

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 1:32 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/26/2022	Time: 1:32 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CARLE FOUNDATION HOSPITAL (14-0091) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	2,014,033	-214,513	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	100,185	8		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
200.00	Total	0	2,114,218	-214,505	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: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:32 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 611 W. PARK STREET			PO Box:		1.00				
2.00	City: URBANA			State: IL		Zip Code: 61801-2595		County: CHAMPAIGN		
		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		CARLE FOUNDATION HOSPITAL	140091	16580	1	07/01/1966	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		CARLE INPATIENT REHAB	14T091	16580	5	07/01/1991	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		CARLE HOME CARE	147241	16580		09/13/1983	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		CARLE HOSPICE	141526	16580		05/09/1989			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
17.20	Hospital-Based (OPT) I									
17.30	Hospital-Based (OOT) I									
17.40	Hospital-Based (OSP) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 1:32 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.	5,551	3,769	0	268	32,049	0	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.	358	233	0	0	1,469		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:32 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.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:32 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)		0.43	5.82	0.068800	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)	FAMILY MEDICINE	1350	0.93	12.58	0.068838	65.00	
65.01		OSTEOPATHIC	3600	0.00	1.76	0.000000	65.01	
65.02		INTERNAL MEDICINE	1400	0.00	26.87	0.000000	65.02	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.27	32.10	0.008341	66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	5.35	8.87	0.376231	67.00	
67.01		INTERNAL MEDICINE	1400	0.11	35.53	0.003086	67.01	
67.02		PSYCHIATRY	2200	0.58	9.85	0.055609	67.02	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:32 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)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V XIX		
			1.00 2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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		N	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		N	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		N	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		N	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:32 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	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00		2.00	
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:	0		0		118.01	
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:32 pm		
			1.00		2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00	
133.00	Removed and reserved							133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00	
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		04H077		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: THE CARLE FOUNDATION		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00450				141.00
142.00	Street: 611 W. PARK ST.		PO Box:						142.00
143.00	City: URBANA		State: IL		Zip Code: 61801				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		
			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		155.00
156.00	Subprovider - IPF		N		N		N		156.00
157.00	Subprovider - IRF		N		N		N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF		N		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		N		160.00
161.00	CMHC				N		N		161.00
161.10	CORF				N		N		161.10
161.20	OUTPATIENT PHYSICAL THERAPY				N		N		161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY				N		N		161.30
161.40	OUTPATIENT SPEECH PATHOLOGY				N		N		161.40
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N				165.00	
Name			County		State		Zip Code		
0			1.00		2.00		3.00		
CBSA			FTE/Campus		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 1:32 pm
			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.			N 167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00 169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N 0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 1:32 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/21/2022
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/30/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCAS		MORTON	41.00
42.00	Enter the employer/company name of the cost report preparer.	CARLE FOUNDATION HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-902-6326		LUCAS.MORTON@CARLE.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 1:32 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR-FINANCE		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: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00 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	350	127,750	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)		350	127,750	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	20	6,934	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	38	12,406	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		433	156,215	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		453			0	27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		12	4,380			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: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 1:32 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)	30,301	7,225	96,525			1.00
2.00 HMO and other (see instructions)	28,276	32,049				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	763	1,469				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	30,301	7,225	96,525			7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU	0	285	3,766			8.01
9.00 CORONARY CARE UNIT	1,473	439	5,803			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	1,595	475	6,286			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		729	9,642			13.00
14.00 Total (see instructions)	33,369	9,153	122,022	92.25	3,488.51	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,666	591	4,932	0.00	38.73	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	23,804	5,116	40,347	0.00	109.83	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	50,823	3,049	59,103	0.00	50.29	24.00
24.10 HOSPICE (non-distinct part)			9			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				92.25	3,687.36	27.00
28.00 Observation Bed Days		6,146	20,429			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	435	2,033			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			86			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 1:32 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	6,084	6,816	26,698	1.00
2.00 HMO and other (see instructions)			5,074	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
8.01 NEONATAL ICU						8.01
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	6,084	6,816	26,698	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	93	88	306	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
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 1:32 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	313,421,971	-44,908,668	268,513,303	7,669,694.88	35.01	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		72,280	0	72,280	520.00	139.00	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		182,207	0	182,207	2,703.00	67.41	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	5,190,276	0	5,190,276	176,952.00	29.33	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)		28,271,508	74,735	28,346,243	691,515.61	40.99	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		46,357,907	0	46,357,907	344,485.23	134.57	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		5,500,676	0	5,500,676	45,863.00	119.94	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		102,637,692	0	102,637,692	2,762,087.00	37.16	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)		59,310,736	0	59,310,736			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		6,033,285	0	6,033,285			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		4,537	0	4,537			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		23,583	0	23,583			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,543,858	0	1,543,858			25.00
25.50	Home office wage-related (core)		33,376,402	0	33,376,402			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 1:32 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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	14,782,763	-346,900	14,435,863	530,480.04	27.21	27.00
28.00	Administrative & General under contract (see inst.)		7,087,163	0	7,087,163	89,462.00	79.22	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,560,255	9,020	2,569,275	60,070.36	42.77	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	9,209,562	102,271	9,311,833	205,154.76	45.39	40.00
41.00	Medical Records & Medical Records Library	16.00	1,122,268	1,250	1,123,518	27,968.50	40.17	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 1:32 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)	315,136,651	-44,908,668	270,227,983	7,579,501.88	35.65	1.00
2.00	Excluded area salaries (see instructions)	28,271,508	74,735	28,346,243	691,515.61	40.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	286,865,143	-44,983,403	241,881,740	6,887,986.27	35.12	3.00
4.00	Subtotal other wages & related costs (see inst.)	154,496,275	0	154,496,275	3,152,435.23	49.01	4.00
5.00	Subtotal wage-related costs (see inst.)	92,691,675	0	92,691,675	0.00	38.32	5.00
6.00	Total (sum of lines 3 thru 5)	534,053,093	-44,983,403	489,069,690	10,040,421.50	48.71	6.00
7.00	Total overhead cost (see instructions)	34,762,011	-234,359	34,527,652	913,135.66	37.81	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 1:32 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	13,779,036	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)	30,503,252	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	221,483	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)	751,529	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,018,090	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	19,370,345	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	55,128	19.00
20.00	State or Federal Unemployment Taxes	2,834	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	1,214,301	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	66,915,998	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: 14-0091

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 5/26/2022 1:32 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	46,727,379	66,915,998	1.00
2.00	Hospital	46,357,907	59,310,736	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	125,905	244,018	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	1,993,161	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	912,555	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	243,567	4,455,528	18.00

Health Financial Systems		CARLE FOUNDATION HOSPITAL			In Lieu of Form CMS-2552-10				
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0091 Component CCN: 14-7241		Period: From 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 5/26/2022 1:32 pm	
				Home Health Agency I		PPS			
				1.00					
0.00	County							0.00	
		Title V	Title XVIII	Title XIX	Other	Total			
		1.00	2.00	3.00	4.00	5.00			
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	0	1,411	0	1,711	3,122	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	1,775.00	0.00	4,027.00	5,802.00	2.00		
				Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total			
		0		1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00		
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00		
5.00	Other Administrative Personnel			2.47	0.00	2.47	5.00		
6.00	Direct Nursing Service			21.01	0.52	21.53	6.00		
7.00	Nursing Supervisor			2.74	0.00	2.74	7.00		
8.00	Physical Therapy Service			19.62	0.00	19.62	8.00		
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service			6.87	0.00	6.87	10.00		
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service			3.04	0.00	3.04	12.00		
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00		
14.00	Medical Social Service			0.30	0.00	0.30	14.00		
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00		
16.00	Home Health Aide			2.56	0.00	2.56	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		
						CBSA Data			
						1.00			
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					7	19.00		
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					14010	20.00		
20.01						16580	20.01		
20.02						19180	20.02		
20.03						19500	20.03		
20.04						37900	20.04		
20.05						50001	20.05		
20.06						99914	20.06		
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		Without Outliers	With Outliers						
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	7,477	499	323	17	8,316	21.00		
22.00	Skilled Nursing Visit Charges	1,550,075	102,805	70,120	3,530	1,726,530	22.00		
23.00	Physical Therapy Visits	8,673	730	489	18	9,910	23.00		
24.00	Physical Therapy Visit Charges	1,960,890	162,805	115,110	4,095	2,242,900	24.00		
25.00	Occupational Therapy Visits	2,323	512	46	5	2,886	25.00		
26.00	Occupational Therapy Visit Charges	545,195	116,995	11,350	1,165	674,705	26.00		
27.00	Speech Pathology Visits	504	212	9	0	725	27.00		
28.00	Speech Pathology Visit Charges	123,790	51,635	2,285	0	177,710	28.00		
29.00	Medical Social Service Visits	68	12	2	0	82	29.00		
30.00	Medical Social Service Visit Charges	22,080	3,860	650	0	26,590	30.00		
31.00	Home Health Aide Visits	1,654	226	5	0	1,885	31.00		
32.00	Home Health Aide Visit Charges	148,635	20,175	450	0	169,260	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	20,699	2,191	874	40	23,804	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)	4,350,665	458,275	199,965	8,790	5,017,695	35.00		
36.00	Total Number of Episodes (standard/non outlier)	2,476		429	6	2,911	36.00		
37.00	Total Number of Outlier Episodes		101		0	101	37.00		
38.00	Total Non-Routine Medical Supply Charges	438,199	35,634	32,254	591	506,678	38.00		

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 14-0091 Hospice CCN: 14-1526		Period: From 01/01/2021 To 12/31/2021		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/26/2022 1:32 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		10.00	
11.00	Hospice Routine Home Care			49,950	2,966	5,016	57,932	11.00	
12.00	Hospice Inpatient Respite Care			67	0	5	72	12.00	
13.00	Hospice General Inpatient Care			806	83	210	1,099	13.00	
14.00	Total Hospice Days			50,823	3,049	5,231	59,103	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: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 1:32 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)			0.201603 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	130,900,698		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	864,860,412		6.00
7.00	Medicaid cost (line 1 times line 6)	174,358,454		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)	43,457,756		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	43,457,756		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)	63,859,200	7,774,189	71,633,389 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,874,206	7,774,189	20,648,395 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)	12,874,206	7,774,189	20,648,395 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)	33,806,181		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,515,513		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,870,020		27.01
28.00	Non-Medicare bad debt expense (see instructions)	29,936,161		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	7,389,727		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	28,038,122		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	71,495,878		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/26/2022 1:32 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	24,044	24,044	0	24,044
2.00	00200	CAP REL COSTS-MVBLE EQUIP	17,775,784	17,775,784	-537,167	17,238,617
3.00	00300	OTHER CAP REL COSTS	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0
5.02	00550	DATA PROCESSING	0	0	0	0
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0
5.04	00570	ADMITTING	4,806,641	1,902,959	-194,016	6,515,584
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	372,011	143,314,572	100,428,762	244,115,345
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	9,604,111	87,103,457	-48,253,270	48,454,298
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0
10.00	01000	DIETARY	0	0	-21,168	-21,168
11.00	01100	CAFETERIA	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,560,255	2,113,027	-153,750	4,519,532
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0
15.00	01500	PHARMACY	9,209,562	63,765,628	-61,085,852	11,889,338
16.00	01600	MEDICAL RECORDS & LIBRARY	1,122,268	1,151,202	-12,792	2,260,678
17.00	01700	SOCIAL SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,190,276	6,393,970	-4,908,908	6,675,338
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,739,864	4,739,864
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	515,077	515,077
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	83,648,792	35,065,600	-18,984,407	99,729,985
31.01	03101	NEONATAL ICU	8,345,299	3,905,386	-578,297	11,672,388
32.00	03200	CORONARY CARE UNIT	8,993,629	3,446,893	-713,398	11,727,124
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,254,279	3,712,674	-809,951	11,157,002
41.00	04100	SUBPROVIDER - IRF	3,547,877	1,491,616	-435,776	4,603,717
43.00	04300	NURSERY	0	0	2,492,990	2,492,990
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,107,730	45,493,212	-22,765,826	35,835,116
51.00	05100	RECOVERY ROOM	1,760,217	787,897	-213,116	2,334,998
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	8,342,547	8,342,547
53.00	05300	ANESTHESIOLOGY	92,177	1,614,634	-1,706,811	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,536,789	17,532,251	-6,192,183	26,876,857
57.00	05700	CT SCAN	2,388,041	3,361,918	-994,571	4,755,388
58.00	05800	MRI	2,102,945	2,783,309	-482,685	4,403,569
59.00	05900	CARDIAC CATHETERIZATION	1,359,900	10,157,918	-9,044,008	2,473,810
60.00	06000	LABORATORY	10,008,656	21,945,821	-4,392,159	27,562,318
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	465,996	3,541,577	-48,552	3,959,021
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	8,425,685	2,787,563	-301,724	10,911,524
66.00	06600	PHYSICAL THERAPY	18,284,240	11,573,053	-6,099,128	23,758,165
69.00	06900	ELECTROCARDIOLOGY	2,844,624	2,226,264	-873,923	4,196,965
69.01	03650	SPECIAL PROCEDURES	5,126,171	15,526,838	-12,490,347	8,162,662
69.02	06901	CARDIAC REHAB	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	361,111	254,271	-106,291	509,091
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	22,920,385	22,920,385
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	21,869,389	21,869,389
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	86,303,755	86,303,755
75.00	07500	ASC (NON-DISTINCT PART)	1,157,396	1,880,644	-1,159,563	1,878,477
75.01	07501	WOUND CARE	0	0	0	0
76.00	03950	ACUTE DIALYSIS	0	1,604,129	-1,604,129	0
76.97	07697	CARDIAC REHABILITATION	356,170	312,921	-155,448	513,643
76.98	07698	HYPERBARIC OXYGEN THERAPY	437,989	126,359	-2,280	562,068
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICS	40,874,575	50,506,835	-33,107,018	58,274,392
90.02	09002	HOME INFUSION	0	0	0	0
91.00	09100	EMERGENCY	13,719,163	9,595,793	-1,209,009	22,105,947
91.01	09101	SLEEP LAB	1,058,444	749,179	-460,836	1,346,787
91.02	09102	BRONCH & GASTRO LAB	3,575,321	5,762,678	-1,131,448	8,206,551
91.03	09103	SURGICENTER	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
5/26/2022 1:32 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	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,823,705	5,760,608	15,584,313	-2,315,289	13,269,024	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	4,341,575	6,450,783	10,792,358	-1,069,047	9,723,311	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,863,620	593,503,267	896,366,887	2,998,626	899,365,513	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	147,584	530,250	677,834	-177,252	500,582	190.00
191.00	19100	RESEARCH	2,252,899	753,972	3,006,871	-15,000	2,991,871	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	967	967	0	967	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	202,144	-180,130	22,014	-21,876	138	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	32,140	32,140	192.12
192.13	19213	PARISH NRSG	147,126	81,865	228,991	-3	228,988	192.13
192.14	19214	COMM HLTH & WLNS	159,056	1,361,754	1,520,810	-29	1,520,781	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	379,050	153,033	532,083	-49,596	482,487	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	293,408	293,408	0	293,408	193.01
193.02	19302	TELEMEDICINE	1,748,633	1,085,307	2,833,940	-9,780	2,824,160	193.02
193.04	19304	NORTH GARAGE	0	0	0	505,027	505,027	193.04
193.05	19305	HOME INFUSION	1,479,296	35,671,912	37,151,208	-2,499,775	34,651,433	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	3,361,134	4,771,604	8,132,738	-2,289,988	5,842,750	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	426,046	515,587	941,633	0	941,633	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	24,511	1,352,340	1,376,851	0	1,376,851	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	229,709	229,709	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	70,782	70,782	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	159,147	159,147	193.13
193.14	19312	RETAIL PHARM	230,872	41,561,226	41,792,098	0	41,792,098	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	21,168	21,168	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	1,317,620	1,317,620	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	121,139	121,139	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	9,545	9,545	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	401,645	401,645	-401,604	41	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	313,421,971	681,858,007	995,279,978	0	995,279,978	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
5/26/2022 1:32 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	24,044	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	17,238,617	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,627,661	10,627,661	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	5.03
5.04	00570	ADMITTING	3	6,515,587	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	-33,515,753	210,599,592	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-34,097,369	14,356,929	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	20,525,137	20,525,137	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	11,642,503	11,642,503	9.00
10.00	01000	DIETARY	5,455,108	5,433,940	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,058,429	5,577,961	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,822,232	9,822,232	14.00
15.00	01500	PHARMACY	306,434	12,195,772	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,245,301	14,505,979	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-349	6,674,989	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,739,864	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	515,077	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-20,939	99,709,046	30.00
31.01	03101	NEONATAL ICU	0	11,672,388	31.01
32.00	03200	CORONARY CARE UNIT	-12,773	11,714,351	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-14,484	11,142,518	34.00
41.00	04100	SUBPROVIDER - IRF	-2,603	4,601,114	41.00
43.00	04300	NURSERY	-12,357	2,480,633	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-86,124	35,748,992	50.00
51.00	05100	RECOVERY ROOM	0	2,334,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-90,024	8,252,523	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-46,505	26,830,352	54.00
57.00	05700	CT SCAN	0	4,755,388	57.00
58.00	05800	MRI	0	4,403,569	58.00
59.00	05900	CARDIAC CATHETERIZATION	-12,825	2,460,985	59.00
60.00	06000	LABORATORY	2,397,413	29,959,731	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,959,021	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-13,328	10,898,196	65.00
66.00	06600	PHYSICAL THERAPY	-75,329	23,682,836	66.00
69.00	06900	ELECTROCARDIOLOGY	-157	4,196,808	69.00
69.01	03650	SPECIAL PROCEDURES	-4,154	8,158,508	69.01
69.02	06901	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	509,091	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,920,385	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,869,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	86,303,755	73.00
75.00	07500	ASC (NON-DISTINCT PART)	-2,393	1,876,084	75.00
75.01	07501	WOUND CARE	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-22,725	490,918	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	562,068	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICS	-106,927	58,167,465	90.01
90.02	09002	HOME INFUSION	0	0	90.02
91.00	09100	EMERGENCY	-938,725	21,167,222	91.00
91.01	09101	SLEEP LAB	-25,849	1,320,938	91.01
91.02	09102	BRONCH & GASTRO LAB	-1,110	8,205,441	91.02
91.03	09103	SURGICENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-95,808	13,173,216	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	-37,553	9,685,758	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,844,058	904,209,571	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	500,582	190.00
191.00	19100	RESEARCH	0	2,991,871	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	192.02
192.03	19203	ARBOURS RX	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	192.04
192.05	19205	MARKETING	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	967	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	192.10
192.11	19211	CASC PHARMACY	0	138	192.11
192.12	19212	SOUTH PARKING GARAGE	0	32,140	192.12
192.13	19213	PARISH NRSG	0	228,988	192.13
192.14	19214	COMM HLTH & WLNS	0	1,520,781	192.14
192.15	19215	MOBILE CLINIC	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	482,487	192.16
192.17	19217	SMOKING CESSATION	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	192.18
192.19	19219	STRATUM	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	293,408	193.01
193.02	19302	TELEMEDICINE	0	2,824,160	193.02
193.04	19304	NORTH GARAGE	0	505,027	193.04
193.05	19305	HOME INFUSION	0	34,651,433	193.05
193.06	19306	MISSION RELATED	0	0	193.06
193.07	19307	GRANT RELATED	0	5,842,750	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	941,633	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	1,376,851	193.10
193.11	19309	RELATED PARTY THERAPY	0	229,709	193.11
193.12	19310	RELATED PARTY PHARMACY	0	70,782	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	159,147	193.13
193.14	19312	RETAIL PHARM	0	41,792,098	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	21,168	193.15
193.16	19314	RELATED PARTY LABORATORY	0	1,317,620	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	121,139	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	9,545	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	41	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	4,844,058	1,000,124,036	200.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 1:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	4,739,864		1.00
	COSTS APPRV					
	0		0	4,739,864		
	B - PARKING GARAGE DEPRECIATION					
1.00	SOUTH PARKING GARAGE	192.12	0	32,140		1.00
2.00	NORTH GARAGE	193.04	0	505,027		2.00
	0		0	537,167		
	C - INTERNAL FEES					
1.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	100,429,443		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	0		0	100,429,443		
	D - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	86,303,755		1.00
2.00	ADMITTING	5.04	0	5		2.00
3.00	NURSING ADMINISTRATION	13.00	0	787		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 1:32 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	0		0	86,304,547	
E - OBSTETRICS					
1.00	NURSERY	43.00	1,398,488	1,094,502	1.00
	0		1,398,488	1,094,502	
F - ACUTE RENAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,506,773	1.00
	0		0	1,506,773	
G - L&D DEPT FROM ROUTINE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	5,175,256	3,167,291	1.00
	0		5,175,256	3,167,291	
H - RX RESIDENT					
1.00	PARAMED ED PRGM-RX RESIDENT	23.00	382,648	132,429	1.00
2.00		0.00	0	0	2.00
	0		382,648	132,429	
I - BONUSES					
1.00	ADMITTING	5.04	9,500	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	10,970	0	2.00
3.00	NURSING ADMINISTRATION	13.00	11,250	0	3.00
4.00	PHARMACY	15.00	18,875	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	1,250	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	683,638	0	6.00
7.00	NEONATAL ICU	31.01	25,125	0	7.00
8.00	CORONARY CARE UNIT	32.00	34,500	0	8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	62,625	0	9.00
10.00	SUBPROVIDER - IRF	41.00	9,375	0	10.00
11.00	OPERATING ROOM	50.00	63,750	0	11.00
12.00	RECOVERY ROOM	51.00	10,750	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	37,500	0	13.00
14.00	CT SCAN	57.00	4,125	0	14.00
15.00	MRI	58.00	3,125	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	10,750	0	16.00
17.00	LABORATORY	60.00	35,000	0	17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	1,250	0	18.00
19.00	RESPIRATORY THERAPY	65.00	6,875	0	19.00
20.00	PHYSICAL THERAPY	66.00	86,375	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	13,625	0	21.00
22.00	SPECIAL PROCEDURES	69.01	20,750	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	3,125	0	23.00
24.00	ASC (NON-DISTINCT PART)	75.00	1,250	0	24.00
25.00	CARDIAC REHABILITATION	76.97	1,250	0	25.00
26.00	CLINICS	90.01	201,375	0	26.00
27.00	EMERGENCY	91.00	91,500	0	27.00
28.00	SLEEP LAB	91.01	3,250	0	28.00
29.00	BRONCH & GASTRO LAB	91.02	24,000	0	29.00
30.00	HOME HEALTH AGENCY	101.00	42,976	0	30.00
31.00	HOSPICE	116.00	16,591	0	31.00
32.00	RESEARCH	191.00	3,900	0	32.00
33.00	COMM HLTH & WLNS	192.14	1,250	0	33.00
34.00	TELEMEDICINE	193.02	6,014	0	34.00
35.00	HOME INFUSION	193.05	1,250	0	35.00
36.00	GRANT RELATED	193.07	1,250	0	36.00
	0		1,559,964	0	
J - SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	22,920,385	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	21,869,389	2.00
3.00	HOME INFUSION	193.05	0	9,840	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 1:32 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
0			0	44,799,614	
K - CONTRACT LABOR					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.00	0	129,839	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2,230	2.00
3.00	PHARMACY	15.00	228,513	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	21,964,371	4.00
5.00	NEONATAL ICU	31.01	0	865,674	5.00
6.00	CORONARY CARE UNIT	32.00	0	3,450,309	6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,216,959	7.00
8.00	SUBPROVIDER - IRF	41.00	0	125,905	8.00
9.00	OPERATING ROOM	50.00	0	2,520,998	9.00
10.00	RECOVERY ROOM	51.00	0	2,184	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	636,026	11.00
12.00	CT SCAN	57.00	0	1,953	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	9,861	13.00
14.00	RESPIRATORY THERAPY	65.00	0	4,754,518	14.00
15.00	PHYSICAL THERAPY	66.00	0	268,467	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	258,191	16.00
17.00	SPECIAL PROCEDURES	69.01	0	465,404	17.00
18.00	CLINICS	90.01	0	311,451	18.00
19.00	EMERGENCY	91.00	0	7,026,646	19.00
20.00	SLEEP LAB	91.01	0	231,263	20.00
21.00	BRONCH & GASTRO LAB	91.02	0	190,282	21.00
22.00	HOME HEALTH AGENCY	101.00	0	67,662	22.00
23.00	HOSPICE	116.00	0	352,531	23.00
24.00	COMM HLTH & WLNS	192.14	0	225	24.00
25.00	OTHER NONREIMBURSABLE ADMIN	193.10	0	24,511	25.00
0			228,513	46,877,460	
L - ANESTHESIA					
1.00	OPERATING ROOM	50.00	92,177	1,477,121	1.00
0			92,177	1,477,121	
N - RELATED PARTY					
1.00	RELATED PARTY THERAPY	193.11	0	229,709	1.00
2.00	RELATED PARTY PHARMACY	193.12	0	70,782	2.00
3.00	RELATED PARTY PHARMACISTS	193.13	159,147	0	3.00
4.00	RELATED PARTY DIETITIANS	193.15	21,168	0	4.00
5.00	RELATED PARTY LABORATORY	193.16	0	1,317,620	5.00
6.00	RELATED PARTY OCCUPATIONAL THERAPY	193.17	0	121,139	6.00
7.00	RELATED PARTY SPEECH PATHOLOGY	193.18	0	9,545	7.00
0			180,315	1,748,795	
500.00	Grand Total: Increases		9,017,361	292,815,006	500.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 1:32 pm

