,102
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				4,585,011

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0089	Period: From 07/01/2020 To 06/30/2021	Worksheet M-3		
		Component CCN: 14-8522		Date/Time Prepared: 11/29/2021 4:40 pm		
		Title XVIII	RHC I	Cost		
			1.00			
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			991,590	1.00	
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			8,067	2.00	
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			983,523	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			4,074	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			4,074	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			241.41	7.00	
		Calculation of Limit (1)				
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	On or After Apr. 1 (Rate Period 3)		
		1.00	2.00	3.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		86.31	87.52	157.44	8.00
9.00	Rate for Program covered visits (see instructions)		241.41	241.41	157.44	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)		482	268	301	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		116,360	64,698	47,389	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	228,447		16.00
16.01	Total program charges (see instructions)(from contractor's records)			171,871		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			13,091		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			17,400		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			144,507		16.04
16.05	Total program cost (see instructions)		0	161,907		16.05
17.00	Primary payer amounts			0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			30,413		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			25,673		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			161,907		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			3,459		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			165,366		22.00
23.00	Allowable bad debts (see instructions)			0		23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0		25.50
25.99	Demonstration payment adjustment amount before sequestration			0		25.99
26.00	Net reimbursable amount (see instructions)			165,366		26.00
26.01	Sequestration adjustment (see instructions)			0		26.01
26.02	Demonstration payment adjustment amount after sequestration			0		26.02
27.00	Interim payments			109,476		27.00
28.00	Tentative settlement (for contractor use only)			0		28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			55,890		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0		30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0089 Component CCN: 14-8619	Period: From 07/01/2020 To 06/30/2021	Worksheet M-3 Date/Time Prepared: 11/29/2021 4:40 pm	
		Title XVIII	RHC II	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			4,585,011	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			40,118	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			4,544,893	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			15,582	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			15,582	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			291.68	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	On or After Apr. 1 (Rate Period 3)	
		1.00	2.00	3.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	86.31	87.52	228.99	8.00
9.00	Rate for Program covered visits (see instructions)	291.68	291.68	228.99	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	469	1,111	1,236	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	136,798	324,056	283,032	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	743,886		16.00
16.01	Total program charges (see instructions)(from contractor's records)		585,182		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		26,146		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		33,237		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		521,122		16.04
16.05	Total program cost (see instructions)	0	554,359		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		59,246		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		99,958		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		554,359		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		28,937		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		583,296		22.00
23.00	Allowable bad debts (see instructions)		0		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		25.50
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		583,296		26.00
26.01	Sequestration adjustment (see instructions)		0		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		431,790		27.00
28.00	Tentative settlement (for contractor use only)		0		28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		151,506		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0089

Period:

Worksheet M-4

Component CCN: 14-8522

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/29/2021 4:40 pm

		Title XVIII		RHC I	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	440,140	440,140	440,140	440,140	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000172	0.001875	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	76	825	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	1,106	1,697	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	1,182	2,522	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	455,245	455,245	455,245	455,245	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	536,345	536,345	536,345	536,345	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.002596	0.005540	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	1,392	2,971	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	2,574	5,493	0	0	10.00
11.00	Total number of injections/infusions (from your records)	11	120	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	234.00	45.78	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	5	50	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	1,170	2,289	0	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		8,067			15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		3,459			16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0089

Period:

Worksheet M-4

Component CCN: 14-8619

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 4:40 pm

		Title XVIII		RHC II	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	2,245,768	2,245,768	2,245,768	2,245,768	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000436	0.001722	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	979	3,867	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	11,056	6,137	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	12,035	10,004	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	2,518,909	2,518,909	2,518,909	2,518,909	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	2,066,102	2,066,102	2,066,102	2,066,102	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.004778	0.003972	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	9,872	8,207	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	21,907	18,211	0	0	10.00
11.00	Total number of injections/infusions (from your records)	110	434	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	199.15	41.96	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	96	234	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	19,118	9,819	0	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		40,118			15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		28,937			16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0089 Component CCN:14-8522	Period: From 07/01/2020 To 06/30/2021	Worksheet M-5 Date/Time Prepared: 11/29/2021 4:40 pm	
		RHC I	Cost		
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		109,476	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	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00	
Program to Provider					
3.01			0	3.01	
3.02			0	3.02	
3.03			0	3.03	
3.04			0	3.04	
3.05			0	3.05	
Provider to Program					
3.50			0	3.50	
3.51			0	3.51	
3.52			0	3.52	
3.53			0	3.53	
3.54			0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		109,476	4.00	
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00	
Program to Provider					
5.01			0	5.01	
5.02			0	5.02	
5.03			0	5.03	
Provider to Program					
5.50			0	5.50	
5.51			0	5.51	
5.52			0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00	
6.01	SETTLEMENT TO PROVIDER		55,890	6.01	
6.02	SETTLEMENT TO PROGRAM		0	6.02	
7.00	Total Medicare program liability (see instructions)		165,366	7.00	
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00 2.00		
8.00	Name of Contractor			8.00	

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0089 Component CCN: 14-8619	Period: From 07/01/2020 To 06/30/2021	Worksheet M-5 Date/Time Prepared: 11/29/2021 4:40 pm	
		RHC II		Cost	
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		431,790	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	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			0		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		431,790		4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01			0		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50			0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		151,506		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		583,296		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00