		Decreases					5/26/2022 1:32 PM	
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - INTERNS AND RESIDENTS								
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	4,739,864	0	1.00		
	0		0	4,739,864				
B - PARKING GARAGE DEPRECIATION								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	537,167	9	1.00		
2.00		0.00	0	0	0	2.00		
	0		0	537,167				
C - INTERNAL FEES								
1.00	ADMITTING	5.04	0	193,992		1.00		
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	45,502,620		2.00		
3.00	NURSING ADMINISTRATION	13.00	0	136,044		3.00		
4.00	PHARMACY	15.00	0	370,092		4.00		
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,792		5.00		
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	168,852		6.00		
7.00	ADULTS & PEDIATRICS	30.00	0	9,237,456		7.00		
8.00	NEONATAL ICU	31.01	0	575,280		8.00		
9.00	CORONARY CARE UNIT	32.00	0	573,408		9.00		
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	576,036		10.00		
11.00	SUBPROVIDER - IRF	41.00	0	429,864		11.00		
12.00	OPERATING ROOM	50.00	0	2,139,840		12.00		
13.00	RECOVERY ROOM	51.00	0	207,948	0	13.00		
14.00	ANESTHESIOLOGY	53.00	0	73,260	0	14.00		
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,157,788	0	15.00		
16.00	CT SCAN	57.00	0	207,336	0	16.00		
17.00	MRI	58.00	0	317,772	0	17.00		
18.00	CARDIAC CATHETERIZATION	59.00	0	198,828	0	18.00		
19.00	LABORATORY	60.00	0	3,064,030	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	48,552	0	20.00		
21.00	RESPIRATORY THERAPY	65.00	0	263,748	0	21.00		
22.00	PHYSICAL THERAPY	66.00	0	5,364,828	0	22.00		
23.00	ELECTROCARDIOLOGY	69.00	0	349,380	0	23.00		
24.00	SPECIAL PROCEDURES	69.01	0	1,219,320	0	24.00		
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	55,224	0	25.00		
26.00	ASC (NON-DISTINCT PART)	75.00	0	819,000	0	26.00		
27.00	ACUTE DIALYSIS	76.00	0	86,484	0	27.00		
28.00	CARDIAC REHABILITATION	76.97	0	155,448	0	28.00		
29.00	CLINICS	90.01	0	14,014,210	0	29.00		
30.00	EMERGENCY	91.00	0	1,068,180	0	30.00		
31.00	SLEEP LAB	91.01	0	460,836	0	31.00		
32.00	BRONCH & GASTRO LAB	91.02	0	806,916	0	32.00		
33.00	HOME HEALTH AGENCY	101.00	0	2,032,464	0	33.00		
34.00	HOSPICE	116.00	0	1,066,904	0	34.00		
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	177,252	0	35.00		
36.00	RESEARCH	191.00	0	15,000	0	36.00		
37.00	CASC PHARMACY	192.11	0	21,876	0	37.00		
38.00	PALLIATIVE CARE	192.16	0	49,596	0	38.00		
39.00	TELEMEDICINE	193.02	0	9,780	0	39.00		
40.00	HOME INFUSION	193.05	0	2,509,615	0	40.00		
41.00	GRANT RELATED	193.07	0	2,289,988	0	41.00		
42.00	UNDERGRADUATE MEDICAL EDUCATION	194.00	0	401,604	0	42.00		
	0		0	100,429,443				
D - DRUGS CHARGED								
1.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	681	0	1.00		
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,408,696	0	2.00		
3.00	PHARMACY	15.00	0	60,222,541	0	3.00		
4.00	ADULTS & PEDIATRICS	30.00	0	333,004	0	4.00		
5.00	NEONATAL ICU	31.01	0	2,946	0	5.00		
6.00	CORONARY CARE UNIT	32.00	0	136,688	0	6.00		
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	230,396	0	7.00		
8.00	SUBPROVIDER - IRF	41.00	0	4,683	0	8.00		
9.00	OPERATING ROOM	50.00	0	680,006	0	9.00		
10.00	RECOVERY ROOM	51.00	0	4,331	0	10.00		
11.00	ANESTHESIOLOGY	53.00	0	64,196	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,060,608	0	12.00		
13.00	CT SCAN	57.00	0	746,388	0	13.00		
14.00	MRI	58.00	0	161,991	0	14.00		

RECLASSIFICATIONS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/26/2022 1:32 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	CARDIAC CATHETERIZATION	59.00	0	11,415	0		15.00
16.00	LABORATORY	60.00	0	1,090	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	37,976	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	524,382	0		18.00
19.00	SPECIAL PROCEDURES	69.01	0	452,361	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.00	0	65,657	0		20.00
21.00	ACUTE DIALYSIS	76.00	0	10,872	0		21.00
22.00	CLINICS	90.01	0	18,022,535	0		22.00
23.00	EMERGENCY	91.00	0	87,841	0		23.00
24.00	BRONCH & GASTRO LAB	91.02	0	31,957	0		24.00
25.00	HOME HEALTH AGENCY	101.00	0	1,282	0		25.00
26.00	HOSPICE	116.00	0	24	0		26.00
			0	86,304,547			
E - OBSTETRICS							
1.00	ADULTS & PEDIATRICS	30.00	1,398,488	1,094,502	0		1.00
			1,398,488	1,094,502			
F - ACUTE RENAL							
1.00	ACUTE DIALYSIS	76.00	0	1,506,773	0		1.00
			0	1,506,773			
G - L&D DEPT FROM ROUTINE							
1.00	ADULTS & PEDIATRICS	30.00	5,175,256	3,167,291	0		1.00
			5,175,256	3,167,291			
H - RX RESIDENT							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	237,531	102,108	0		1.00
2.00	PHARMACY	15.00	145,117	30,321	0		2.00
			382,648	132,429			
I - BONUSES							
1.00	ADMITTING	5.04	0	9,500	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	10,970	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	11,250	0		3.00
4.00	PHARMACY	15.00	0	18,875	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,250	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	683,638	0		6.00
7.00	NEONATAL ICU	31.01	0	25,125	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	34,500	0		8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	62,625	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	9,375	0		10.00
11.00	OPERATING ROOM	50.00	0	63,750	0		11.00
12.00	RECOVERY ROOM	51.00	0	10,750	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,500	0		13.00
14.00	CT SCAN	57.00	0	4,125	0		14.00
15.00	MRI	58.00	0	3,125	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	10,750	0		16.00
17.00	LABORATORY	60.00	0	35,000	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,250	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	6,875	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	86,375	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	13,625	0		21.00
22.00	SPECIAL PROCEDURES	69.01	0	20,750	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,125	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.00	0	1,250	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	1,250	0		25.00
26.00	CLINICS	90.01	0	201,375	0		26.00
27.00	EMERGENCY	91.00	0	91,500	0		27.00
28.00	SLEEP LAB	91.01	0	3,250	0		28.00
29.00	BRONCH & GASTRO LAB	91.02	0	24,000	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	42,976	0		30.00
31.00	HOSPICE	116.00	0	16,591	0		31.00
32.00	RESEARCH	191.00	0	3,900	0		32.00
33.00	COMM HLTH & WLNS	192.14	0	1,250	0		33.00
34.00	TELEMEDICINE	193.02	0	6,014	0		34.00
35.00	HOME INFUSION	193.05	0	1,250	0		35.00
36.00	GRANT RELATED	193.07	0	1,250	0		36.00
			0	1,559,964			
J - SUPPLIES CHARGED							
1.00	ADMITTING	5.04	0	29	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,315	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	18,493	0		3.00
4.00	PHARMACY	15.00	0	87,852	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/26/2022 1:32 pm

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	192	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	85,183	0	6.00
7.00	NEONATAL ICU	31.01	0	71	0	7.00
8.00	CORONARY CARE UNIT	32.00	0	3,302	0	8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,519	0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	1,229	0	10.00
11.00	OPERATING ROOM	50.00	0	21,515,278	0	11.00
12.00	RECOVERY ROOM	51.00	0	837	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	57	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	973,787	0	14.00
15.00	CT SCAN	57.00	0	40,847	0	15.00
16.00	MRI	58.00	0	2,922	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	8,833,765	0	17.00
18.00	LABORATORY	60.00	0	9,419	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	373,907	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	161	0	20.00
21.00	SPECIAL PROCEDURES	69.01	0	10,818,666	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	51,067	0	22.00
23.00	ASC (NON-DISTINCT PART)	75.00	0	274,906	0	23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,280	0	24.00
25.00	CLINICS	90.01	0	1,070,273	0	25.00
26.00	EMERGENCY	91.00	0	52,988	0	26.00
27.00	BRONCH & GASTRO LAB	91.02	0	292,575	0	27.00
28.00	HOME HEALTH AGENCY	101.00	0	281,543	0	28.00
29.00	HOSPICE	116.00	0	2,119	0	29.00
30.00	PARISH NRSNG	192.13	0	3	0	30.00
31.00	COMM HLTH & WLNS	192.14	0	29	0	31.00
0			0	44,799,614		
K - CONTRACT LABOR						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	129,839	0	0	1.00
2.00	NURSING ADMINISTRATION	13.00	2,230	0	0	2.00
3.00	PHARMACY	15.00	0	228,513	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	21,964,371	0	0	4.00
5.00	NEONATAL ICU	31.01	865,674	0	0	5.00
6.00	CORONARY CARE UNIT	32.00	3,450,309	0	0	6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	3,216,959	0	0	7.00
8.00	SUBPROVIDER - IRF	41.00	125,905	0	0	8.00
9.00	OPERATING ROOM	50.00	2,520,998	0	0	9.00
10.00	RECOVERY ROOM	51.00	2,184	0	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	636,026	0	0	11.00
12.00	CT SCAN	57.00	1,953	0	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	9,861	0	0	13.00
14.00	RESPIRATORY THERAPY	65.00	4,754,518	0	0	14.00
15.00	PHYSICAL THERAPY	66.00	268,467	0	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	258,191	0	0	16.00
17.00	SPECIAL PROCEDURES	69.01	465,404	0	0	17.00
18.00	CLINICS	90.01	311,451	0	0	18.00
19.00	EMERGENCY	91.00	7,026,646	0	0	19.00
20.00	SLEEP LAB	91.01	231,263	0	0	20.00
21.00	BRONCH & GASTRO LAB	91.02	190,282	0	0	21.00
22.00	HOME HEALTH AGENCY	101.00	67,662	0	0	22.00
23.00	HOSPICE	116.00	352,531	0	0	23.00
24.00	COMM HLTH & WLNS	192.14	225	0	0	24.00
25.00	OTHER NONREIMBURSABLE ADMIN	193.10	24,511	0	0	25.00
0			46,877,460	228,513		
L - ANESTHESIA						
1.00	ANESTHESIOLOGY	53.00	92,177	1,477,121	0	1.00
0			92,177	1,477,121		
N - RELATED PARTY						
1.00	DIETARY	10.00	0	21,168	0	1.00
2.00	PHARMACY	15.00	0	159,147	0	2.00
3.00	PHARMACY	15.00	0	70,782	0	3.00
4.00	LABORATORY	60.00	0	1,317,620	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	360,393	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
0			0	1,929,110		
500.00	Grand Total: Decreases		53,926,029	247,906,338		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	652,707	0	0	0	0	2.00	
3.00	Buildings and Fixtures	13,437,072	0	0	0	4,343,175	3.00	
4.00	Building Improvements	1,063,333	17,477	0	17,477	0	4.00	
5.00	Fixed Equipment	220,060,984	22,781,570	0	22,781,570	0	5.00	
6.00	Movable Equipment	717,028	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	235,931,124	22,799,047	0	22,799,047	4,343,175	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	235,931,124	22,799,047	0	22,799,047	4,343,175	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00	
2.00	Land Improvements	652,707	0				2.00	
3.00	Buildings and Fixtures	9,093,897	0				3.00	
4.00	Building Improvements	1,080,810	0				4.00	
5.00	Fixed Equipment	242,842,554	0				5.00	
6.00	Movable Equipment	717,028	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	254,386,996	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	254,386,996	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 1:32 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	24,044	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,775,784	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,799,828	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	24,044				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,775,784				2.00
3.00	Total (sum of lines 1-2)	0	17,799,828				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 1:32 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	253,669,968	0	253,669,968	0.997181	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	717,028	0	717,028	0.002819	0	2.00
3.00	Total (sum of lines 1-2)	254,386,996	0	254,386,996	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	24,044	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,238,617	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,262,661	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	24,044	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,238,617	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	17,262,661	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 1:32 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)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,142,715			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	39,439,991			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-3,600	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 1:32 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 #		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	AHA AND IHA LOBBYING EXPENSE	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00	CAOS TUITION	B	-129,472	PHYSICAL THERAPY	66.00	0	35.00
35.01	EDUCATION REVENUE		0		0.00	0	35.01
35.06	EDUCATION REVENUE		0		0.00	0	35.06
35.07	EDUCATION REVENUE	B	-4,575	EMERGENCY	91.00	0	35.07
36.00	OTHER REVENUE- GRANT REVENUE	B	0	SHARED ADMINISTRATIVE & GENERAL	5.05	0	36.00
36.01	OTHER REVENUE - GRANT REVENUE	B	-9,167	CLINICS	90.01	0	36.01
36.02	OTHER REVENUE - GRANT REVENUE	B	0	EMERGENCY	91.00	0	36.02
37.00	MISC	B	-12,270	SHARED ADMINISTRATIVE & GENERAL	5.05	0	37.00
38.00	MISC REVENUE & CCA REVENUE, SER	B	-2,163,526	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
38.02	MISC	B	-6,000	RADIOLOGY-DIAGNOSTIC	54.00	0	38.02
38.06	MISC	B	-54,841	PHYSICAL THERAPY	66.00	0	38.06
39.00	OUTSIDE CONTRACT	B	-18,240	PHYSICAL THERAPY	66.00	0	39.00
39.02	RENT REVENUE	B	-69,635	OTHER ADMINISTRATIVE & GENERAL	5.06	0	39.02
39.03	RENT REVENUE	B	-38,851	CLINICS	90.01	0	39.03
40.00	U OF I SUBSIDY	B	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	40.00
41.00	U OF I SUBSIDY	B	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	41.00
44.00	PROVIDER TAX	A	-30,848,619	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
45.00	REF LAB	B	-21,765	CARDIAC REHABILITATION	76.97	0	45.00
45.01	MISC & CCA REVENUE	B	0	LABORATORY	60.00	0	45.01
45.02	UNALLOWABLE EXPENSE	A	0	EMERGENCY	91.00	0	45.02
45.07	MISC REVENUE	B	-13,328	RESPIRATORY THERAPY	65.00	0	45.07
45.09	DONATIONS	A	0	HOSPICE	116.00	0	45.09
45.11	MISC REVENUE	B	-1,217	CLINICS	90.01	0	45.11
45.12	UNALLOWABLE EXPENSE	A	0	HOME HEALTH AGENCY	101.00	0	45.12
45.13	UNALLOWABLE EXPENSE	A	-349	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	45.13
45.16	UNALLOWABLE EXPENSE	A	-64	CLINICS	90.01	0	45.16
45.17	UNALLOWABLE EXPENSE	A	0	ADMITTING	5.04	0	45.17
45.22	UNALLOWABLE EXPENSE	A	-20	OTHER ADMINISTRATIVE & GENERAL	5.06	0	45.22
45.38	DONATIONS	A	-50,980	SHARED ADMINISTRATIVE & GENERAL	5.05	0	45.38
45.39	DONATIONS	A	-6,315	PHYSICAL THERAPY	66.00	0	45.39
46.00	MISC REVENUE	B	-396	BRONCH & GASTRO LAB	91.02	0	46.00
46.01	MICS REVENUE	B	3	ADMITTING	5.04	0	46.01
46.02	MICS REVENUE	B	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	46.02
47.00	MISC REVENUE	B	-211,413	PHYSICAL THERAPY	66.00	0	47.00
47.01	MISC REVENUE	B	0	PHARMACY	15.00	0	47.01
47.02	CONF TRAINING REVENUE	B	-365	ADULTS & PEDIATRICS	30.00	0	47.02
47.03	CONF TRAINING REVENUE	B	0	SUBPROVIDER - IRF	41.00	0	47.03
47.04	RELATED PARTY	A	229,709	PHYSICAL THERAPY	66.00	0	47.04
47.05	RELATED PARTY	A	70,782	PHARMACY	15.00	0	47.05
47.06	RELATED PARTY	A	159,147	PHARMACY	15.00	0	47.06
47.07	RELATED PARTY	A	21,168	DIETARY	10.00	0	47.07
47.08	RELATED PARTY	A	1,317,620	LABORATORY	60.00	0	47.08
47.09	RELATED PARTY	A	121,139	PHYSICAL THERAPY	66.00	0	47.09
47.10	RELATED PARTY	A	9,545	PHYSICAL THERAPY	66.00	0	47.10
49.00	WORKERS COMP	A	-731,392	SHARED ADMINISTRATIVE & GENERAL	5.05	0	49.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 1:32 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 #		
49.01	WORKERS COMP	A	-111,788	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.01
49.02	WORKERS COMP	A	-6,063	LABORATORY	60.00	0	49.02
49.03	WORKERS COMP	A	-19,938	PHYSICAL THERAPY	66.00	0	49.03
49.04	WORKERS COMP	A	-2,393	ASC (NON-DISTINCT PART)	75.00	0	49.04
49.05	WORKERS COMP	A	-95,808	HOME HEALTH AGENCY	101.00	0	49.05
49.06	WORKERS COMP	A	-37,553	HOSPICE	116.00	0	49.06
49.07	INTERNAL REV	A	76,505	PHARMACY	15.00	0	49.07
49.10	INTERNAL REV	A	1,157,307	LABORATORY	60.00	0	49.10
49.11	INTERNAL REV	A	53,800	PHYSICAL THERAPY	66.00	0	49.11
49.12	PROF LIABILITY	A	0	LABORATORY	60.00	0	49.12
49.13	PROF LIABILITY	A	0	PHYSICAL THERAPY	66.00	0	49.13
49.14	PROF LIABILITY	A	0	ASC (NON-DISTINCT PART)	75.00	0	49.14
49.15	PROF LIABILITY	A	0	HOSPICE	116.00	0	49.15
49.20	GL ADD ON	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	49.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		4,844,058				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 1:32 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	10,627,661	0
2.00		5.05	SHARED ADMINISTRATIVE & GENE	HOME OFFICE ALLOCATION	164,177,915	196,216,633
3.00		7.00	OPERATION OF PLANT	HOME OFFICE ALLOCATION	20,525,137	0
3.01		9.00	HOUSEKEEPING	HOME OFFICE ALLOCATION	11,642,503	0
3.02		10.00	DIETARY	HOME OFFICE ALLOCATION	5,433,940	0
3.03		14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE ALLOCATION	9,822,232	0
3.04		16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOCATION	12,368,735	0
3.05		13.00	NURSING ADMINISTRATION	HOME OFFICE ALLOCATION	1,058,501	0
4.00		0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				235,656,624	196,216,633

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

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

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

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

6.00	B		0.00	CARLE FOUNDATIO	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 1:32 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	10,627,661	0		1.00
2.00	-32,038,718	0		2.00
3.00	20,525,137	0		3.00
3.01	11,642,503	0		3.01
3.02	5,433,940	0		3.02
3.03	9,822,232	0		3.03
3.04	12,368,735	0		3.04
3.05	1,058,501	0		3.05
4.00	0	0		4.00
5.00	39,439,991			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 1:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	1,559,406	0	1,559,406	211,500	8,625	1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	903,781	903,781	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	72	72	0	0	0	3.00
4.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	250,334	72,280	178,054	211,500	1,248	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	421,394	16,974	404,420	211,500	4,109	5.00
6.00	32.00	AGGREGATE-CORONARY CARE UNIT	22,941	385	22,556	211,500	100	6.00
7.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	55,590	0	55,590	246,400	347	7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	7,280	0	7,280	211,500	46	8.00
9.00	43.00	AGGREGATE-NURSERY	340,246	12,357	327,889	211,500	3,331	9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	92,165	86,000	6,165	246,400	51	10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	229,320	0	229,320	237,100	1,222	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	96,584	59	96,525	271,900	429	12.00
13.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	23,400	0	23,400	211,500	104	13.00
14.00	60.00	AGGREGATE-LABORATORY	137,240	0	137,240	211,500	647	14.00
15.00	66.00	AGGREGATE-PHYSICAL THERAPY	61,607	42,207	19,400	211,500	121	15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	157	157	0	0	0	16.00
17.00	69.01	AGGREGATE-SPECIAL PROCEDURES	7,509	0	7,509	211,500	33	17.00
18.00	76.97	AGGREGATE-CARDIAC REHABILITATION	960	960	0	0	0	18.00
19.00	90.01	AGGREGATE-CLINICS	57,628	57,628	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	3,418,752	934,150	2,484,602	211,500	25,885	20.00
21.00	91.01	AGGREGATE-SLEEP LAB	34,492	20,892	13,600	211,500	85	21.00
22.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	714	714	0	0	0	22.00
200.00			7,721,572	2,148,616	5,572,956		46,383	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 1:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	877,013	43,851	0	0	0	1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	126,900	6,345	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	417,814	20,891	0	0	0	5.00
6.00	32.00	AGGREGATE-CORONARY CARE UNIT	10,168	508	0	0	0	6.00
7.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	41,106	2,055	0	0	0	7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	4,677	234	0	0	0	8.00
9.00	43.00	AGGREGATE-NURSERY	338,705	16,935	0	0	0	9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	6,041	302	0	0	0	10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	139,296	6,965	0	0	0	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	56,079	2,804	0	0	0	12.00
13.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	10,575	529	0	0	0	13.00
14.00	60.00	AGGREGATE-LABORATORY	65,789	3,289	0	0	0	14.00
15.00	66.00	AGGREGATE-PHYSICAL THERAPY	12,304	615	0	0	0	15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	69.01	AGGREGATE-SPECIAL PROCEDURES	3,355	168	0	0	0	17.00
18.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	18.00
19.00	90.01	AGGREGATE-CLINICS	0	0	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	2,632,057	131,603	0	0	0	20.00
21.00	91.01	AGGREGATE-SLEEP LAB	8,643	432	0	0	0	21.00
22.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	0	0	22.00
200.00			4,750,522	237,526	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 1:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	0	877,013	682,393	682,393		1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	0	0	903,781		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	72		3.00
4.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	126,900	51,154	123,434		4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	417,814	0	16,974		5.00
6.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	10,168	12,388	12,773		6.00
7.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	0	41,106	14,484	14,484		7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	4,677	2,603	2,603		8.00
9.00	43.00	AGGREGATE-NURSERY	0	338,705	0	12,357		9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	0	6,041	124	86,124		10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	139,296	90,024	90,024		11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	56,079	40,446	40,505		12.00
13.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	10,575	12,825	12,825		13.00
14.00	60.00	AGGREGATE-LABORATORY	0	65,789	71,451	71,451		14.00
15.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	12,304	7,096	49,303		15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	157		16.00
17.00	69.01	AGGREGATE-SPECIAL PROCEDURES	0	3,355	4,154	4,154		17.00
18.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	960		18.00
19.00	90.01	AGGREGATE-CLINICS	0	0	0	57,628		19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	2,632,057	0	934,150		20.00
21.00	91.01	AGGREGATE-SLEEP LAB	0	8,643	4,957	25,849		21.00
22.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	714		22.00
200.00			0	4,750,522	994,099	3,142,715		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	24,044	24,044			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	17,238,617		17,238,617		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,627,661	0	0	10,627,661	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	6,515,587	68	175,810	190,623	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	210,599,592	25	136,051	14,724	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	14,356,929	928	206,381	366,024	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	20,525,137	9,276	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	11,642,503	105	0	0	9.00
10.00	01000	DIETARY	5,433,940	246	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,577,961	21	170,254	101,692	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,822,232	0	0	0	14.00
15.00	01500	PHARMACY	12,195,772	0	735,737	368,562	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,505,979	4	2,023	44,469	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,674,989	0	7,024	205,431	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,739,864	43	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	515,077	0	0	15,145	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	99,709,046	2,561	1,032,188	2,208,246	30.00
31.01	03101	NEONATAL ICU	11,672,388	171	314,069	297,038	31.01
32.00	03200	CORONARY CARE UNIT	11,714,351	178	252,980	220,770	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,142,518	179	235,994	201,856	34.00
41.00	04100	SUBPROVIDER - IRF	4,601,114	119	124,105	135,813	41.00
43.00	04300	NURSERY	2,480,633	61	0	55,352	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,748,992	652	2,566,623	425,194	50.00
51.00	05100	RECOVERY ROOM	2,334,998	68	12,900	70,008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,252,523	195	0	204,837	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,830,352	976	4,803,502	591,256	54.00
57.00	05700	CT SCAN	4,755,388	64	198,753	94,605	57.00
58.00	05800	MRI	4,403,569	71	650,563	83,358	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,460,985	53	92,245	53,860	59.00
60.00	06000	LABORATORY	29,959,731	430	679,422	397,528	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,959,021	12	17,166	18,494	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,898,196	95	207,061	145,577	65.00
66.00	06600	PHYSICAL THERAPY	23,682,836	1,163	150,822	716,483	66.00
69.00	06900	ELECTROCARDIOLOGY	4,196,808	72	352,153	102,910	69.00
69.01	03650	SPECIAL PROCEDURES	8,158,508	295	698,202	185,294	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	509,091	13	113,571	14,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,920,385	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,869,389	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,303,755	134	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,876,084	140	94,002	45,859	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	490,918	62	14,167	14,147	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	562,068	0	0	17,336	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	58,167,465	4,514	1,179,243	1,613,459	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	21,167,222	350	811,707	268,511	91.00
91.01	09101	SLEEP LAB	1,320,938	150	48,418	32,868	91.01
91.02	09102	BRONCH & GASTRO LAB	8,205,441	187	387,226	134,930	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	13,173,216	53	22,770	387,845	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	9,685,758	2	806	158,543	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	904,209,571	23,736	16,493,938	10,203,063	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	500,582	59	306	5,841	0	190.00
191.00	19100 RESEARCH	2,991,871	41	508,698	89,324	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202 RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203 ARBOURS RX	0	0	0	0	0	192.03
192.04	19204 FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 MARKETING	0	0	0	0	0	192.05
192.06	19206 CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207 SPECIALTY TRANSPORT PROGRAM	967	0	0	0	0	192.07
192.08	19208 CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209 CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210 OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211 CASC PHARMACY	138	3	0	8,001	0	192.11
192.12	19212 SOUTH PARKING GARAGE	32,140	0	0	0	0	192.12
192.13	19213 PARISH NRSG	228,988	0	0	5,823	0	192.13
192.14	19214 COMM HLTH & WLNS	1,520,781	0	19,150	6,336	0	192.14
192.15	19215 MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216 PALLIATIVE CARE	482,487	16	2,948	15,003	0	192.16
192.17	19217 SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218 HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219 STRATUM	0	0	0	0	0	192.19
193.01	19301 CONTRACT MANAGEMENT	293,408	0	0	0	0	193.01
193.02	19302 TELEMEDICINE	2,824,160	0	62,496	69,449	0	193.02
193.04	19304 NORTH GARAGE	505,027	0	0	0	0	193.04
193.05	19305 HOME INFUSION	34,651,433	0	4,429	58,600	0	193.05
193.06	19306 MISSION RELATED	0	0	0	0	0	193.06
193.07	19307 GRANT RELATED	5,842,750	95	98,202	133,083	0	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	941,633	0	48,450	16,863	0	193.08
193.10	19303 OTHER NONREIMBURSABLE ADMIN	1,376,851	0	0	0	0	193.10
193.11	19309 RELATED PARTY THERAPY	229,709	0	0	0	0	193.11
193.12	19310 RELATED PARTY PHARMACY	70,782	0	0	0	0	193.12
193.13	19311 RELATED PARTY PHARMACISTS	159,147	0	0	6,299	0	193.13
193.14	19312 RETAIL PHARM	41,792,098	0	0	9,138	0	193.14
193.15	19313 RELATED PARTY DIETITIANS	21,168	0	0	838	0	193.15
193.16	19314 RELATED PARTY LABORATORY	1,317,620	0	0	0	0	193.16
193.17	19315 RELATED PARTY OCCUPATIONAL THERAPY	121,139	0	0	0	0	193.17
193.18	19316 RELATED PARTY SPEECH PATHOLOGY	9,545	0	0	0	0	193.18
194.00	07950 UNDERGRADUATE MEDICAL EDUCATION	41	94	0	0	0	194.00
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)	1,000,124,036	24,044	17,238,617	10,627,661	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	FOUNDATION OVERHEAD	0	0				5.03
5.04	00570	ADMITTING	0	0	6,882,088			5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	210,750,392		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	210,750,392	225,680,654	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	20,534,413	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	11,642,608	9.00
10.00	01000	DIETARY	0	0	0	0	5,434,186	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	5,849,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	9,822,232	14.00
15.00	01500	PHARMACY	0	0	0	0	13,300,071	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	14,552,475	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,887,444	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,739,907	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	530,222	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	775,903	0	103,727,944	30.00
31.01	03101	NEONATAL ICU	0	0	18,359	0	12,302,025	31.01
32.00	03200	CORONARY CARE UNIT	0	0	69,419	0	12,257,698	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	75,357	0	11,655,904	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	29,147	0	4,890,298	41.00
43.00	04300	NURSERY	0	0	58,645	0	2,594,691	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	307,096	0	39,048,557	50.00
51.00	05100	RECOVERY ROOM	0	0	37,788	0	2,455,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	43,008	0	8,500,563	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	490,425	0	32,716,511	54.00
57.00	05700	CT SCAN	0	0	418,932	0	5,467,742	57.00
58.00	05800	MRI	0	0	171,583	0	5,309,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	97,702	0	2,704,845	59.00
60.00	06000	LABORATORY	0	0	871,155	0	31,908,266	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	54,522	0	4,049,215	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	178,756	0	11,429,685	65.00
66.00	06600	PHYSICAL THERAPY	0	0	165,341	0	24,716,645	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	156,613	0	4,808,556	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	117,241	0	9,159,540	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	12,226	0	649,317	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	279,239	0	23,199,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	237,017	0	22,106,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,055,168	0	87,359,057	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	14,897	0	2,030,982	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	4,197	0	523,491	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,237	0	580,641	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	582,272	0	61,546,953	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	366,846	0	22,614,636	91.00
91.01	09101	SLEEP LAB	0	0	19,419	0	1,421,793	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	121,429	0	8,849,213	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	23,716	0	13,607,600	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	27,433	0	9,872,542	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	6,882,088	210,750,392	903,039,986	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	506,788	190.00
191.00	19100	RESEARCH	0	0	0	0	3,589,934	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	967	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	8,142	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	32,140	192.12
192.13	19213	PARISH NRSG	0	0	0	0	234,811	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	1,546,267	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	500,454	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	293,408	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	2,956,105	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	505,027	193.04
193.05	19305	HOME INFUSION	0	0	0	0	34,714,462	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	6,074,130	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	1,006,946	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,376,851	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	229,709	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	70,782	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	165,446	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	41,801,236	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	22,006	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	1,317,620	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	121,139	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	9,545	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	135	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	6,882,088	210,750,392	1,000,124,036	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	225,680,654					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	5,983,933	0	26,518,346			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	3,392,772	0	202,479	0	15,237,859	9.00
10.00	01000	DIETARY	1,583,576	0	474,411	0	274,701	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,704,728	0	41,174	0	23,841	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,862,297	0	0	0	0	14.00
15.00	01500	PHARMACY	3,875,774	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,240,737	0	7,889	0	4,568	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,007,070	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,381,256	0	83,478	0	48,337	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	154,512	0	692	0	401	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,227,464	0	4,940,011	0	2,860,449	30.00
31.01	03101	NEONATAL ICU	3,584,933	0	329,022	0	190,516	31.01
32.00	03200	CORONARY CARE UNIT	3,572,016	0	343,531	0	198,917	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,396,647	0	345,860	0	200,266	34.00
41.00	04100	SUBPROVIDER - IRF	1,425,082	0	228,613	0	132,375	41.00
43.00	04300	NURSERY	756,119	0	117,340	0	67,944	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,379,140	0	1,258,190	0	728,539	50.00
51.00	05100	RECOVERY ROOM	715,634	0	131,064	0	75,891	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,477,149	0	375,570	0	217,469	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,533,918	0	1,881,657	0	1,089,549	54.00
57.00	05700	CT SCAN	1,593,355	0	122,945	0	71,190	57.00
58.00	05800	MRI	1,547,138	0	137,315	0	79,511	58.00
59.00	05900	CARDIAC CATHETERIZATION	788,219	0	102,047	0	59,089	59.00
60.00	06000	LABORATORY	9,298,388	0	829,775	0	480,470	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,179,982	0	24,035	0	13,917	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,330,725	0	183,033	0	105,983	65.00
66.00	06600	PHYSICAL THERAPY	7,202,678	0	2,242,511	0	1,298,497	66.00
69.00	06900	ELECTROCARDIOLOGY	1,401,261	0	139,461	0	80,753	69.00
69.01	03650	SPECIAL PROCEDURES	2,669,182	0	569,191	0	329,583	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	189,217	0	25,973	0	15,039	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,760,602	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,442,028	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,457,303	0	257,562	0	149,138	73.00
75.00	07500	ASC (NON-DISTINCT PART)	591,848	0	269,349	0	155,963	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	152,551	0	120,338	0	69,680	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	169,205	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	17,935,398	0	8,706,277	0	5,041,255	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,590,131	0	675,828	0	391,329	91.00
91.01	09101	SLEEP LAB	414,325	0	289,647	0	167,716	91.01
91.02	09102	BRONCH & GASTRO LAB	2,578,749	0	360,462	0	208,721	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	3,965,391	0	102,254	0	59,209	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,876,957	0	4,267	0	2,471	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	197,389,390	0	25,923,251	0	14,893,277	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	147,683	0	114,410	0	66,248	190.00
191.00	19100	RESEARCH	1,046,143	0	79,857	0	46,240	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	282	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	2,373	0	6,413	0	3,713	192.11
192.12	19212	SOUTH PARKING GARAGE	9,366	0	0	0	0	192.12
192.13	19213	PARISH NRSG	68,426	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	450,598	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	145,837	0	31,001	0	17,951	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	85,502	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	861,439	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	147,170	0	0	0	0	193.04
193.05	19305	HOME INFUSION	10,116,141	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	1,770,062	0	182,780	0	105,836	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	293,434	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	401,228	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	66,939	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	20,627	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	48,213	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	12,181,298	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	6,413	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	383,968	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	35,301	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	2,782	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	39	0	180,634	0	104,594	194.00
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)	225,680,654	0	26,518,346	0	15,237,859	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	7,766,874					10.00
11.00	01100	CAFETERIA	2,137,030	2,137,030				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	18,877	0	7,638,548		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	12,684,529	14.00
15.00	01500	PHARMACY	0	64,469	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,791	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	55,605	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	2,360	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,914,645	485,588	0	5,609,135	0	30.00
31.01	03101	NEONATAL ICU	0	52,226	0	603,289	0	31.01
32.00	03200	CORONARY CARE UNIT	243,838	47,167	0	544,868	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	264,127	39,460	0	455,803	0	34.00
41.00	04100	SUBPROVIDER - IRF	207,234	25,316	0	0	0	41.00
43.00	04300	NURSERY	0	10,994	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,654	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,890	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39,755	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	130,526	0	0	0	54.00
57.00	05700	CT SCAN	0	18,884	0	0	0	57.00
58.00	05800	MRI	0	16,243	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,458	0	0	0	59.00
60.00	06000	LABORATORY	0	114,061	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,406	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	28,015	0	323,578	0	65.00
66.00	06600	PHYSICAL THERAPY	0	145,252	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,263	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	36,277	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,085	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,491,096	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,193,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	8,576	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,602	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,935	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	455,673	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	53,285	0	0	0	91.00
91.01	09101	SLEEP LAB	0	8,066	0	93,207	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	29,107	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,766,874	2,053,866	0	7,629,880	12,684,529	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,053	0	0	0	190.00
191.00	19100	RESEARCH	0	19,446	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	1,418	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	752	0	8,668	0	192.13
192.14	19214	COMM HLTH & WLNS	0	1,183	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	3,216	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	12,792	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	10,282	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	26,250	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	3,772	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	7,766,874	2,137,030	0	7,638,548	12,684,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	17,240,314					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,814,460				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		8,950,119	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,121,249	0	0	8,087,457	30.00
31.01	03101	NEONATAL ICU	0	50,192	0	0	539,164	31.01
32.00	03200	CORONARY CARE UNIT	0	189,786	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	206,019	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	79,686	0	0	0	41.00
43.00	04300	NURSERY	0	160,330	0	0	269,582	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	839,573	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	103,308	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117,581	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,340,779	0	0	0	54.00
57.00	05700	CT SCAN	0	1,145,322	0	0	0	57.00
58.00	05800	MRI	0	469,094	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	267,109	0	0	0	59.00
60.00	06000	LABORATORY	0	2,381,660	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	149,057	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	488,704	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,822	452,028	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	428,167	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	320,527	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,424	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	763,415	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	647,985	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,119,193	2,884,181	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	40,727	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	11,473	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,381	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	1,591,879	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	1,002,925	0	0	53,916	91.00
91.01	09101	SLEEP LAB	0	53,089	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	331,975	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	556	64,837	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	99,633	74,998	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,226,204	18,814,460	0	0	8,950,119	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	70	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	14,040	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	17,240,314	18,814,460	0	0	8,950,119	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHE R PRGM COSTS APPRV					
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,252,978				22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		688,187			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,650,281	0	168,624,223	-13,737,738	30.00
31.01	03101	NEONATAL ICU	376,685	0	18,028,052	-915,849	31.01
32.00	03200	CORONARY CARE UNIT	0	173,303	17,571,124	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	16,564,086	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,988,604	0	41.00
43.00	04300	NURSERY	188,343	0	4,165,343	-457,925	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	238,605	53,590,258	0	50.00
51.00	05100	RECOVERY ROOM	0	0	3,494,549	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,728,087	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	46,692,940	0	54.00
57.00	05700	CT SCAN	0	0	8,419,438	0	57.00
58.00	05800	MRI	0	0	7,558,445	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,931,767	0	59.00
60.00	06000	LABORATORY	0	0	45,012,620	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	5,420,612	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	15,889,723	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	36,064,433	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,881,461	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	13,084,300	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	916,055	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	37,214,737	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	35,389,852	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	133,226,434	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	3,097,445	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	882,135	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	756,162	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	0	0	95,277,435	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	37,669	276,279	31,695,998	-91,585	91.00
91.01	09101	SLEEP LAB	0	0	2,447,843	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	12,358,227	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R PRGM COSTS APPRV					
			22.00					
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	17,799,847	0	17,799,847	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE		0	12,930,868	0	12,930,868	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,252,978	688,187	873,703,103	-15,203,097	858,500,006	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	839,182	0	839,182	190.00
191.00	19100	RESEARCH	0	0	4,781,620	0	4,781,620	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	1,319	0	1,319	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	22,059	0	22,059	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	41,506	0	41,506	192.12
192.13	19213	PARISH NRSG	0	0	312,657	0	312,657	192.13
192.14	19214	COMM HLTH & WLNS	0	0	1,998,048	0	1,998,048	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	698,459	0	698,459	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	378,910	0	378,910	193.01
193.02	19302	TELEMEDICINE	0	0	3,830,336	0	3,830,336	193.02
193.04	19304	NORTH GARAGE	0	0	652,197	0	652,197	193.04
193.05	19305	HOME INFUSION	0	0	44,840,885	0	44,840,885	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	8,159,058	0	8,159,058	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	1,304,152	0	1,304,152	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	1,778,079	0	1,778,079	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	296,648	0	296,648	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	105,449	0	105,449	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	213,659	0	213,659	193.13
193.14	19312	RETAIL PHARM	0	0	53,982,534	0	53,982,534	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	28,419	0	28,419	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	1,701,588	0	1,701,588	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	156,440	0	156,440	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	12,327	0	12,327	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	285,402	0	285,402	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,252,978	688,187	1,000,124,036	-15,203,097	984,920,939	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	1,125	68	175,810	177,003	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	9,843,215	25	136,051	9,979,291	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	928	206,381	207,309	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	9,276	0	9,276	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	105	0	105	9.00
10.00	01000	DIETARY	0	246	0	246	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,505	21	170,254	178,780	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	621	0	735,737	736,358	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4	2,023	2,027	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	22,667	0	7,024	29,691	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	43	0	43	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	458,626	2,561	1,032,188	1,493,375	30.00
31.01	03101	NEONATAL ICU	25	171	314,069	314,265	31.01
32.00	03200	CORONARY CARE UNIT	40,205	178	252,980	293,363	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	67,277	179	235,994	303,450	34.00
41.00	04100	SUBPROVIDER - IRF	52,710	119	124,105	176,934	41.00
43.00	04300	NURSERY	120	61	0	181	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	72,653	652	2,566,623	2,639,928	50.00
51.00	05100	RECOVERY ROOM	0	68	12,900	12,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,070	195	0	2,265	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,679	976	4,803,502	4,815,157	54.00
57.00	05700	CT SCAN	0	64	198,753	198,817	57.00
58.00	05800	MRI	0	71	650,563	650,634	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,304	53	92,245	93,602	59.00
60.00	06000	LABORATORY	20,915	430	679,422	700,767	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12	17,166	17,178	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	274,875	95	207,061	482,031	65.00
66.00	06600	PHYSICAL THERAPY	79,159	1,163	150,822	231,144	66.00
69.00	06900	ELECTROCARDIOLOGY	0	72	352,153	352,225	69.00
69.01	03650	SPECIAL PROCEDURES	24,198	295	698,202	722,695	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13	113,571	113,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	134	0	134	73.00
75.00	07500	ASC (NON-DISTINCT PART)	255	140	94,002	94,397	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	1,954	0	0	1,954	76.00
76.97	07697	CARDIAC REHABILITATION	0	62	14,167	14,229	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	111,577	4,514	1,179,243	1,295,334	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,137	350	811,707	813,194	91.00
91.01	09101	SLEEP LAB	5,249	150	48,418	53,817	91.01
91.02	09102	BRONCH & GASTRO LAB	1,072	187	387,226	388,485	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	53	22,770	22,823	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	2	806	808	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,102,193	23,736	16,493,938	27,619,867	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59	306	365	190.00
191.00	19100	RESEARCH	0	41	508,698	508,739	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	3	0	3	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	192.12
192.13	19213	PARISH NRSG	22	0	0	22	192.13
192.14	19214	COMM HLTH & WLNS	0	0	19,150	19,150	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	16	2,948	2,964	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	43	0	62,496	62,539	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	4,429	4,429	193.05
193.06	19306	MISSION RELATED	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	95	98,202	98,297	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	1,010	0	48,450	49,460	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	94	0	94	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,103,268	24,044	17,238,617	28,365,929	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	177,003		5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	0	9,979,291	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	9,979,291	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	20,166	0	30.00
31.01	03101	NEONATAL ICU	0	0	0	477	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	1,804	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,959	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	758	0	41.00
43.00	04300	NURSERY	0	0	0	1,524	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	7,981	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	982	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,118	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	12,746	0	54.00
57.00	05700	CT SCAN	0	0	0	10,888	0	57.00
58.00	05800	MRI	0	0	0	4,459	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,539	0	59.00
60.00	06000	LABORATORY	0	0	0	22,641	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,417	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,646	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,297	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,070	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	3,047	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	318	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,257	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,160	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,564	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	387	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	109	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	32	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	15,133	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	9,534	0	91.00
91.01	09101	SLEEP LAB	0	0	0	505	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	3,156	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	616	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	713	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	177,003	9,979,291	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	0	0	0	177,003	9,979,291	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	10,186,600					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	270,089	0	279,365			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	153,135	0	2,133	0	155,373	9.00
10.00	01000	DIETARY	71,476	0	4,998	0	2,801	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	76,944	0	434	0	243	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	129,192	0	0	0	0	14.00
15.00	01500	PHARMACY	174,936	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	191,409	0	83	0	47	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	90,591	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	62,344	0	879	0	493	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	6,974	0	7	0	4	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,364,678	0	52,042	0	29,167	30.00
31.01	03101	NEONATAL ICU	161,809	0	3,466	0	1,943	31.01
32.00	03200	CORONARY CARE UNIT	161,226	0	3,619	0	2,028	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	153,310	0	3,644	0	2,042	34.00
41.00	04100	SUBPROVIDER - IRF	64,322	0	2,408	0	1,350	41.00
43.00	04300	NURSERY	34,128	0	1,236	0	693	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	513,606	0	13,255	0	7,429	50.00
51.00	05100	RECOVERY ROOM	32,301	0	1,381	0	774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,808	0	3,957	0	2,217	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	430,320	0	19,823	0	11,110	54.00
57.00	05700	CT SCAN	71,917	0	1,295	0	726	57.00
58.00	05800	MRI	69,831	0	1,447	0	811	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,577	0	1,075	0	603	59.00
60.00	06000	LABORATORY	419,689	0	8,742	0	4,899	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	53,259	0	253	0	142	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	150,335	0	1,928	0	1,081	65.00
66.00	06600	PHYSICAL THERAPY	325,098	0	23,624	0	13,240	66.00
69.00	06900	ELECTROCARDIOLOGY	63,247	0	1,469	0	823	69.00
69.01	03650	SPECIAL PROCEDURES	120,475	0	5,996	0	3,361	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	8,540	0	274	0	153	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	305,145	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	290,766	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,149,034	0	2,713	0	1,521	73.00
75.00	07500	ASC (NON-DISTINCT PART)	26,714	0	2,838	0	1,590	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,885	0	1,268	0	710	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,637	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	809,527	0	91,718	0	51,403	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	297,450	0	7,120	0	3,990	91.00
91.01	09101	SLEEP LAB	18,701	0	3,051	0	1,710	91.01
91.02	09102	BRONCH & GASTRO LAB	116,394	0	3,797	0	2,128	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	178,981	0	1,077	0	604	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	129,854	0	45	0	25	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,909,654	0	273,095	0	151,861	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,666	0	1,205	0	675	190.00
191.00	19100	RESEARCH	47,218	0	841	0	471	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	13	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	107	0	68	0	38	192.11
192.12	19212	SOUTH PARKING GARAGE	423	0	0	0	0	192.12
192.13	19213	PARISH NRSG	3,088	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	20,338	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	6,582	0	327	0	183	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	3,859	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	38,882	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	6,643	0	0	0	0	193.04
193.05	19305	HOME INFUSION	456,599	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	79,893	0	1,926	0	1,079	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	13,244	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	18,110	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	3,021	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	931	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	2,176	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	549,812	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	289	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	17,331	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	1,593	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	126	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	2	0	1,903	0	1,066	194.00
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)	10,186,600	0	279,365	0	155,373	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	79,521					10.00
11.00	01100	CAFETERIA	21,880	21,880				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	193	0	256,594		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	129,192	14.00
15.00	01500	PHARMACY	0	660	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	569	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	24	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,318	4,972	0	188,422	0	30.00
31.01	03101	NEONATAL ICU	0	535	0	20,266	0	31.01
32.00	03200	CORONARY CARE UNIT	2,497	483	0	18,303	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,704	404	0	15,311	0	34.00
41.00	04100	SUBPROVIDER - IRF	2,122	259	0	0	0	41.00
43.00	04300	NURSERY	0	113	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	132	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	407	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,336	0	0	0	54.00
57.00	05700	CT SCAN	0	193	0	0	0	57.00
58.00	05800	MRI	0	166	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	107	0	0	0	59.00
60.00	06000	LABORATORY	0	1,168	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	45	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	287	0	10,870	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,487	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	238	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	371	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	66,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	63,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	88	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	47	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	30	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	4,665	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	546	0	0	0	91.00
91.01	09101	SLEEP LAB	0	83	0	3,131	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	298	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,521	21,028	0	256,303	129,192	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41	0	0	0	190.00
191.00	19100	RESEARCH	0	199	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	15	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	8	0	291	0	192.13
192.14	19214	COMM HLTH & WLNS	0	12	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	33	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	131	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	105	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	269	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	39	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	79,521	21,880	0	256,594	129,192	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
		15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	911,954				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	193,656			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	120,851	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	21,606	0		30.00
31.01	03101	NEONATAL ICU	0	511	0		31.01
32.00	03200	CORONARY CARE UNIT	0	1,933	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	2,098	0		34.00
41.00	04100	SUBPROVIDER - IRF	0	812	0		41.00
43.00	04300	NURSERY	0	1,633	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	8,552	0		50.00
51.00	05100	RECOVERY ROOM	0	1,052	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,198	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,657	0		54.00
57.00	05700	CT SCAN	0	11,666	0		57.00
58.00	05800	MRI	0	4,778	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,721	0		59.00
60.00	06000	LABORATORY	0	24,259	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,518	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	4,978	0		65.00
66.00	06600	PHYSICAL THERAPY	361	4,604	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,361	0		69.00
69.01	03650	SPECIAL PROCEDURES	0	3,265	0		69.01
69.02	06901	CARDIAC REHAB	0	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	340	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,776	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,600	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	905,547	31,397	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	415	0		75.00
75.01	07501	WOUND CARE	0	0	0		75.01
76.00	03950	ACUTE DIALYSIS	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	117	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	34	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	0	16,214	0		90.01
90.02	09002	HOME INFUSION	0	0	0		90.02
91.00	09100	EMERGENCY	0	10,215	0		91.00
91.01	09101	SLEEP LAB	0	541	0		91.01
91.02	09102	BRONCH & GASTRO LAB	0	3,381	0		91.02
91.03	09103	SURGICENTER	0	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	29	660	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	5,270	764	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	911,207	193,656	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0			192.01
192.02	19202	RURAL HEALTH	0	0	0			192.02
192.03	19203	ARBOURS RX	0	0	0			192.03
192.04	19204	FUND DEVELOPMENT	0	0	0			192.04
192.05	19205	MARKETING	0	0	0			192.05
192.06	19206	CARLE CLINIC	0	0	0			192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	4	0	0			192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0			192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0			192.09
192.10	19210	OTHER REL ENTITIES	0	0	0			192.10
192.11	19211	CASC PHARMACY	0	0	0			192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0			192.12
192.13	19213	PARISH NRSG	0	0	0			192.13
192.14	19214	COMM HLTH & WLNS	0	0	0			192.14
192.15	19215	MOBILE CLINIC	0	0	0			192.15
192.16	19216	PALLIATIVE CARE	0	0	0			192.16
192.17	19217	SMOKING CESSATION	0	0	0			192.17
192.18	19218	HRT DISEASE PRVT	0	0	0			192.18
192.19	19219	STRATUM	0	0	0			192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0			193.01
193.02	19302	TELEMEDICINE	0	0	0			193.02
193.04	19304	NORTH GARAGE	0	0	0			193.04
193.05	19305	HOME INFUSION	0	0	0			193.05
193.06	19306	MISSION RELATED	0	0	0			193.06
193.07	19307	GRANT RELATED	0	0	0			193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0			193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0			193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0			193.11
193.12	19310	RELATED PARTY PHARMACY	743	0	0			193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0			193.13
193.14	19312	RETAIL PHARM	0	0	0			193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0			193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0			193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0			193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0			193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0			194.00
200.00		Cross Foot Adjustments				0	120,851	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	911,954	193,656	0	0	120,851	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHE R PRGM COSTS APPRV					
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	63,759				22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		7,009			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		3,224,746	0	3,224,746	30.00
31.01	03101	NEONATAL ICU		503,272	0	503,272	31.01
32.00	03200	CORONARY CARE UNIT		485,256	0	485,256	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		484,922	0	484,922	34.00
41.00	04100	SUBPROVIDER - IRF		248,965	0	248,965	41.00
43.00	04300	NURSERY		39,508	0	39,508	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		3,191,751	0	3,191,751	50.00
51.00	05100	RECOVERY ROOM		49,590	0	49,590	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		122,970	0	122,970	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,304,149	0	5,304,149	54.00
57.00	05700	CT SCAN		295,502	0	295,502	57.00
58.00	05800	MRI		732,126	0	732,126	58.00
59.00	05900	CARDIAC CATHETERIZATION		136,224	0	136,224	59.00
60.00	06000	LABORATORY		1,182,165	0	1,182,165	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		73,812	0	73,812	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		656,156	0	656,156	65.00
66.00	06600	PHYSICAL THERAPY		603,855	0	603,855	66.00
69.00	06900	ELECTROCARDIOLOGY		426,433	0	426,433	69.00
69.01	03650	SPECIAL PROCEDURES		859,210	0	859,210	69.01
69.02	06901	CARDIAC REHAB		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		123,241	0	123,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		386,299	0	386,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		366,597	0	366,597	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,115,910	0	2,115,910	73.00
75.00	07500	ASC (NON-DISTINCT PART)		126,429	0	126,429	75.00
75.01	07501	WOUND CARE		0	0	0	75.01
76.00	03950	ACUTE DIALYSIS		1,954	0	1,954	76.00
76.97	07697	CARDIAC REHABILITATION		23,365	0	23,365	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		7,733	0	7,733	76.98
76.99	07699	LITHOTRIPS		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS		2,283,994	0	2,283,994	90.01
90.02	09002	HOME INFUSION		0	0	0	90.02
91.00	09100	EMERGENCY		1,142,049	0	1,142,049	91.00
91.01	09101	SLEEP LAB		81,539	0	81,539	91.01
91.02	09102	BRONCH & GASTRO LAB		517,639	0	517,639	91.02
91.03	09103	SURGICENTER		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHE R PRGM COSTS APPRV					
		22.00	23.00	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		204,790	0	204,790	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE		137,479	0	137,479	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	26,139,630	0	26,139,630	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,952	0	8,952	190.00
191.00	19100	RESEARCH		557,468	0	557,468	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX		0	0	0	192.01
192.02	19202	RURAL HEALTH		0	0	0	192.02
192.03	19203	ARBOURS RX		0	0	0	192.03
192.04	19204	FUND DEVELOPMENT		0	0	0	192.04
192.05	19205	MARKETING		0	0	0	192.05
192.06	19206	CARLE CLINIC		0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM		17	0	17	192.07
192.08	19208	CARLE FOUNDATION #14-8077		0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439		0	0	0	192.09
192.10	19210	OTHER REL ENTITIES		0	0	0	192.10
192.11	19211	CASC PHARMACY		231	0	231	192.11
192.12	19212	SOUTH PARKING GARAGE		423	0	423	192.12
192.13	19213	PARISH NRSG		3,409	0	3,409	192.13
192.14	19214	COMM HLTH & WLNS		39,500	0	39,500	192.14
192.15	19215	MOBILE CLINIC		0	0	0	192.15
192.16	19216	PALLIATIVE CARE		10,089	0	10,089	192.16
192.17	19217	SMOKING CESSATION		0	0	0	192.17
192.18	19218	HRT DISEASE PRVT		0	0	0	192.18
192.19	19219	STRATUM		0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT		3,859	0	3,859	193.01
193.02	19302	TELEMEDICINE		101,552	0	101,552	193.02
193.04	19304	NORTH GARAGE		6,643	0	6,643	193.04
193.05	19305	HOME INFUSION		461,133	0	461,133	193.05
193.06	19306	MISSION RELATED		0	0	0	193.06
193.07	19307	GRANT RELATED		181,464	0	181,464	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES		62,743	0	62,743	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN		18,110	0	18,110	193.10
193.11	19309	RELATED PARTY THERAPY		3,021	0	3,021	193.11
193.12	19310	RELATED PARTY PHARMACY		1,674	0	1,674	193.12
193.13	19311	RELATED PARTY PHARMACISTS		2,176	0	2,176	193.13
193.14	19312	RETAIL PHARM		549,812	0	549,812	193.14
193.15	19313	RELATED PARTY DIETITIANS		289	0	289	193.15
193.16	19314	RELATED PARTY LABORATORY		17,331	0	17,331	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY		1,593	0	1,593	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY		126	0	126	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION		3,065	0	3,065	194.00
200.00		Cross Foot Adjustments	63,759	7,009	191,619	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	63,759	7,009	28,365,929	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	
			BLDG & FIXT (SQ FEET FE ET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,010,378					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		17,728,247				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	268,513,303			4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	0	5.03
5.04	00570	ADMITTING	5,696	180,804	4,816,141	0	0	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	2,110	139,915	372,011	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	77,624	212,243	9,247,711	77,624	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	775,305	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,778	0	0	0	0	9.00
10.00	01000	DIETARY	20,567	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,785	175,090	2,569,275	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	756,634	9,311,833	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	342	2,080	1,123,518	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,224	5,190,276	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,619	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	30	0	382,648	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	214,163	1,061,506	55,794,315	0	0	30.00
31.01	03101	NEONATAL ICU	14,264	322,990	7,504,750	0	0	31.01
32.00	03200	CORONARY CARE UNIT	14,893	260,166	5,577,820	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,994	242,697	5,099,945	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	9,911	127,630	3,431,347	0	0	41.00
43.00	04300	NURSERY	5,087	0	1,398,488	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,546	2,639,524	10,742,659	0	0	50.00
51.00	05100	RECOVERY ROOM	5,682	13,266	1,768,783	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,282	0	5,175,256	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,575	4,939,931	14,938,263	0	0	54.00
57.00	05700	CT SCAN	5,330	204,398	2,390,213	0	0	57.00
58.00	05800	MRI	5,953	669,041	2,106,070	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,424	94,865	1,360,789	0	0	59.00
60.00	06000	LABORATORY	35,973	698,720	10,043,656	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,042	17,654	467,246	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,935	212,942	3,678,042	0	0	65.00
66.00	06600	PHYSICAL THERAPY	97,219	155,106	18,102,148	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,046	362,155	2,600,058	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	24,676	718,033	4,681,517	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,126	116,797	364,236	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,166	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,677	96,672	1,158,646	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,217	14,569	357,420	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	437,989	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	377,441	1,212,738	40,764,499	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	29,299	834,762	6,784,017	0	0	91.00
91.01	09101	SLEEP LAB	12,557	49,793	830,431	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	15,627	398,225	3,409,039	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	
			BLDG & FIXT (SQ FEET FE ET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	4,433	23,417	9,799,019	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	185	829	4,005,635	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,984,579	16,962,416	257,785,709	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,960	315	147,584	0	0	190.00
191.00	19100	RESEARCH	3,462	523,147	2,256,799	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	278	0	202,144	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	147,126	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	19,694	160,081	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	1,344	3,032	379,050	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	64,271	1,754,647	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	4,555	1,480,546	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	7,924	100,991	3,362,384	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	49,826	426,046	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	159,147	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	230,872	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	21,168	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	7,831	0	0	0	0	194.00
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)	24,044	17,238,617	10,627,661	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.011960	0.972381	0.039580	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVE NUE)	SHARED ADMINISTRATIV E & GENERAL (TOTAL COST)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD	0					5.03
5.04	00570	ADMITTING	0	4,258,368,125				5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	1,000,000			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	1,000,000	-225,680,654	774,443,382	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	20,534,413	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	11,642,608	9.00
10.00	01000	DIETARY	0	0	0	0	5,434,186	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	5,849,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	9,822,232	14.00
15.00	01500	PHARMACY	0	0	0	0	13,300,071	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	14,552,475	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,887,444	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,739,907	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	530,222	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	480,137,897	0	0	103,727,944	30.00
31.01	03101	NEONATAL ICU	0	11,360,853	0	0	12,302,025	31.01
32.00	03200	CORONARY CARE UNIT	0	42,957,468	0	0	12,257,698	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	46,631,646	0	0	11,655,904	34.00
41.00	04100	SUBPROVIDER - IRF	0	18,036,762	0	0	4,890,298	41.00
43.00	04300	NURSERY	0	36,290,188	0	0	2,594,691	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	190,034,708	0	0	39,048,557	50.00
51.00	05100	RECOVERY ROOM	0	23,383,418	0	0	2,455,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,614,101	0	0	8,500,563	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	303,481,013	0	0	32,716,511	54.00
57.00	05700	CT SCAN	0	259,239,838	0	0	5,467,742	57.00
58.00	05800	MRI	0	106,177,861	0	0	5,309,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	60,459,360	0	0	2,704,845	59.00
60.00	06000	LABORATORY	0	539,081,052	0	0	31,908,266	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	33,738,598	0	0	4,049,215	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	110,616,645	0	0	11,429,685	65.00
66.00	06600	PHYSICAL THERAPY	0	102,314,966	0	0	24,716,645	66.00
69.00	06900	ELECTROCARDIOLOGY	0	96,914,184	0	0	4,808,556	69.00
69.01	03650	SPECIAL PROCEDURES	0	72,550,204	0	0	9,159,540	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,565,500	0	0	649,317	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	172,796,612	0	0	23,199,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	146,669,202	0	0	22,106,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	652,600,610	0	0	87,359,057	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	9,218,474	0	0	2,030,982	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,596,948	0	0	523,491	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	765,300	0	0	580,641	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	360,316,622	0	0	61,546,953	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	227,008,855	0	0	22,614,636	91.00
91.01	09101	SLEEP LAB	0	12,016,575	0	0	1,421,793	91.01
91.02	09102	BRONCH & GASTRO LAB	0	75,141,535	0	0	8,849,213	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVE NUE)	SHARED ADMINISTRATIV E & GENERAL (TOTAL COST)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	14,675,548	0	0	13,607,600	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	16,975,582	0	0	9,872,542	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,258,368,125	1,000,000	-225,680,654	677,359,332	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	506,788	190.00
191.00	19100	RESEARCH	0	0	0	0	3,589,934	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	967	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	8,142	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	32,140	192.12
192.13	19213	PARISH NRSG	0	0	0	0	234,811	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	1,546,267	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	500,454	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	293,408	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	2,956,105	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	505,027	193.04
193.05	19305	HOME INFUSION	0	0	0	0	34,714,462	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	6,074,130	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	1,006,946	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,376,851	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	229,709	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	70,782	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	165,446	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	41,801,236	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	22,006	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	1,317,620	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	121,139	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	9,545	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	135	194.00
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	6,882,088	210,750,392		225,680,654	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001616	210.750392		0.291410	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	177,003	9,979,291		10,186,600	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000042	9.979291		0.013153	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FEET FE ET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ FEET FE ET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	1,149,643				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,992,364			8.00
9.00	00900	HOUSEKEEPING	0	8,778	0	1,140,865		9.00
10.00	01000	DIETARY	0	20,567	0	20,567	913,022	10.00
11.00	01100	CAFETERIA	0	0	0	0	251,215	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,785	0	1,785	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	342	0	342	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,619	0	3,619	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	30	0	30	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	214,163	812,479	214,163	577,733	30.00
31.01	03101	NEONATAL ICU	0	14,264	10,360	14,264	0	31.01
32.00	03200	CORONARY CARE UNIT	0	14,893	41,876	14,893	28,664	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	14,994	50,625	14,994	31,049	34.00
41.00	04100	SUBPROVIDER - IRF	0	9,911	25,236	9,911	24,361	41.00
43.00	04300	NURSERY	0	5,087	22,821	5,087	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,546	191,881	54,546	0	50.00
51.00	05100	RECOVERY ROOM	0	5,682	30,946	5,682	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,282	72,402	16,282	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81,575	132,145	81,575	0	54.00
57.00	05700	CT SCAN	0	5,330	41,859	5,330	0	57.00
58.00	05800	MRI	0	5,953	3,758	5,953	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,424	23,373	4,424	0	59.00
60.00	06000	LABORATORY	0	35,973	18	35,973	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,042	0	1,042	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,935	0	7,935	0	65.00
66.00	06600	PHYSICAL THERAPY	0	97,219	135,549	97,219	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,046	10	6,046	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	24,676	24,461	24,676	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,126	2,907	1,126	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,166	0	11,166	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	11,677	23,068	11,677	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,217	0	5,217	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	377,441	95,796	377,441	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	29,299	195,166	29,299	0	91.00
91.01	09101	SLEEP LAB	0	12,557	12,632	12,557	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	15,627	42,996	15,627	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FEET FE ET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ FEET FE ET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	4,433	0	4,433	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	185	0	185	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,123,844	1,992,364	1,115,066	913,022	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,960	0	4,960	0	190.00
191.00	19100	RESEARCH	0	3,462	0	3,462	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	278	0	278	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	1,344	0	1,344	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	7,924	0	7,924	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	7,831	0	7,831	0	194.00
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	26,518,346	0	15,237,859	7,766,874	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	23.066592	0.000000	13.356409	8.506776	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	279,365	0	155,373	79,521	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.243002	0.000000	0.136189	0.087096	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	326,942					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,888	0	2,104,305			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	44,789,774		14.00
15.00	01500	PHARMACY	9,863	0	0	0	86,914,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,345	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,507	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	361	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,290	0	1,545,232	0	0	30.00
31.01	03101	NEONATAL ICU	7,990	0	166,197	0	0	31.01
32.00	03200	CORONARY CARE UNIT	7,216	0	150,103	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,037	0	125,567	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	3,873	0	0	0	0	41.00
43.00	04300	NURSERY	1,682	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,940	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,972	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,082	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,969	0	0	0	0	54.00
57.00	05700	CT SCAN	2,889	0	0	0	0	57.00
58.00	05800	MRI	2,485	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,600	0	0	0	0	59.00
60.00	06000	LABORATORY	17,450	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	674	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,286	0	89,141	0	0	65.00
66.00	06600	PHYSICAL THERAPY	22,222	0	0	0	34,392	66.00
69.00	06900	ELECTROCARDIOLOGY	3,559	0	0	3,559	0	69.00
69.01	03650	SPECIAL PROCEDURES	5,550	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	472	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,920,385	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,869,389	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	86,303,755	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,312	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	704	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	449	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	69,713	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	8,152	0	0	0	0	91.00
91.01	09101	SLEEP LAB	1,234	0	25,677	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	4,453	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,805	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	502,286	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	314,219	0	2,101,917	44,789,774	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	620	0	0	0	190.00
191.00	19100	RESEARCH	2,975	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	354	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	217	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	192.12
192.13	19213	PARISH NRSG	115	0	2,388	0	192.13
192.14	19214	COMM HLTH & WLNS	181	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	492	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,957	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	193.04
193.05	19305	HOME INFUSION	1,573	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	193.06
193.07	19307	GRANT RELATED	4,016	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	577	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	70,782	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,137,030	0	7,638,548	12,684,529	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.536419	0.000000	3.629962	0.283201	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,880	0	256,594	129,192	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.066923	0.000000	0.121938	0.002884	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,258,368,125					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		332		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			332	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	480,137,897	0	0	300	300	30.00
31.01	03101	NEONATAL ICU	11,360,853	0	0	20	20	31.01
32.00	03200	CORONARY CARE UNIT	42,957,468	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	46,631,646	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	18,036,762	0	0	0	0	41.00
43.00	04300	NURSERY	36,290,188	0	0	10	10	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	190,034,708	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	23,383,418	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,614,101	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	303,481,013	0	0	0	0	54.00
57.00	05700	CT SCAN	259,239,838	0	0	0	0	57.00
58.00	05800	MRI	106,177,861	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,459,360	0	0	0	0	59.00
60.00	06000	LABORATORY	539,081,052	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	33,738,598	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	110,616,645	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	102,314,966	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	96,914,184	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	72,550,204	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	7,565,500	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	172,796,612	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,669,202	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	652,600,610	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	9,218,474	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,596,948	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	765,300	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	360,316,622	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	227,008,855	0	0	2	2	91.00
91.01	09101	SLEEP LAB	12,016,575	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	75,141,535	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	21.00	22.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	14,675,548	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	16,975,582	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,258,368,125	0	0	332	332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202 RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203 ARBOURS RX	0	0	0	0	0	192.03
192.04	19204 FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 MARKETING	0	0	0	0	0	192.05
192.06	19206 CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207 SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208 CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209 CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210 OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211 CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212 SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213 PARISH NRSG	0	0	0	0	0	192.13
192.14	19214 COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215 MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216 PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217 SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218 HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219 STRATUM	0	0	0	0	0	192.19
193.01	19301 CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302 TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304 NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305 HOME INFUSION	0	0	0	0	0	193.05
193.06	19306 MISSION RELATED	0	0	0	0	0	193.06
193.07	19307 GRANT RELATED	0	0	0	0	0	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303 OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309 RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310 RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311 RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312 RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313 RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314 RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315 RELATED PARTY OCCUPATIONAL THERAPY	0	0	0	0	0	193.17
193.18	19316 RELATED PARTY SPEECH PATHOLOGY	0	0	0	0	0	193.18
194.00	07950 UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	18,814,460	0	0	8,950,119	6,252,978	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004418	0.000000	0.000000	26,958.189759	18,834.271084	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	193,656	0	0	120,851	63,759	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000045	0.000000	0.000000	364.009036	192.045181	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NON-PATIENT TELEPHONE	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	FOUNDATION OVERHEAD	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	23.00
		274	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.01	03101	NEONATAL ICU	31.01
32.00	03200	CORONARY CARE UNIT	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	03650	SPECIAL PROCEDURES	69.01
69.02	06901	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	WOUND CARE	75.01
76.00	03950	ACUTE DIALYSIS	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICS	90.01
90.02	09002	HOME INFUSION	90.02
91.00	09100	EMERGENCY	91.00
91.01	09101	SLEEP LAB	91.01
91.02	09102	BRONCH & GASTRO LAB	91.02
91.03	09103	SURGICENTER	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
			23.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	192.01
192.02	19202	RURAL HEALTH	0	192.02
192.03	19203	ARBOURS RX	0	192.03
192.04	19204	FUND DEVELOPMENT	0	192.04
192.05	19205	MARKETING	0	192.05
192.06	19206	CARLE CLINIC	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	192.09
192.10	19210	OTHER REL ENTITIES	0	192.10
192.11	19211	CASC PHARMACY	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	192.12
192.13	19213	PARISH NRSG	0	192.13
192.14	19214	COMM HLTH & WLNS	0	192.14
192.15	19215	MOBILE CLINIC	0	192.15
192.16	19216	PALLIATIVE CARE	0	192.16
192.17	19217	SMOKING CESSATION	0	192.17
192.18	19218	HRT DISEASE PRVT	0	192.18
192.19	19219	STRATUM	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	193.01
193.02	19302	TELEMEDICINE	0	193.02
193.04	19304	NORTH GARAGE	0	193.04
193.05	19305	HOME INFUSION	0	193.05
193.06	19306	MISSION RELATED	0	193.06
193.07	19307	GRANT RELATED	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	193.13
193.14	19312	RETAIL PHARM	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	193.16
193.17	19315	RELATED PARTY OCCUPATIONAL THERAPY	0	193.17
193.18	19316	RELATED PARTY SPEECH PATHOLOGY	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	194.00
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)	688,187	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,511.631387	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,009	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	25.580292	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,886,485		154,886,485	0	154,886,485	30.00
31.01	03101	NEONATAL ICU	17,112,203		17,112,203	0	17,112,203	31.01
32.00	03200	CORONARY CARE UNIT	17,571,124		17,571,124	12,388	17,583,512	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,564,086		16,564,086	14,484	16,578,570	34.00
41.00	04100	SUBPROVIDER - IRF	6,988,604		6,988,604	2,603	6,991,207	41.00
43.00	04300	NURSERY	3,707,418		3,707,418	0	3,707,418	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,590,258		53,590,258	124	53,590,382	50.00
51.00	05100	RECOVERY ROOM	3,494,549		3,494,549	0	3,494,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,728,087		11,728,087	90,024	11,818,111	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,692,940		46,692,940	40,446	46,733,386	54.00
57.00	05700	CT SCAN	8,419,438		8,419,438	0	8,419,438	57.00
58.00	05800	MRI	7,558,445		7,558,445	0	7,558,445	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,931,767		3,931,767	12,825	3,944,592	59.00
60.00	06000	LABORATORY	45,012,620		45,012,620	71,451	45,084,071	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,420,612		5,420,612	0	5,420,612	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	15,889,723	0	15,889,723	0	15,889,723	65.00
66.00	06600	PHYSICAL THERAPY	36,064,433	0	36,064,433	7,096	36,071,529	66.00
69.00	06900	ELECTROCARDIOLOGY	6,881,461		6,881,461	0	6,881,461	69.00
69.01	03650	SPECIAL PROCEDURES	13,084,300		13,084,300	4,154	13,088,454	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	916,055		916,055	0	916,055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,214,737		37,214,737	0	37,214,737	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,389,852		35,389,852	0	35,389,852	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,226,434		133,226,434	0	133,226,434	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,097,445		3,097,445	0	3,097,445	75.00
75.01	07501	WOUND CARE	0		0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	882,135		882,135	0	882,135	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	756,162		756,162	0	756,162	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	95,277,435		95,277,435	0	95,277,435	90.01
90.02	09002	HOME INFUSION	0		0	0	0	90.02
91.00	09100	EMERGENCY	31,604,413		31,604,413	0	31,604,413	91.00
91.01	09101	SLEEP LAB	2,447,843		2,447,843	4,957	2,452,800	91.01
91.02	09102	BRONCH & GASTRO LAB	12,358,227		12,358,227	0	12,358,227	91.02
91.03	09103	SURGICENTER	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	27,054,942		27,054,942	0	27,054,942	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	17,799,847		17,799,847		17,799,847	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	12,930,868		12,930,868		12,930,868	116.00
200.00		Subtotal (see instructions)	885,554,948	0	885,554,948	260,552	885,815,500	200.00
201.00		Less Observation Beds	27,054,942		27,054,942		27,054,942	201.00
202.00		Total (see instructions)	858,500,006	0	858,500,006	260,552	858,760,558	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 1:32 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	360,760,433		360,760,433			30.00
31.01	03101	NEONATAL ICU	11,360,853		11,360,853			31.01
32.00	03200	CORONARY CARE UNIT	42,957,468		42,957,468			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	46,631,646		46,631,646			34.00
41.00	04100	SUBPROVIDER - IRF	18,036,762		18,036,762			41.00
43.00	04300	NURSERY	36,290,188		36,290,188			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,161,121	95,873,587	190,034,708	0.282002	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,621,938	12,761,480	23,383,418	0.149446	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,790,814	2,823,287	26,614,101	0.440672	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,654,940	261,826,073	303,481,013	0.153858	0.000000	54.00
57.00	05700	CT SCAN	86,392,637	172,847,201	259,239,838	0.032477	0.000000	57.00
58.00	05800	MRI	20,737,058	85,440,803	106,177,861	0.071187	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,532,670	29,926,690	60,459,360	0.065032	0.000000	59.00
60.00	06000	LABORATORY	168,014,560	371,066,492	539,081,052	0.083499	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,600,464	8,138,134	33,738,598	0.160665	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	103,960,114	6,656,531	110,616,645	0.143647	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	30,007,602	72,307,364	102,314,966	0.352484	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	40,943,861	55,970,323	96,914,184	0.071006	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	27,524,668	45,025,536	72,550,204	0.180348	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,932,930	1,632,570	7,565,500	0.121083	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,231,564	76,565,048	172,796,612	0.215367	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,959,356	68,709,846	146,669,202	0.241290	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,213,506	432,387,104	652,600,610	0.204147	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,545	9,214,929	9,218,474	0.336004	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,690	2,594,258	2,596,948	0.339681	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	744,960	20,340	765,300	0.988060	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	4,391,483	355,925,139	360,316,622	0.264427	0.000000	90.01
90.02	09002	HOME INFUSION	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	56,008,244	171,000,611	227,008,855	0.139221	0.000000	91.00
91.01	09101	SLEEP LAB	10,700	12,005,875	12,016,575	0.203706	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	14,436,599	60,704,936	75,141,535	0.164466	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,139,560	111,237,904	119,377,464	0.226634	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	14,675,548	14,675,548			101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	16,975,582	16,975,582			116.00
200.00		Subtotal (see instructions)	1,704,054,934	2,554,313,191	4,258,368,125			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,704,054,934	2,554,313,191	4,258,368,125			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 1:32 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
31.01	03101	NEONATAL ICU			31.01
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.282003		50.00
51.00	05100	RECOVERY ROOM	0.149446		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.444054		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153991		54.00
57.00	05700	CT SCAN	0.032477		57.00
58.00	05800	MRI	0.071187		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065244		59.00
60.00	06000	LABORATORY	0.083631		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.160665		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.143647		65.00
66.00	06600	PHYSICAL THERAPY	0.352554		66.00
69.00	06900	ELECTROCARDIOLOGY	0.071006		69.00
69.01	03650	SPECIAL PROCEDURES	0.180405		69.01
69.02	06901	CARDIAC REHAB	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121083		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.215367		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241290		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204147		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.336004		75.00
75.01	07501	WOUND CARE	0.000000		75.01
76.00	03950	ACUTE DIALYSIS	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.339681		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.988060		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICS	0.264427		90.01
90.02	09002	HOME INFUSION	0.000000		90.02
91.00	09100	EMERGENCY	0.139221		91.00
91.01	09101	SLEEP LAB	0.204118		91.01
91.02	09102	BRONCH & GASTRO LAB	0.164466		91.02
91.03	09103	SURGICENTER	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226634		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

			Title XIX		Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	168,624,223		168,624,223	0	168,624,223	30.00
31.01	03101	NEONATAL ICU	18,028,052		18,028,052	0	18,028,052	31.01
32.00	03200	CORONARY CARE UNIT	17,571,124		17,571,124	12,388	17,583,512	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,564,086		16,564,086	14,484	16,578,570	34.00
41.00	04100	SUBPROVIDER - IRF	6,988,604		6,988,604	2,603	6,991,207	41.00
43.00	04300	NURSERY	4,165,343		4,165,343	0	4,165,343	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,590,258		53,590,258	124	53,590,382	50.00
51.00	05100	RECOVERY ROOM	3,494,549		3,494,549	0	3,494,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,728,087		11,728,087	90,024	11,818,111	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,692,940		46,692,940	40,446	46,733,386	54.00
57.00	05700	CT SCAN	8,419,438		8,419,438	0	8,419,438	57.00
58.00	05800	MRI	7,558,445		7,558,445	0	7,558,445	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,931,767		3,931,767	12,825	3,944,592	59.00
60.00	06000	LABORATORY	45,012,620		45,012,620	71,451	45,084,071	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,420,612		5,420,612	0	5,420,612	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	15,889,723	0	15,889,723	0	15,889,723	65.00
66.00	06600	PHYSICAL THERAPY	36,064,433	0	36,064,433	7,096	36,071,529	66.00
69.00	06900	ELECTROCARDIOLOGY	6,881,461		6,881,461	0	6,881,461	69.00
69.01	03650	SPECIAL PROCEDURES	13,084,300		13,084,300	4,154	13,088,454	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	916,055		916,055	0	916,055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,214,737		37,214,737	0	37,214,737	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,389,852		35,389,852	0	35,389,852	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,226,434		133,226,434	0	133,226,434	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,097,445		3,097,445	0	3,097,445	75.00
75.01	07501	WOUND CARE	0		0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	882,135		882,135	0	882,135	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	756,162		756,162	0	756,162	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	95,277,435		95,277,435	0	95,277,435	90.01
90.02	09002	HOME INFUSION	0		0	0	0	90.02
91.00	09100	EMERGENCY	31,695,998		31,695,998	0	31,695,998	91.00
91.01	09101	SLEEP LAB	2,447,843		2,447,843	4,957	2,452,800	91.01
91.02	09102	BRONCH & GASTRO LAB	12,358,227		12,358,227	0	12,358,227	91.02
91.03	09103	SURGICENTER	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	29,454,532		29,454,532	0	29,454,532	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	17,799,847		17,799,847		17,799,847	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	12,930,868		12,930,868		12,930,868	116.00
200.00		Subtotal (see instructions)	903,157,635	0	903,157,635	260,552	903,418,187	200.00
201.00		Less Observation Beds	29,454,532		29,454,532		29,454,532	201.00
202.00		Total (see instructions)	873,703,103	0	873,703,103	260,552	873,963,655	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.01	03101	NEONATAL ICU	0		0			31.01	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	0		0			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
69.01	03650	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	69.01	
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000	75.01	
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0	0	0	0.000000	0.000000	90.01	
90.02	09002	HOME INFUSION	0	0	0	0.000000	0.000000	90.02	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
91.01	09101	SLEEP LAB	0	0	0	0.000000	0.000000	91.01	
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0.000000	0.000000	91.02	
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.01	03101	NEONATAL ICU				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03650	SPECIAL PROCEDURES	0.000000			69.01
69.02	06901	CARDIAC REHAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	WOUND CARE	0.000000			75.01
76.00	03950	ACUTE DIALYSIS	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICS	0.000000			90.01
90.02	09002	HOME INFUSION	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	SLEEP LAB	0.000000			91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000			91.02
91.03	09103	SURGICENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,590,258	3,191,751	50,398,507	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,494,549	49,590	3,444,959	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,728,087	122,970	11,605,117	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,692,940	5,304,149	41,388,791	0	0	0	54.00
57.00	05700	CT SCAN	8,419,438	295,502	8,123,936	0	0	0	57.00
58.00	05800	MRI	7,558,445	732,126	6,826,319	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,931,767	136,224	3,795,543	0	0	0	59.00
60.00	06000	LABORATORY	45,012,620	1,182,165	43,830,455	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,420,612	73,812	5,346,800	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	15,889,723	656,156	15,233,567	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	36,064,433	603,855	35,460,578	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,881,461	426,433	6,455,028	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	13,084,300	859,210	12,225,090	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	916,055	123,241	792,814	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,214,737	386,299	36,828,438	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,389,852	366,597	35,023,255	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,226,434	2,115,910	131,110,524	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,097,445	126,429	2,971,016	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	1,954	-1,954	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	882,135	23,365	858,770	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	756,162	7,733	748,429	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	95,277,435	2,283,994	92,993,441	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	31,695,998	1,142,049	30,553,949	0	0	0	91.00
91.01	09101	SLEEP LAB	2,447,843	81,539	2,366,304	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	12,358,227	517,639	11,840,588	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	29,454,532	563,288	28,891,244	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	17,799,847	204,790	17,595,057	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	12,930,868	137,479	12,793,389	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	671,216,203	21,716,249	649,499,954	0	0	0	200.00
201.00		Less Observation Beds	29,454,532	563,288	28,891,244	0	0	0	201.00
202.00		Total (line 200 minus line 201)	641,761,671	21,152,961	620,608,710	0	0	0	202.00

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

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,590,258	190,034,708	0.282002	50.00
51.00	05100	RECOVERY ROOM	3,494,549	23,383,418	0.149446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,728,087	26,614,101	0.440672	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,692,940	303,481,013	0.153858	54.00
57.00	05700	CT SCAN	8,419,438	259,239,838	0.032477	57.00
58.00	05800	MRI	7,558,445	106,177,861	0.071187	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,931,767	60,459,360	0.065032	59.00
60.00	06000	LABORATORY	45,012,620	539,081,052	0.083499	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,420,612	33,738,598	0.160665	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	15,889,723	110,616,645	0.143647	65.00
66.00	06600	PHYSICAL THERAPY	36,064,433	102,314,966	0.352484	66.00
69.00	06900	ELECTROCARDIOLOGY	6,881,461	96,914,184	0.071006	69.00
69.01	03650	SPECIAL PROCEDURES	13,084,300	72,550,204	0.180348	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	916,055	7,565,500	0.121083	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,214,737	172,796,612	0.215367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,389,852	146,669,202	0.241290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,226,434	652,600,610	0.204147	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,097,445	9,218,474	0.336004	75.00
75.01	07501	WOUND CARE	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	882,135	2,596,948	0.339681	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	756,162	765,300	0.988060	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICS	95,277,435	360,316,622	0.264427	90.01
90.02	09002	HOME INFUSION	0	0	0.000000	90.02
91.00	09100	EMERGENCY	31,695,998	227,008,855	0.139625	91.00
91.01	09101	SLEEP LAB	2,447,843	12,016,575	0.203706	91.01
91.02	09102	BRONCH & GASTRO LAB	12,358,227	75,141,535	0.164466	91.02
91.03	09103	SURGICENTER	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	29,454,532	119,377,464	0.246734	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0.000000	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0.000000	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000	99.40
101.00	10100	HOME HEALTH AGENCY	17,799,847	14,675,548	1.212891	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	12,930,868	16,975,582	0.761733	116.00
200.00		Subtotal (sum of lines 50 thru 199)	671,216,203	3,742,330,775		200.00
201.00		Less Observation Beds	29,454,532	0		201.00
202.00		Total (line 200 minus line 201)	641,761,671	3,742,330,775		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,224,746	0	3,224,746	116,954	27.57	30.00
31.01	NEONATAL ICU	503,272		503,272	3,766	133.64	31.01
32.00	CORONARY CARE UNIT	485,256		485,256	5,803	83.62	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	484,922		484,922	6,286	77.14	34.00
41.00	SUBPROVIDER - IRF	248,965	0	248,965	4,932	50.48	41.00
43.00	NURSERY	39,508		39,508	9,642	4.10	43.00
200.00	Total (lines 30 through 199)	4,986,669		4,986,669	147,383		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	30,301	835,399				30.00
31.01	NEONATAL ICU	0	0				31.01
32.00	CORONARY CARE UNIT	1,473	123,172				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,595	123,038				34.00
41.00	SUBPROVIDER - IRF	1,666	84,100				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	35,035	1,165,709				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/26/2022 1:32 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,191,751	190,034,708	0.016796	22,517,797	378,209	50.00
51.00	05100	RECOVERY ROOM	49,590	23,383,418	0.002121	2,812,504	5,965	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,970	26,614,101	0.004620	45,959	212	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,304,149	303,481,013	0.017478	10,184,210	178,000	54.00
57.00	05700	CT SCAN	295,502	259,239,838	0.001140	24,874,603	28,357	57.00
58.00	05800	MRI	732,126	106,177,861	0.006895	5,976,889	41,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	136,224	60,459,360	0.002253	10,273,428	23,146	59.00
60.00	06000	LABORATORY	1,182,165	539,081,052	0.002193	46,823,462	102,684	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	73,812	33,738,598	0.002188	6,335,299	13,862	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	656,156	110,616,645	0.005932	23,565,363	139,790	65.00
66.00	06600	PHYSICAL THERAPY	603,855	102,314,966	0.005902	5,872,024	34,657	66.00
69.00	06900	ELECTROCARDIOLOGY	426,433	96,914,184	0.004400	13,265,145	58,367	69.00
69.01	03650	SPECIAL PROCEDURES	859,210	72,550,204	0.011843	8,590,655	101,739	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	123,241	7,565,500	0.016290	1,322,013	21,536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	386,299	172,796,612	0.002236	25,716,985	57,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	366,597	146,669,202	0.002499	24,168,491	60,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,115,910	652,600,610	0.003242	55,688,761	180,543	73.00
75.00	07500	ASC (NON-DISTINCT PART)	126,429	9,218,474	0.013715	3,321	46	75.00
75.01	07501	WOUND CARE	0	0	0.000000	0	0	75.01
76.00	03950	ACUTE DIALYSIS	1,954	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	23,365	2,596,948	0.008997	1,000	9	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,733	765,300	0.010105	193,043	1,951	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	2,283,994	360,316,622	0.006339	1,048,422	6,646	90.01
90.02	09002	HOME INFUSION	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,142,049	227,008,855	0.005031	15,456,412	77,761	91.00
91.01	09101	SLEEP LAB	81,539	12,016,575	0.006786	4,606	31	91.01
91.02	09102	BRONCH & GASTRO LAB	517,639	75,141,535	0.006889	5,153,388	35,502	91.02
91.03	09103	SURGICENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	563,284	119,377,464	0.004719	3,057,661	14,429	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	21,373,976	3,710,679,645		312,951,441	1,562,553	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 1:32 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	173,303	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	173,303	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	116,954	0.00	30,301	30.00			
31.01	03101	NEONATAL ICU	0	0	3,766	0.00	0	31.01			
32.00	03200	CORONARY CARE UNIT	0	173,303	5,803	29.86	1,473	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	6,286	0.00	1,595	34.00			
41.00	04100	SUBPROVIDER - IRF	0	0	4,932	0.00	1,666	41.00			
43.00	04300	NURSERY	0	0	9,642	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	173,303	147,383		35,035	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	0				30.00			
31.01	03101	NEONATAL ICU	0	0				31.01			
32.00	03200	CORONARY CARE UNIT	43,984	0				32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00			
41.00	04100	SUBPROVIDER - IRF	0	0				41.00			
43.00	04300	NURSERY	0	0				43.00			
200.00		Total (lines 30 through 199)	43,984	0				200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	238,605	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	276,279	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	514,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:32 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		238,605	238,605	190,034,708	0.001256
51.00	05100	RECOVERY ROOM	0		0	0	23,383,418	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	26,614,101	0.000000
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	303,481,013	0.000000
57.00	05700	CT SCAN	0		0	0	259,239,838	0.000000
58.00	05800	MRI	0		0	0	106,177,861	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	60,459,360	0.000000
60.00	06000	LABORATORY	0		0	0	539,081,052	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	33,738,598	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0		0	0	110,616,645	0.000000
66.00	06600	PHYSICAL THERAPY	0		0	0	102,314,966	0.000000
69.00	06900	ELECTROCARDIOLOGY	0		0	0	96,914,184	0.000000
69.01	03650	SPECIAL PROCEDURES	0		0	0	72,550,204	0.000000
69.02	06901	CARDIAC REHAB	0		0	0	0	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	7,565,500	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	172,796,612	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	146,669,202	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	652,600,610	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	9,218,474	0.000000
75.01	07501	WOUND CARE	0		0	0	0	0.000000
76.00	03950	ACUTE DIALYSIS	0		0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0		0	0	2,596,948	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	765,300	0.000000
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0		0	0	360,316,622	0.000000
90.02	09002	HOME INFUSION	0		0	0	0	0.000000
91.00	09100	EMERGENCY	0		276,279	276,279	227,008,855	0.001217
91.01	09101	SLEEP LAB	0		0	0	12,016,575	0.000000
91.02	09102	BRONCH & GASTRO LAB	0		0	0	75,141,535	0.000000
91.03	09103	SURGICENTER	0		0	0	0	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	119,377,464	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	0.000000
200.00		Total (lines 50 through 199)	0		514,884	514,884	3,710,679,645	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 1:32 pm

				Title XVIII		Hospital	PPS			
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
				9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.001256	22,517,797	28,282	14,525,593	18,244	50.00		
51.00	05100	RECOVERY ROOM	0.000000	2,812,504	0	1,780,577	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	45,959	0	8,275	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,184,210	0	38,211,253	0	54.00		
57.00	05700	CT SCAN	0.000000	24,874,603	0	30,832,589	0	57.00		
58.00	05800	MRI	0.000000	5,976,889	0	11,788,662	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.000000	10,273,428	0	9,509,408	0	59.00		
60.00	06000	LABORATORY	0.000000	46,823,462	0	27,839,807	0	60.00		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	6,335,299	0	836,533	0	62.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30		
65.00	06500	RESPIRATORY THERAPY	0.000000	23,565,363	0	906,050	0	65.00		
66.00	06600	PHYSICAL THERAPY	0.000000	5,872,024	0	2,367,010	0	66.00		
69.00	06900	ELECTROCARDIOLOGY	0.000000	13,265,145	0	10,694,592	0	69.00		
69.01	03650	SPECIAL PROCEDURES	0.000000	8,590,655	0	12,767,041	0	69.01		
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,322,013	0	161,153	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	25,716,985	0	13,623,038	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	24,168,491	0	17,753,493	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	55,688,761	0	103,660,919	0	73.00		
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	3,321	0	1,855,399	0	75.00		
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01		
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00		
76.97	07697	CARDIAC REHABILITATION	0.000000	1,000	0	694,586	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	193,043	0	3,030	0	76.98		
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99		
	OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0.000000	1,048,422	0	44,711,124	0	90.01		
90.02	09002	HOME INFUSION	0.000000	0	0	0	0	90.02		
91.00	09100	EMERGENCY	0.001217	15,456,412	18,810	15,382,584	18,721	91.00		
91.01	09101	SLEEP LAB	0.000000	4,606	0	1,352,942	0	91.01		
91.02	09102	BRONCH & GASTRO LAB	0.000000	5,153,388	0	10,544,105	0	91.02		
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,057,661	0	12,457,340	0	92.00		
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01		
200.00		Total (lines 50 through 199)		312,951,441	47,092	384,267,103	36,965	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/26/2022 1:32 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	0.282002	14,525,593	1	0	4,096,246	50.00	
51.00	05100	RECOVERY ROOM	0.149446	1,780,577	1	0	266,100	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.440672	8,275	0	0	3,647	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153858	38,211,253	0	0	5,879,107	54.00	
57.00	05700	CT SCAN	0.032477	30,832,589	3	51	1,001,350	57.00	
58.00	05800	MRI	0.071187	11,788,662	1	0	839,199	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.065032	9,509,408	0	0	618,416	59.00	
60.00	06000	LABORATORY	0.083499	27,839,807	4,410	0	2,324,596	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.160665	836,533	0	0	134,402	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.143647	906,050	21	0	130,151	65.00	
66.00	06600	PHYSICAL THERAPY	0.352484	2,367,010	1	0	834,333	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.071006	10,694,592	0	0	759,380	69.00	
69.01	03650	SPECIAL PROCEDURES	0.180348	12,767,041	1	0	2,302,510	69.01	
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121083	161,153	0	0	19,513	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.215367	13,623,038	266	0	2,933,953	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241290	17,753,493	0	0	4,283,740	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204147	103,660,919	5,314	0	21,162,066	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.336004	1,855,399	10	386,237	623,421	75.00	
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.339681	694,586	0	0	235,938	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.988060	3,030	0	0	2,994	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0.264427	44,711,124	216	8,137	11,822,828	90.01	
90.02	09002	HOME INFUSION	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.139221	15,382,584	40	190	2,141,579	91.00	
91.01	09101	SLEEP LAB	0.203706	1,352,942	0	0	275,602	91.01	
91.02	09102	BRONCH & GASTRO LAB	0.164466	10,544,105	2	0	1,734,147	91.02	
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226634	12,457,340	0	0	2,823,257	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		384,267,103	10,287	394,615	67,248,475	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00	
202.00		Net Charges (line 200 - line 201)		384,267,103	10,287	394,615	67,248,475	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 1:32 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	2		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	368	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	3	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03650	SPECIAL PROCEDURES	0	0		69.01
69.02	06901	CARDIAC REHAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,085	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	3	129,777		75.00
75.01	07501	WOUND CARE	0	0		75.01
76.00	03950	ACUTE DIALYSIS	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICS	57	2,152		90.01
90.02	09002	HOME INFUSION	0	0		90.02
91.00	09100	EMERGENCY	6	26		91.00
91.01	09101	SLEEP LAB	0	0		91.01
91.02	09102	BRONCH & GASTRO LAB	0	0		91.02
91.03	09103	SURGICENTER	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0		92.01
200.00		Subtotal (see instructions)	1,579	131,957		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,579	131,957		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 1:32 pm
				Component CCN: 14-T091		
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,191,751	190,034,708	0.016796	2,291	38	50.00
51.00 05100 RECOVERY ROOM	49,590	23,383,418	0.002121	3,294	7	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	122,970	26,614,101	0.004620	218	1	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,304,149	303,481,013	0.017478	101,576	1,775	54.00
57.00 05700 CT SCAN	295,502	259,239,838	0.001140	192,061	219	57.00
58.00 05800 MRI	732,126	106,177,861	0.006895	34,340	237	58.00
59.00 05900 CARDIAC CATHETERIZATION	136,224	60,459,360	0.002253	2,593	6	59.00
60.00 06000 LABORATORY	1,182,165	539,081,052	0.002193	412,400	904	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	73,812	33,738,598	0.002188	28,886	63	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	656,156	110,616,645	0.005932	244,349	1,449	65.00
66.00 06600 PHYSICAL THERAPY	603,855	102,314,966	0.005902	3,094,139	18,262	66.00
69.00 06900 ELECTROCARDIOLOGY	426,433	96,914,184	0.004400	46,081	203	69.00
69.01 03650 SPECIAL PROCEDURES	859,210	72,550,204	0.011843	67,802	803	69.01
69.02 06901 CARDIAC REHAB	0	0	0.000000	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	123,241	7,565,500	0.016290	4,994	81	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	386,299	172,796,612	0.002236	119,990	268	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	366,597	146,669,202	0.002499	15,601	39	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,115,910	652,600,610	0.003242	933,012	3,025	73.00
75.00 07500 ASC (NON-DISTINCT PART)	126,429	9,218,474	0.013715	3	0	75.00
75.01 07501 WOUND CARE	0	0	0.000000	0	0	75.01
76.00 03950 ACUTE DIALYSIS	1,954	0	0.000000	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	23,365	2,596,948	0.008997	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	7,733	765,300	0.010105	731	7	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICS	2,283,994	360,316,622	0.006339	3,373	21	90.01
90.02 09002 HOME INFUSION	0	0	0.000000	0	0	90.02
91.00 09100 EMERGENCY	1,142,049	227,008,855	0.005031	144,343	726	91.00
91.01 09101 SLEEP LAB	81,539	12,016,575	0.006786	17	0	91.01
91.02 09102 BRONCH & GASTRO LAB	517,639	75,141,535	0.006889	10,404	72	91.02
91.03 09103 SURGICENTER	0	0	0.000000	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	119,377,464	0.000000	0	0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00 Total (lines 50 through 199)	20,810,692	3,710,679,645		5,462,498	28,206	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:

Worksheet D

Component CCN: 14-T091

From 01/01/2021
To 12/31/2021Part IV
Date/Time Prepared:
5/26/2022 1:32 pm

				Title XVIII		Subprovider - IRF		PPS		
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
				1.00	2A	2.00	3A	3.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	238,605	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	0	69.01	
69.02	06901	CARDIAC REHAB	0	0	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
75.01	07501	WOUND CARE	0	0	0	0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0	0	0	0	0	0	90.01	
90.02	09002	HOME INFUSION	0	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0	0	0	0	276,279	0	91.00	
91.01	09101	SLEEP LAB	0	0	0	0	0	0	91.01	
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	0	91.02	
91.03	09103	SURGICENTER	0	0	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	92.01	
200.00		Total (lines 50 through 199)	0	0	0	0	514,884	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:32 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		238,605	238,605	190,034,708	0.001256	50.00
51.00	05100	RECOVERY ROOM	0		0	0	23,383,418	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	26,614,101	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	303,481,013	0.000000	54.00
57.00	05700	CT SCAN	0		0	0	259,239,838	0.000000	57.00
58.00	05800	MRI	0		0	0	106,177,861	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	60,459,360	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	539,081,052	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	33,738,598	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0		0	0	110,616,645	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	102,314,966	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	96,914,184	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0		0	0	72,550,204	0.000000	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	7,565,500	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	172,796,612	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	146,669,202	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	652,600,610	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	9,218,474	0.000000	75.00
75.01	07501	WOUND CARE	0		0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	2,596,948	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	765,300	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0		0	0	360,316,622	0.000000	90.01
90.02	09002	HOME INFUSION	0		0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0		276,279	276,279	227,008,855	0.001217	91.00
91.01	09101	SLEEP LAB	0		0	0	12,016,575	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0		0	0	75,141,535	0.000000	91.02
91.03	09103	SURGICENTER	0		0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	119,377,464	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0		514,884	514,884	3,710,679,645		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0091

Period:

Worksheet D

Component CCN: 14-T091

From 01/01/2021
To 12/31/2021Part IV
Date/Time Prepared:
5/26/2022 1:32 pm

				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.001256	2,291	3	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,294	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	218	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	101,576	0	4	0	0	54.00
57.00	05700	CT SCAN	0.000000	192,061	0	0	0	0	57.00
58.00	05800	MRI	0.000000	34,340	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,593	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	412,400	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	28,886	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	244,349	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,094,139	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	46,081	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.000000	67,802	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,994	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	119,990	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,601	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	933,012	0	1	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	3	0	0	0	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	731	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0.000000	3,373	0	718	0	0	90.01
90.02	09002	HOME INFUSION	0.000000	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.001217	144,343	176	17	0	0	91.00
91.01	09101	SLEEP LAB	0.000000	17	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000	10,404	0	0	0	0	91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		5,462,498	179	740	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/26/2022 1:32 pm	
				Component CCN:14-T091					
				Title XVIII		Subprovider - IRF		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	0.282002	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.149446	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.440672	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153858	4	0	0	0	1	54.00
57.00	05700	CT SCAN	0.032477	0	0	0	0	0	57.00
58.00	05800	MRI	0.071187	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065032	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.083499	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.160665	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.143647	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.352484	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071006	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.180348	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121083	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.215367	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241290	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204147	1	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.336004	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.339681	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.988060	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0.264427	718	0	646	190	90.01	
90.02	09002	HOME INFUSION	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.139221	17	0	0	2	91.00	
91.01	09101	SLEEP LAB	0.203706	0	0	0	0	91.01	
91.02	09102	BRONCH & GASTRO LAB	0.164466	0	0	0	0	91.02	
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226634	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		740	0	646	193	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		740	0	646	193	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0091

Period:

Worksheet D

Component CCN:14-T091

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/26/2022 1:32 pm

Title XVIII

Subprovider -
IRF

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
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	WOUND CARE	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	09001	CLINICS	0	171	90.01
90.02	09002	HOME INFUSION	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	SLEEP LAB	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	91.02
91.03	09103	SURGICENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	92.01
200.00		Subtotal (see instructions)	0	171	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	171	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 1:32 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,224,746	0	3,224,746	116,954	27.57	30.00
31.01	NEONATAL ICU	503,272		503,272	3,766	133.64	31.01
32.00	CORONARY CARE UNIT	485,256		485,256	5,803	83.62	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	484,922		484,922	6,286	77.14	34.00
41.00	SUBPROVIDER - IRF	248,965	0	248,965	4,932	50.48	41.00
43.00	NURSERY	39,508		39,508	9,642	4.10	43.00
200.00	Total (lines 30 through 199)	4,986,669		4,986,669	147,383		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	7,225	199,193				30.00
31.01	NEONATAL ICU	285	38,087				31.01
32.00	CORONARY CARE UNIT	439	36,709				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	475	36,642				34.00
41.00	SUBPROVIDER - IRF	591	29,834				41.00
43.00	NURSERY	729	2,989				43.00
200.00	Total (lines 30 through 199)	9,744	343,454				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/26/2022 1:32 pm	
				Title XIX		Hospital		PPS	
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	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		3,191,751	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM		49,590	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		122,970	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,304,149	0	0.000000	0	0	54.00
57.00	05700	CT SCAN		295,502	0	0.000000	0	0	57.00
58.00	05800	MRI		732,126	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		136,224	0	0.000000	0	0	59.00
60.00	06000	LABORATORY		1,182,165	0	0.000000	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		73,812	0	0.000000	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		656,156	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY		603,855	0	0.000000	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		426,433	0	0.000000	0	0	69.00
69.01	03650	SPECIAL PROCEDURES		859,210	0	0.000000	0	0	69.01
69.02	06901	CARDIAC REHAB		0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		123,241	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		386,299	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		366,597	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,115,910	0	0.000000	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		126,429	0	0.000000	0	0	75.00
75.01	07501	WOUND CARE		0	0	0.000000	0	0	75.01
76.00	03950	ACUTE DIALYSIS		1,954	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		23,365	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		7,733	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS		2,283,994	0	0.000000	0	0	90.01
90.02	09002	HOME INFUSION		0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY		1,142,049	0	0.000000	0	0	91.00
91.01	09101	SLEEP LAB		81,539	0	0.000000	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB		517,639	0	0.000000	0	0	91.02
91.03	09103	SURGICENTER		0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		563,288	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)		21,373,980	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 1:32 pm		
					Title XIX		Hospital		PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	173,303	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	173,303	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	116,954	0.00	7,225	0	0	30.00	
31.01	03101	NEONATAL ICU	0	0	3,766	0.00	285	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	173,303	5,803	29.86	439	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	6,286	0.00	475	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,932	0.00	591	0	0	41.00	
43.00	04300	NURSERY	0	0	9,642	0.00	729	0	0	43.00	
200.00		Total (lines 30 through 199)	0	173,303	147,383		9,744	0	0	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	
31.01	03101	NEONATAL ICU	0							31.01	
32.00	03200	CORONARY CARE UNIT	13,109							32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00	
41.00	04100	SUBPROVIDER - IRF	0							41.00	
43.00	04300	NURSERY	0							43.00	
200.00		Total (lines 30 through 199)	13,109							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			Title XIX		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	238,605	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	276,279	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	514,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 1:32 pm	
				Title XIX		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		238,605	238,605	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0.000000	54.00
57.00	05700	CT SCAN	0		0	0	0	0.000000	57.00
58.00	05800	MRI	0		0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0		0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0		0	0	0	0.000000	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0.000000	75.00
75.01	07501	WOUND CARE	0		0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0		0	0	0	0.000000	90.01
90.02	09002	HOME INFUSION	0		0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0		276,279	276,279	0	0.000000	91.00
91.01	09101	SLEEP LAB	0		0	0	0	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0		0	0	0	0.000000	91.02
91.03	09103	SURGICENTER	0		0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0		514,884	514,884	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description			Title XIX		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0 54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00	05800	MRI	0.000000	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
69.01	03650	SPECIAL PROCEDURES	0.000000	0	0	0	0 69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0 75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	0.000000	0	0	0	0 90.01
90.02	09002	HOME INFUSION	0.000000	0	0	0	0 90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	0 91.00
91.01	09101	SLEEP LAB	0.000000	0	0	0	0 91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000	0	0	0	0 91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0 92.01
200.00		Total (lines 50 through 199)		0	0	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:32 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)		116,954	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		116,954	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)		96,525	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		30,301	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		154,886,485	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		154,886,485	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)		154,886,485	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,324.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		40,128,826	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)		40,128,826	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	17,112,203	3,766	4,543.87	0	0	43.01
44.00	CORONARY CARE UNIT	17,583,512	5,803	3,030.07	1,473	4,463,293	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	16,578,570	6,286	2,637.38	1,595	4,206,621	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					50,205,173	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					99,003,913	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,125,593	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,609,645	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,735,238	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					96,268,675	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					20,429	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,324.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					27,054,942	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 1:32 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	3,224,746	154,886,485	0.020820	27,054,942	563,284		90.00	
91.00	Nursing Program cost	0	154,886,485	0.000000	27,054,942	0		91.00	
92.00	Allied health cost	0	154,886,485	0.000000	27,054,942	0		92.00	
93.00	All other Medical Education	0	154,886,485	0.000000	27,054,942	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:32 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,932	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,932	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)		4,932	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,666	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,991,207	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,991,207	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)		6,991,207	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,417.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,361,588	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,361,588	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-T091		Date/Time Prepared: 5/26/2022 1:32 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,450,422	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,812,010	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					84,100	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					28,385	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					112,485	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,699,525	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:32 pm	
			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	248,965	6,991,207	0.035611	0	0	90.00
91.00	Nursing Program cost	0	6,991,207	0.000000	0	0	91.00
92.00	Allied health cost	0	6,991,207	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,991,207	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 1:32 pm	
		Title XIX	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			116,954	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			116,954	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)			96,525	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			7,225	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			9,642	15.00
16.00	Nursery days (title V or XIX only)			729	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			168,624,223	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			168,624,223	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)			168,624,223	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,441.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,417,005	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)			10,417,005	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,165,343	9,642	432.00	729	314,928	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	18,028,052	3,766	4,787.06	285	1,364,312	43.01
44.00	CORONARY CARE UNIT	17,583,512	5,803	3,030.07	439	1,330,201	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	16,578,570	6,286	2,637.38	475	1,252,756	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,679,202	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					326,729	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					326,729	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,352,473	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					20,429	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,441.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					29,454,532	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 1:32 pm

		Title XIX		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,224,746	168,624,223	0.019124	29,454,532	563,288	90.00
91.00 Nursing Program cost	0	168,624,223	0.000000	29,454,532	0	91.00
92.00 Allied health cost	0	168,624,223	0.000000	29,454,532	0	92.00
93.00 All other Medical Education	0	168,624,223	0.000000	29,454,532	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 1:32 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		104,039,482	30.00
31.01	03101	NEONATAL ICU		0	31.01
32.00	03200	CORONARY CARE UNIT		11,640,319	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		11,020,657	34.00
41.00	04100	SUBPROVIDER - IRF		3,995,946	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.282003	22,517,797	50.00
51.00	05100	RECOVERY ROOM	0.149446	2,812,504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.444054	45,959	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153991	10,184,210	54.00
57.00	05700	CT SCAN	0.032477	24,874,603	57.00
58.00	05800	MRI	0.071187	5,976,889	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065244	10,273,428	59.00
60.00	06000	LABORATORY	0.083631	46,823,462	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.160665	6,335,299	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.143647	23,565,363	65.00
66.00	06600	PHYSICAL THERAPY	0.352554	5,872,024	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071006	13,265,145	69.00
69.01	03650	SPECIAL PROCEDURES	0.180405	8,590,655	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121083	1,322,013	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.215367	25,716,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241290	24,168,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204147	55,688,761	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.336004	3,321	75.00
75.01	07501	WOUND CARE	0.000000	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.339681	1,000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.988060	193,043	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICS	0.264427	1,048,422	90.01
90.02	09002	HOME INFUSION	0.000000	0	90.02
91.00	09100	EMERGENCY	0.139221	15,456,412	91.00
91.01	09101	SLEEP LAB	0.204118	4,606	91.01
91.02	09102	BRONCH & GASTRO LAB	0.164466	5,153,388	91.02
91.03	09103	SURGICENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.226634	3,057,661	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		312,951,441	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)		312,951,441	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 1:32 pm	
		Component CCN:14-T091			
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.01	03101 NEONATAL ICU				31.01
32.00	03200 CORONARY CARE UNIT				32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100 SUBPROVIDER - IRF		5,296,616		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.282003	2,291	646	50.00
51.00	05100 RECOVERY ROOM	0.149446	3,294	492	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.444054	218	97	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153991	101,576	15,642	54.00
57.00	05700 CT SCAN	0.032477	192,061	6,238	57.00
58.00	05800 MRI	0.071187	34,340	2,445	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.065244	2,593	169	59.00
60.00	06000 LABORATORY	0.083631	412,400	34,489	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.160665	28,886	4,641	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.143647	244,349	35,100	65.00
66.00	06600 PHYSICAL THERAPY	0.352554	3,094,139	1,090,851	66.00
69.00	06900 ELECTROCARDIOLOGY	0.071006	46,081	3,272	69.00
69.01	03650 SPECIAL PROCEDURES	0.180405	67,802	12,232	69.01
69.02	06901 CARDIAC REHAB	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.121083	4,994	605	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.215367	119,990	25,842	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.241290	15,601	3,764	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.204147	933,012	190,472	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.336004	3	1	75.00
75.01	07501 WOUND CARE	0.000000	0	0	75.01
76.00	03950 ACUTE DIALYSIS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.339681	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.988060	731	722	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICS	0.264427	3,373	892	90.01
90.02	09002 HOME INFUSION	0.000000	0	0	90.02
91.00	09100 EMERGENCY	0.139221	144,343	20,096	91.00
91.01	09101 SLEEP LAB	0.204118	17	3	91.01
91.02	09102 BRONCH & GASTRO LAB	0.164466	10,404	1,711	91.02
91.03	09103 SURGICENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.226634	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,462,498	1,450,422	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)		5,462,498		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 1:32 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)			50,395,148	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			16,550,734	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)			1,443,257	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			496,096	2.04
3.00	Managed Care Simulated Payments			55,134,131	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			383.76	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)			29.04	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.			1.75	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)			27.29	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			83.77	10.00
11.00	FTE count for residents in dental and podiatric programs.			8.48	11.00
12.00	Current year allowable FTE (see instructions)			35.77	12.00
13.00	Total allowable FTE count for the prior year.			34.74	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.			33.74	14.00
15.00	Sum of lines 12 through 14 divided by 3.			34.75	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			34.75	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.090551	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.092399	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.090551	21.00
22.00	IME payment adjustment (see instructions)			3,229,202	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			2,659,450	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).			25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			56.48	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)			25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.065145	26.00
27.00	IME payments adjustment factor. (see instructions)			0.017087	27.00
28.00	IME add-on adjustment amount (see instructions)			1,143,904	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			942,077	28.01
29.00	Total IME payment (sum of lines 22 and 28)			4,373,106	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,601,527	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.21	30.00
31.00	Percentage of Medicaid patient days (see instructions)			33.56	31.00
32.00	Sum of lines 30 and 31			38.77	32.00
33.00	Allowable disproportionate share percentage (see instructions)			21.20	33.00
34.00	Disproportionate share adjustment (see instructions)			3,548,132	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 1:32 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)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.001009052	0.001064634
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		8,365,056	7,656,857
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		6,256,602	1,929,949
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,186,551	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		84,993,024	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		88,594,551	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,880,688	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,903,367	52.00
53.00	Nursing and Allied Health Managed Care payment		59,243	53.00
54.00	Special add-on payments for new technologies		614,700	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).		43,984	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		47,092	58.00
59.00	Total (sum of amounts on lines 49 through 58)		97,143,625	59.00
60.00	Primary payer payments		129,167	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		97,014,458	61.00
62.00	Deductibles billed to program beneficiaries		6,062,604	62.00
63.00	Coinsurance billed to program beneficiaries		378,734	63.00
64.00	Allowable bad debts (see instructions)		2,073,109	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,347,521	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,520,964	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		91,920,641	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)		-30,091	70.93
70.94	HRR adjustment amount (see instructions)		-781,889	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 1:32 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		91,108,661	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		89,094,628	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)		2,014,033	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,893,653	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 1:32 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	50,395,148	0	50,395,148		50,395,148
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,550,734	0		16,550,734	16,550,734
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	1,443,257	0	1,443,257		1,443,257
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	496,096	0		496,096	496,096
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	55,134,131	0	42,047,345	13,086,786	55,134,131
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090551	0.090551	0.090551	0.090551	
6.00	IME payment adjustment (see instructions)	22.00	3,229,202	0	2,430,861	798,341	3,229,202
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,659,450	0	2,028,196	631,254	2,659,450
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.017087	0.017087	0.017087	0.017087	
8.00	IME adjustment (see instructions)	28.00	1,143,904	0	861,102	282,802	1,143,904
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	942,077	0	718,463	223,614	942,077
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,373,106	0	3,291,963	1,081,143	4,373,106
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,601,527	0	2,746,659	854,868	3,601,527
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2120	0.2120	0.2120	0.2120	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,548,132	0	2,670,943	877,189	3,548,132
11.01	Uncompensated care payments	36.00	8,186,551	0	6,256,602	1,929,949	8,186,551
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	84,993,024	0	64,057,913	20,935,111	84,993,024
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	88,594,551	0	66,804,572	21,789,979	88,594,551

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 1:32 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	5,880,688	0	4,467,291	1,413,397	5,880,688
17.00	Special add-on payments for new technologies	54.00	614,700	0	306,977	307,723	614,700
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	71,578,840	23,511,099	95,089,939
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	5,091,383	0	3,848,985	1,242,398	5,091,383
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	91,786	0	90,996	790	91,786
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	0.0553	0.0553	0.0553	0.0553	
23.00	Indirect medical education adjustment (see instructions)	6.00	281,553	0	212,848	68,705	281,553
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0817	0.0817	0.0817	0.0817	
25.00	Disproportionate share adjustment (see instructions)	11.00	415,966	0	314,462	101,504	415,966
26.00	Total prospective capital payments (see instructions)	12.00	5,880,688	0	4,467,291	1,413,397	5,880,688
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 1:32 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	50,395,148	50,395,148		50,395,148	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,550,734		16,550,734	16,550,734	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,443,257	1,443,257		1,443,257	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	496,096		496,096	496,096	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	55,134,131	42,047,345	13,086,786	55,134,131	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090551	0.090551	0.090551		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,229,202	2,430,861	798,341	3,229,202	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,659,450	2,028,196	631,254	2,659,450	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	0.017087	0.017087	0.017087		7.00
8.00	IME adjustment (see instructions)	28.00	1,143,904	861,102	282,802	1,143,904	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	942,077	718,463	223,614	942,077	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,373,106	3,291,963	1,081,143	4,373,106	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,601,527	2,746,659	854,868	3,601,527	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2120	0.2120	0.2120		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,548,132	2,670,943	877,189	3,548,132	11.00
11.01	Uncompensated care payments	36.00	8,186,551	6,256,602	1,929,949	8,186,551	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	84,993,024	64,057,913	20,935,111	84,993,024	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	88,594,551	66,804,572	21,789,979	88,594,551	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,880,688	4,467,291	1,413,397	5,880,688	16.00
17.00	Special add-on payments for new technologies	54.00	614,700	306,977	307,723	614,700	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			71,578,840	23,511,099	95,089,939	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0091		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 1:32 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	5,091,383	3,848,985	1,242,398	5,091,383	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	91,786	90,996	790	91,786	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	0.0553	0.0553	0.0553		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	281,553	212,848	68,705	281,553	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0817	0.0817	0.0817		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	415,966	314,462	101,504	415,966	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	5,880,688	4,467,291	1,413,397	5,880,688	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-30,091	-30,091	0	-30,091	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	-781,889	-537,442	-244,447	-781,889	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 1:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		133,536	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		67,211,510	2.00
3.00	OPPS payments		55,071,291	3.00
4.00	Outlier payment (see instructions)		271,742	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		36,965	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		133,536	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		404,902	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)		404,902	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)		404,902	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		271,366	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)		133,536	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)		55,379,998	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		124	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		9,963,603	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)		45,549,807	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,248,059	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)		46,797,866	30.00
31.00	Primary payer payments		49,147	31.00
32.00	Subtotal (line 30 minus line 31)		46,748,719	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)		1,793,572	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,165,822	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		954,766	36.00
37.00	Subtotal (see instructions)		47,914,541	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-198	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)		24,396	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		47,914,739	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		48,129,252	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)		-214,513	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 1:32 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		171	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		193	2.00
3.00	OPPS payments		223	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		171	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		646	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)		646	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)		646	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		475	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)		171	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)		223	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)		0	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)		394	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)		394	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		394	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		394	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		394	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		386	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)		8	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 1:32 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		89,239,564		48,141,021	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	09/20/2021	144,936	09/20/2021	11,769	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)		-144,936		-11,769	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)		89,094,628		48,129,252	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		2,014,033		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		214,513	6.02
7.00	Total Medicare program liability (see instructions)		91,108,661		47,914,739	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: 14-0091 Component CCN: 14-T091		Period: From 01/01/2021 To 12/31/2021		Worksheet E-1 Part I Date/Time Prepared: 5/26/2022 1:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		2,915,963		386		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)		2,915,963		386		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		100,185		8		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		3,016,148		394		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/26/2022 1:32 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,339,296	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0322	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		293,114	3.00
4.00	Outlier Payments		449,882	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		13.512329	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		3,082,292	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,082,292	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,082,292	19.00
20.00	Deductibles		4,452	20.00
21.00	Subtotal (line 19 minus line 20)		3,077,840	21.00
22.00	Coinsurance		64,041	22.00
23.00	Subtotal (line 21 minus line 22)		3,013,799	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		3,339	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		2,170	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,226	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,015,969	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		179	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.98	Recovery of accelerated depreciation.		0	31.98
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,016,148	32.00
32.01	Sequestration adjustment (see instructions)		0	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		2,915,963	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		100,185	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		449,882	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 1:32 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.35	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.85	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			27.50	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			84.17	6.00
7.00	Enter the lesser of line 5 or line 6			27.50	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	49.34	33.56	82.90	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.12	10.96	27.08	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.24		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		8.48		10.01
11.00	Total weighted FTE count	16.12	18.20		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.49	16.68		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	22.04	11.19		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.55	15.36		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	18.55	15.36		17.00
18.00	Per resident amount	95,043.43	95,043.43		18.00
19.00	Approved amount for resident costs	1,763,056	1,459,867	3,222,923	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			56.67	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.62	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			111,992.85	23.00
24.00	Multiply line 22 time line 23			2,757,264	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,980,187	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	35,035	29,039		26.00
27.00	Total Inpatient Days (see instructions)	119,345	119,345		27.00
28.00	Ratio of inpatient days to total inpatient days	0.293561	0.243320		28.00
29.00	Program direct GME amount	1,755,550	1,455,099	3,210,649	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		59,223	59,223	30.00
31.00	Net Program direct GME amount			3,151,426	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 1:32 pm	
		Title XVIII	Hospital	PPS	
					1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			102,815,923	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			129,167	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			102,686,756	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			67,382,375	42.00
43.00	Primary payer payments (see instructions)			49,406	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			67,332,969	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			170,019,725	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.603970	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.396030	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			3,151,426	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,903,367	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,248,059	50.00

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

Provider CCN: 14-0091

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

Worksheet G

Date/Time Prepared:
5/26/2022 1:32 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	-28,235,231	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	185,687,053	0	0	0	4.00
5.00 Other receivable	8,052,273	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-68,856,575	0	0	0	6.00
7.00 Inventory	9,947,082	0	0	0	7.00
8.00 Prepaid expenses	14,157,417	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)	120,752,019	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	652,707	0	0	0	13.00
14.00 Accumulated depreciation	-652,339	0	0	0	14.00
15.00 Buildings	9,093,897	0	0	0	15.00
16.00 Accumulated depreciation	-152,957	0	0	0	16.00
17.00 Leasehold improvements	1,080,810	0	0	0	17.00
18.00 Accumulated depreciation	-808,104	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	717,028	0	0	0	21.00
22.00 Accumulated depreciation	-405,933	0	0	0	22.00
23.00 Major movable equipment	242,842,554	0	0	0	23.00
24.00 Accumulated depreciation	-169,854,663	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)	82,513,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	911,814	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	911,814	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	204,176,833	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	29,841,399	0	0	0	37.00
38.00 Salaries, wages, and fees payable	58,982,724	0	0	0	38.00
39.00 Payroll taxes payable	-23,345	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	288,871	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	-133,939,919	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	-44,850,270	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	561,768	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	561,768	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	-44,288,502	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	248,465,335				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)	248,465,335	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	204,176,833	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0091

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 1:32 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		232,435,895		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		219,716,582				2.00
3.00	Total (sum of line 1 and line 2)		452,152,477		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		452,152,477		0		11.00
12.00	NET AFFILIATE TRANSFERS	203,687,142		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)		203,687,142		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		248,465,335		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET AFFILIATE TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0091

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	397,050,621		397,050,621	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	18,036,762		18,036,762	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	415,087,383		415,087,383	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
11.01	NEONATAL ICU	11,360,853		11,360,853	11.01
12.00	CORONARY CARE UNIT	42,957,468		42,957,468	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	46,631,646		46,631,646	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	100,949,967		100,949,967	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	516,037,350		516,037,350	17.00
18.00	Ancillary services	1,105,030,999	1,811,787,596	2,916,818,595	18.00
19.00	Outpatient services	82,986,586	710,874,465	793,861,051	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		14,675,548	14,675,548	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	16,975,582	16,975,582	26.00
27.00	NON REIMBURSABLE	17,399,345	382,955,844	400,355,189	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,721,454,280	2,937,269,035	4,658,723,315	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		995,279,978		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	ROUNDING	4			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)		4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		995,279,974		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0091

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 1:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,658,723,315	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,461,228,751	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,197,494,564	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	995,279,974	4.00
5.00	Net income from service to patients (line 3 minus line 4)	202,214,590	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,637,507	6.00
7.00	Income from investments	86	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	38,821	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	170,727	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	1,733	21.00
22.00	Rental of hospital space	130,268	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	8,393,744	24.00
24.50	COVID-19 PHE Funding	2,129,106	24.50
25.00	Total other income (sum of lines 6-24)	17,501,992	25.00
26.00	Total (line 5 plus line 25)	219,716,582	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	219,716,582	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0091
HHA CCN: 14-7241
Period: From 01/01/2021 To 12/31/2021
Worksheet H
Date/Time Prepared: 5/26/2022 1:32 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	1,682,162	441,905	4,821	384,934	2,242,558	4,756,380
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	3,753,861	853,810	201,993	38	36,502	4,846,204
7.00 Physical Therapy	2,895,853	652,660	230,383	0	5,096	3,783,992
8.00 Occupational Therapy	862,402	190,843	82,204	0	0	1,135,449
9.00 Speech Pathology	402,124	90,657	42,533	0	625	535,939
10.00 Medical Social Services	43,854	11,110	3,231	0	0	58,195
11.00 Home Health Aide	183,449	61,574	41,323	0	109	286,455
12.00 Supplies (see instructions)	0	0	0	0	181,699	181,699
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)	9,823,705	2,302,559	606,488	384,972	2,466,589	15,584,313
	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	-2,132,374	2,624,006	-95,808	2,528,198		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	-56	4,846,148	0	4,846,148		6.00
7.00 Physical Therapy	-1,160	3,782,832	0	3,782,832		7.00
8.00 Occupational Therapy	0	1,135,449	0	1,135,449		8.00
9.00 Speech Pathology	0	535,939	0	535,939		9.00
10.00 Medical Social Services	0	58,195	0	58,195		10.00
11.00 Home Health Aide	0	286,455	0	286,455		11.00
12.00 Supplies (see instructions)	-181,699	0	0	0		12.00
13.00 Drugs	0	0	0	0		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	0	0	0		17.00
18.00 Clinic	0	0	0	0		18.00
19.00 Health Promotion Activities	0	0	0	0		19.00
20.00 Day Care Program	0	0	0	0		20.00
21.00 Home Delivered Meals Program	0	0	0	0		21.00
22.00 Homemaker Service	0	0	0	0		22.00
23.00 All Others (specify)	0	0	0	0		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	-2,315,289	13,269,024	-95,808	13,173,216		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: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n		
			Bldgs & Fixtures	Movable Equipment			Subtotal	
							(cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	2,528,198	0	0	0	0	2,528,198	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	4,846,148	0	0	0	0	4,846,148	6.00
7.00	Physical Therapy	3,782,832	0	0	0	0	3,782,832	7.00
8.00	Occupational Therapy	1,135,449	0	0	0	0	1,135,449	8.00
9.00	Speech Pathology	535,939	0	0	0	0	535,939	9.00
10.00	Medical Social Services	58,195	0	0	0	0	58,195	10.00
11.00	Home Health Aide	286,455	0	0	0	0	286,455	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	13,173,216	0	0	0	0	13,173,216	24.00
		Administrative & 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	2,528,198						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,150,962	5,997,110					6.00
7.00	Physical Therapy	898,426	4,681,258					7.00
8.00	Occupational Therapy	269,670	1,405,119					8.00
9.00	Speech Pathology	127,286	663,225					9.00
10.00	Medical Social Services	13,821	72,016					10.00
11.00	Home Health Aide	68,033	354,488					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		13,173,216					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2021

Part II

To 12/31/2021

Date/Time Prepared:

5/26/2022 1:32 pm

Home 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	-2,528,198	10,645,018	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	4,846,148	6.00	
7.00	Physical Therapy	0	0	0	0	0	3,782,832	7.00	
8.00	Occupational Therapy	0	0	0	0	0	1,135,449	8.00	
9.00	Speech Pathology	0	0	0	0	0	535,939	9.00	
10.00	Medical Social Services	0	0	0	0	0	58,195	10.00	
11.00	Home Health Aide	0	0	0	0	0	286,455	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,528,198	10,645,018	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,528,198	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.237501	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	53	22,770	67,099	0	0	1.00
2.00	Skilled Nursing Care	5,997,110	0	0	146,932	0	0	2.00
3.00	Physical Therapy	4,681,258	0	0	114,742	0	0	3.00
4.00	Occupational Therapy	1,405,119	0	0	34,134	0	0	4.00
5.00	Speech Pathology	663,225	0	0	15,941	0	0	5.00
6.00	Medical Social Services	72,016	0	0	1,736	0	0	6.00
7.00	Home Health Aide	354,488	0	0	7,261	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	13,173,216	53	22,770	387,845	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		FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIV E & GENERAL	Subtotal	OTHER ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	23,716	0	113,638	33,115	0	1.00
2.00	Skilled Nursing Care	0	0	0	6,144,042	1,790,436	0	2.00
3.00	Physical Therapy	0	0	0	4,796,000	1,397,602	0	3.00
4.00	Occupational Therapy	0	0	0	1,439,253	419,413	0	4.00
5.00	Speech Pathology	0	0	0	679,166	197,916	0	5.00
6.00	Medical Social Services	0	0	0	73,752	21,492	0	6.00
7.00	Home Health Aide	0	0	0	361,749	105,417	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	23,716	0	13,607,600	3,965,391	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

(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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	102,254	0	59,209	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)	102,254	0	59,209	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		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	556	64,837	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	556	64,837	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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV					
		21.00	22.00					
1.00	Administrative and General	0	0	0	373,609	0	373,609	1.00
2.00	Skilled Nursing Care	0	0	0	7,934,478	0	7,934,478	2.00
3.00	Physical Therapy	0	0	0	6,193,602	0	6,193,602	3.00
4.00	Occupational Therapy	0	0	0	1,858,666	0	1,858,666	4.00
5.00	Speech Pathology	0	0	0	877,082	0	877,082	5.00
6.00	Medical Social Services	0	0	0	95,244	0	95,244	6.00
7.00	Home Health Aide	0	0	0	467,166	0	467,166	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	17,799,847	0	17,799,847	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	170,114	8,104,592					2.00
3.00	Physical Therapy	132,785	6,326,387					3.00
4.00	Occupational Therapy	39,848	1,898,514					4.00
5.00	Speech Pathology	18,804	895,886					5.00
6.00	Medical Social Services	2,042	97,286					6.00
7.00	Home Health Aide	10,016	477,182					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	373,609	17,799,847					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.	0.021439						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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2021

Part II

To 12/31/2021

Date/Time Prepared: 5/26/2022 1:32 pm

Home Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	FOUNDATION OVERHEAD (TOTAL COST)	
		BLDG & FIXT (SQ FEET FE ET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	4,433	23,417	1,695,287	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	3,712,300	0	0	0	2.00
3.00	Physical Therapy	0	0	2,898,978	0	0	0	3.00
4.00	Occupational Therapy	0	0	862,402	0	0	0	4.00
5.00	Speech Pathology	0	0	402,749	0	0	0	5.00
6.00	Medical Social Services	0	0	43,854	0	0	0	6.00
7.00	Home Health Aide	0	0	183,449	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,433	23,417	9,799,019	0	0	0	20.00
21.00	Total cost to be allocated	53	22,770	387,845	0	0	0	21.00
22.00	Unit cost multiplier	0.011956	0.972371	0.039580	0.000000	0.000000	0.000000	22.00
Cost Center Description		ADMITTING (GROSS REVENUE)	SHARED ADMINISTRATIVE & GENERAL (TOTAL COST)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FEET FE ET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	14,675,548	0	0	113,638	0	4,433	1.00
2.00	Skilled Nursing Care	0	0	0	6,144,042	0	0	2.00
3.00	Physical Therapy	0	0	0	4,796,000	0	0	3.00
4.00	Occupational Therapy	0	0	0	1,439,253	0	0	4.00
5.00	Speech Pathology	0	0	0	679,166	0	0	5.00
6.00	Medical Social Services	0	0	0	73,752	0	0	6.00
7.00	Home Health Aide	0	0	0	361,749	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)	14,675,548	0	0	13,607,600	0	4,433	20.00
21.00	Total cost to be allocated	23,716	0	0	3,965,391	0	102,254	21.00
22.00	Unit cost multiplier	0.001616	0.000000	0	0.291410	0.000000	23.066546	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ FEET FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	4,433	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	4,433	0	0	0	0	20.00
21.00	Total cost to be allocated	0	59,209	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	13.356418	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	21.00	
1.00	Administrative and General	0	2,805	14,675,548	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	2,805	14,675,548	0	0	0	20.00
21.00	Total cost to be allocated	0	556	64,837	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.198217	0.004418	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 1:32 pmHome Health
Agency I

PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 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	8,104,592		8,104,592	13,588	596.45
2.00	Physical Therapy	3.00	6,326,387	0	6,326,387	15,902	397.84
3.00	Occupational Therapy	4.00	1,898,514	0	1,898,514	5,670	334.83
4.00	Speech Pathology	5.00	895,886	0	895,886	2,026	442.19
5.00	Medical Social Services	6.00	97,286		97,286	39	2,494.51
6.00	Home Health Aide	7.00	477,182		477,182	3,122	152.84
7.00	Total (sum of lines 1-6)		17,799,847	0	17,799,847	40,347	
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		14010	0	1,527		8.00
8.01	Skilled Nursing Care		16580	0	1,998		8.01
8.02	Skilled Nursing Care		19180	0	978		8.02
8.03	Skilled Nursing Care		19500	0	4		8.03
8.04	Skilled Nursing Care		37900	0	596		8.04
8.05	Skilled Nursing Care		50001	0	110		8.05
8.06	Skilled Nursing Care		99914	0	3,103		8.06
9.00	Physical Therapy		14010	0	2,016		9.00
9.01	Physical Therapy		16580	0	2,787		9.01
9.02	Physical Therapy		19180	0	1,157		9.02
9.03	Physical Therapy		19500	0	24		9.03
9.04	Physical Therapy		37900	0	615		9.04
9.05	Physical Therapy		50001	0	200		9.05
9.06	Physical Therapy		99914	0	3,111		9.06
10.00	Occupational Therapy		14010	0	446		10.00
10.01	Occupational Therapy		16580	0	1,018		10.01
10.02	Occupational Therapy		19180	0	437		10.02
10.03	Occupational Therapy		19500	0	8		10.03
10.04	Occupational Therapy		37900	0	102		10.04
10.05	Occupational Therapy		50001	0	55		10.05
10.06	Occupational Therapy		99914	0	820		10.06
11.00	Speech Pathology		14010	0	177		11.00
11.01	Speech Pathology		16580	0	163		11.01
11.02	Speech Pathology		19180	0	106		11.02
11.03	Speech Pathology		19500	0	6		11.03
11.04	Speech Pathology		37900	0	18		11.04
11.05	Speech Pathology		50001	0	44		11.05
11.06	Speech Pathology		99914	0	211		11.06
12.00	Medical Social Services		14010	0	28		12.00
12.01	Medical Social Services		16580	0	8		12.01
12.02	Medical Social Services		19180	0	3		12.02
12.03	Medical Social Services		19500	0	0		12.03
12.04	Medical Social Services		37900	0	5		12.04
12.05	Medical Social Services		50001	0	5		12.05
12.06	Medical Social Services		99914	0	33		12.06
13.00	Home Health Aide		14010	0	306		13.00
13.01	Home Health Aide		16580	0	546		13.01
13.02	Home Health Aide		19180	0	127		13.02
13.03	Home Health Aide		19500	0	0		13.03
13.04	Home Health Aide		37900	0	191		13.04
13.05	Home Health Aide		50001	0	17		13.05
13.06	Home Health Aide		99914	0	698		13.06
14.00	Total (sum of lines 8-13)			0	23,804		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 pm

				Title XVIII		Home Health Agency I	5/26/2022 1:32 PM	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B						
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
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	8,316		0	4,960,078		1.00
2.00	Physical Therapy	0	9,910		0	3,942,594		2.00
3.00	Occupational Therapy	0	2,886		0	966,319		3.00
4.00	Speech Pathology	0	725		0	320,588		4.00
5.00	Medical Social Services	0	82		0	204,550		5.00
6.00	Home Health Aide	0	1,885		0	288,103		6.00
7.00	Total (sum of lines 1-6)	0	23,804		0	10,682,232		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 5/26/2022 1:32 pm	
				HHA CCN: 14-7241			
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	506,679	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	4,960,078					1.00
2.00	Physical Therapy	3,942,594					2.00
3.00	Occupational Therapy	966,319					3.00
4.00	Speech Pathology	320,588					4.00
5.00	Medical Social Services	204,550					5.00
6.00	Home Health Aide	288,103					6.00
7.00	Total (sum of lines 1-6)	10,682,232					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 1:32 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	0.352484	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.215367	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.204147	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 HHA CCN: 14-7241	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 5/26/2022 1:32 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	259	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	-259	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	5,114,435	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	218,816	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	150,734	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	5,915	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	47,940	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	5,537,581	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	5,537,581	24.00
25.00	Coinurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	5,537,581	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	5,537,581	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	5,537,581	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	5,537,581	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0091 HHA CCN: 14-7241		Period: From 01/01/2021 To 12/31/2021		Worksheet H-5 Date/Time Prepared: 5/26/2022 1:32 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		5,537,581	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01			0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50			0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		5,537,581	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01			0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50			0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		5,537,581	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 1:32 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*	929,897	4,995,445	5,925,342	-1,069,023	4,856,319
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	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	502,310	502,310	-24	502,286
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**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,447,132	621,786	3,068,918	0	3,068,918
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	30,363	5,715	36,078	0	36,078
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	338,260	106,088	444,348	0	444,348
34.00	SPIRITUAL COUNSELING**	54,848	18,668	73,516	0	73,516
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**	312,078	157,112	469,190	0	469,190
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	127,227	21,926	149,153	0	149,153
61.00	VOLUNTEER PROGRAM *	101,770	21,733	123,503	0	123,503
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	4,341,575	6,450,783	10,792,358	-1,069,047	9,723,311

* 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: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 1:32 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*	-37,553	4,818,766	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	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	502,286	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	0	27.00
28.00	REGISTERED NURSE**	0	3,068,918	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	36,078	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	444,348	33.00
34.00	SPIRITUAL COUNSELING**	0	73,516	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	469,190	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	149,153	60.00
61.00	VOLUNTEER PROGRAM *	0	123,503	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-37,553	9,685,758	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: 14-0091

Period:

Worksheet 0-2

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 1:32 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,398,647	609,467	3,008,114	0	3,008,114	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	29,761	5,602	35,363	0	35,363	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	331,558	103,986	435,544	0	435,544	33.00
34.00	SPIRITUAL COUNSELING	53,761	18,298	72,059	0	72,059	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	305,895	154,000	459,895	0	459,895	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,119,622	891,353	4,010,975	0	4,010,975	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	3,008,114	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	35,363	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	435,544	33.00
34.00	SPIRITUAL COUNSELING	0	72,059	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	459,895	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	4,010,975	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: 14-0091

Period:

Worksheet 0-3

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 1:32 pm

				Hospice I		07/20/2022 1:02 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,981	757	3,738	0	3,738	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	37	7	44	0	44	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	412	129	541	0	541	33.00
34.00	SPIRITUAL COUNSELING	67	23	90	0	90	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	380	191	571	0	571	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,877	1,107	4,984	0	4,984	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	3,738	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	44	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	541	33.00
34.00	SPIRITUAL COUNSELING	0	90	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	571	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	4,984	100.00

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

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

Provider CCN: 14-0091

Period:

Worksheet 0-4

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 1:32 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	45,504	11,562	57,066	0	57,066	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	565	106	671	0	671	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	6,290	1,973	8,263	0	8,263	33.00
34.00	SPIRITUAL COUNSELING	1,020	347	1,367	0	1,367	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	5,803	2,921	8,724	0	8,724	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	59,182	16,909	76,091	0	76,091	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	57,066	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	671	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	8,263	33.00
34.00	SPIRITUAL COUNSELING	0	1,367	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	8,724	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	76,091	100.00

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

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

Provider CCN: 14-0091

Period:

Worksheet 0-5

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 1:32 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	2	2	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	806	806	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	158,543	158,543	3.00
4.00	ADMINISTRATIVE & GENERAL	4,818,766	2,904,390	7,723,156	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	4,267	4,267	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	2,471	2,471	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	74,998	74,998	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	502,286	99,633	601,919	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	4,010,975	0	4,010,975	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,984	0	4,984	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	76,091	0	76,091	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	149,153	0	149,153	60.00
61.00	VOLUNTEER PROGRAM	123,503	0	123,503	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	9,685,758	3,245,110	12,930,868	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2	2				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	806		806			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	158,543	0	0	158,543		3.00
4.00	ADMINISTRATIVE & GENERAL	7,723,156	0	806	33,957	7,757,919	4.00
5.00	PLANT OPERATION & MAINTENANCE	4,267	0	0	0	4,267	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	2,471	0	0	0	2,471	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	74,998	0	0	0	74,998	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	601,919	0	0	0	601,919	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	4,010,975			113,921	4,124,896	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,984	2	0	142	5,128	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	76,091	0	0	2,161	78,252	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	149,153	0	0	4,646	153,799	60.00
61.00	VOLUNTEER PROGRAM	123,503	0	0	3,716	127,219	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	12,930,868	2	806	158,543	12,930,868	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS				Provider CCN: 14-0091 Hospice CCN: 14-1526		Period: From 01/01/2021 To 12/31/2021		Worksheet 0-6 Part I Date/Time Prepared: 5/26/2022 1:32 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	7,757,919							4.00
5.00	PLANT OPERATION & MAINTENANCE	6,399	10,666						5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0					6.00
7.00	HOUSEKEEPING	3,706	0			6,177			7.00
8.00	DIETARY	0	0			0		0	8.00
9.00	NURSING ADMINISTRATION	0	0			0			9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0			10.00
11.00	MEDICAL RECORDS	112,475	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	902,703	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	6,186,145							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,691	10,666	0		6,177	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	117,355	0	0		0	0		53.00
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM	230,654	0			0			60.00
61.00	VOLUNTEER PROGRAM	190,791	0			0			61.00
62.00	FUNDRAISING	0	0			0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0			63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0			64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0			65.00
66.00	RESIDENTIAL CARE	0	0	0		0		0	66.00
67.00	ADVERTISING	0	0			0			67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0			68.00
69.00	THRIFT STORE	0	0			0			69.00
70.00	NURSING FACILITY ROOM & BOARD								70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		0		0	71.00
99.00	NEGATIVE COST CENTER	0	0	0		0			99.00
100.00	TOTAL	7,757,919	10,666	0		6,177		0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		187,473			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	183,759	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	228	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	3,486	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	187,473	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 1:32 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	1,504,622					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	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,504,622	0	0		11,999,422	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	29,890	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	199,093	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		384,453	60.00
61.00	VOLUNTEER PROGRAM	0		0		318,010	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,504,622	0	0	0	12,930,868	100.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 1:32 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	185					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		829				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,341,575			3.00
4.00	ADMINISTRATIVE & GENERAL	0	829	929,897	-7,757,919	5,172,949	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	4,267	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	2,471	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	74,998	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	601,919	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			3,119,623	0	4,124,896	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	185	0	3,877	0	5,128	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	59,181	0	78,252	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	127,227	0	153,799	60.00
61.00	VOLUNTEER PROGRAM	0	0	101,770	0	127,219	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	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)	2	806	158,543		7,757,919	100.00
101.00	UNIT COST MULTIPLIER	0.010811	0.972256	0.036517		1.499709	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 1:32 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	185					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		185			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	185	0	185	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)	10,666	0	6,177	0	0	100.00
101.00	UNIT COST MULTIPLIER	57.654054	0.000000	33.389189	0.000000	0.000000	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 1:32 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		59,103				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	3,878	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	57,932	0	0	3,878	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	72	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,099	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	187,473	0	0	1,504,622	100.00
101.00	UNIT COST MULTIPLIER	0.000000	3.171971	0.000000	0.000000	387.989170	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 1:32 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: 14-0091

Period:

Worksheet 0-7

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021

Date/Time Prepared:
5/26/2022 1:32 pm

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	
1.00	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.352484	0	14,476,699	30,446	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.204147	0	3,575	8	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.083499	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.215367	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	ACUTE DIALYSIS	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.339681	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.988060	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
1.00	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	1,197,510	0	5,102,805	10,732	422,103	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	296	0	730	2	60	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	ACUTE DIALYSIS	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	5,103,535	10,734	422,163	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0091

Period:

Worksheet 0-8

Hospice CCN: 14-1526

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 1:32 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)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			17,102,957	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			57,932	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			295.22	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	49,950	2,966		9.00
10.00	Program cost (line 8 times line 9)	14,746,239	875,623		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)			40,624	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			72	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			564.22	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	67	0		14.00
15.00	Program cost (line 13 times line 14)	37,803	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)			621,256	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,099	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			565.29	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	806	83		19.00
20.00	Program cost (line 18 times line 19)	455,624	46,919		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			17,764,837	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			59,103	22.00
23.00	Average cost per diem (line 21 divided by line 22)			300.57	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0091	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 1:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,091,383	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		91,786	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)		313.46	3.00
4.00	Number of interns & residents (see instructions)		59.75	4.00
5.00	Indirect medical education percentage (see instructions)		5.53	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)		281,553	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.21	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.56	8.00
9.00	Sum of lines 7 and 8		38.77	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.17	10.00
11.00	Disproportionate share adjustment (see instructions)		415,966	11.00
12.00	Total prospective capital payments (see instructions)		5,880,688	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