

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interest on payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 12:40 pm
SETTLEMENT SUMMARY			

PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report	Date: 5/26/2022 Time: 12:40 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	6. Date Received: 07/29/2021	10. NPR Date: 06/01/2021
	(1) As Submitted	7. Contractor No. 06101	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 MORRIS HOSPITAL (14-0101) 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		
Michael Lawrence, Cpa		Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Michael Lawrence, Cpa		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date	(Dated when report is electronic)		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	503,226	299,808	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	503,226	299,808	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 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 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.

Health Financial Systems		MORRIS HOSPITAL		In Lieu of Form CMS-2552-10					
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:40 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street:150 WEST HIGH STREET			PO Box:				1.00	
2.00	City: MORRIS			State: IL		Zip Code:60450		County: GRUNDY	
		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			MORRIS HOSPITAL	140101	16984	1	07/01/1966	O
4.00	Subprovider - IPF							P	P
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF			MORRIS HOSPITAL	14U101	16974		10/07/1994	N
8.00	Swing Beds - NF							N	N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) 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	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	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.	451	295	0	0	1,815	19	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural Status	Date of Geographic Reclassification	
					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)					Y	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)					with	N	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.					submit	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.					or "N"		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					Nin		
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:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:40 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:40 pm
			1.00	2.00 3.00
Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0	71.00
Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0	76.00
			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
			V 1.00	XIX 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	N	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	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

Health Financial Systems		MORRIS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021 Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:40 pm	
		V		XIX	
		1.00		2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.			108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00	
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N 110.00	
				1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N 111.00	
				1.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N 112.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N 115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N 116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y 117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1 118.00	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,715,445		50,000 118.01	
				1.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			Y 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 120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y 121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			Y 5.00 122.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N 125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	

Health Financial Systems		MORRIS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021	
				Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:40 pm	
		1.00		2.00	
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)			140.00	
		1.00		2.00	
		2.00		3.00	
		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
		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.			146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	
		Part A		Part B	
		1.00		2.00	
		2.00		3.00	
		3.00		4.00	
		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	
156.00	Subprovider - IPF	N		N	
157.00	Subprovider - IRF	N		N	
158.00	SUBPROVIDER	N		N	
159.00	SNF	N		N	
160.00	HOME HEALTH AGENCY	N		N	
161.00	CMHC	N		N	
				1.00	
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			Enter N	
		Name		County	
		0		1.00	
		1.00		2.00	
		2.00		3.00	
		3.00		4.00	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00	
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	
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)				
168.01	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)				
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

		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)			0171.00

Health Financial Systems		MORRIS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II		Date/Time Prepared: 5/26/2022 12:40 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/19/2022	Y	05/19/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

Health Financial Systems		MORRIS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021	
				Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 12:40 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.	XXXXXXXXXX	XXXXXXXXXX		41.00
42.00	Enter the employer/company name of the cost report preparer	XXXXXXXXXX			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	XXXXXXXXXX	XXXXXXXXXX		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 12:40 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.	XXXXXXXXXX	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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	81	29,565	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)		81	29,565	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		89	32,485	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		89				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,882	316	10,939			1.00
2.00 HMO and other (see instructions)	1,484	1,716				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,882	316	10,939			7.00
8.00 INTENSIVE CARE UNIT	979	43	2,330			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		486	971			13.00
14.00 Total (see instructions)	6,861	845	14,240	0.00	1,262.99	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,262.99	27.00
28.00 Observation Bed Days		49	1,712			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			163			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	19	1,141			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,604	61	3,041	1.00
2.00 HMO and other (see instructions)			305	227		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,604	61	3,041	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	92,649,165	0	92,649,165	2,626,896.56	35.27
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		11,999,417	0	11,999,417	65,304.48	183.75
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,971,447	0	11,971,447	243,033.10	49.26
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,714,989	0	1,714,989	22,603.26	75.87
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,391,247	0	21,391,247		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,585,768	0	2,585,768		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		785,980	0	785,980		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

		Wkst. A Line Number	Amount Reported	Reclassification 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	536,763	0	536,763	16,925.72	31.71	26.00
27.00	Administrative & General	5.00	12,691,634	64,877	12,756,511	386,235.49	33.03	27.00
28.00	Administrative & General under contract (see inst.)		301,987	0	301,987	1,077.15	280.36	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,247,501	0	1,247,501	44,742.90	27.88	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,838,085	0	1,838,085	113,864.06	16.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,356,032	-873,650	482,382	28,533.14	16.91	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	808,773	808,773	43,394.77	18.64	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,093,513	0	1,093,513	34,040.29	32.12	38.00
39.00	Central Services and Supply	14.00	963,154	0	963,154	51,178.18	18.82	39.00
40.00	Pharmacy	15.00	2,211,573	0	2,211,573	44,550.26	49.64	40.00
41.00	Medical Records & Medical Records Library	16.00	1,626,872	0	1,626,872	67,654.01	24.05	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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 12:40 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	80,951,735	0	80,951,735	2,562,669.23	31.59	1.00
2.00	Excluded area salaries (see instructions)	11,971,447	0	11,971,447	243,033.10	49.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	68,980,288	0	68,980,288	2,319,636.13	29.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,714,989	0	1,714,989	22,603.26	75.87	4.00
5.00	Subtotal wage-related costs (see inst.)	21,391,247	0	21,391,247	0.00	31.01	5.00
6.00	Total (sum of lines 3 thru 5)	92,086,524	0	92,086,524	2,342,239.39	39.32	6.00
7.00	Total overhead cost (see instructions)	23,867,114	0	23,867,114	832,195.97	28.68	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	854,209	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)	16,174,942	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	443,059	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	106,320	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	457,885	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	581,176	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	6,127,788	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	-90,956	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	108,573	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,762,996	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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,714,989	24,762,996	1.00
2.00	Hospital	1,714,989	24,762,996	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN:14-0101

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

Worksheet S-10

Date/Time Prepared:
5/26/2022 12:40 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.212722	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		9,964,590	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		987,525	5.00
6.00	Medicaid charges		104,447,569	6.00
7.00	Medicaid cost (line 1 times line 6)		22,218,296	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)		<11,266,181	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, 11, 12, 15, 16 and 17)		11,266,181	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,607,340	1,762,237	12,369,577
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,256,415	1,762,237	4,018,652
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,256,415	1,762,237	4,018,652
			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)		7,606,642	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		502,574	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		773,192	27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,833,450	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,724,243	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,742,895	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,009,076	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0101

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

Worksheet A

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,106,100	5,106,100	1,152,200	6,258,300	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,391,781	5,391,781	0	5,391,781	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	536,763	26,879,134	27,415,897	0	27,415,897	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,691,634	25,827,203	38,518,837	88,389	38,607,226	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,247,501	3,165,415	4,412,916	0	4,412,916	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	380,970	380,970	0	380,970	8.00
9.00	00900	HOUSEKEEPING	1,838,085	791,201	2,629,286	0	2,629,286	9.00
10.00	01000	DIETARY	1,356,032	717,933	2,073,965	-1,190,263	883,702	10.00
11.00	01100	CAFETERIA	0	0	0	1,101,874	1,101,874	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,093,513	225,436	1,318,949	0	1,318,949	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	963,154	177,475	1,140,629	0	1,140,629	14.00
15.00	01500	PHARMACY	2,211,573	10,643,267	12,854,840	0	12,854,840	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,626,872	134,892	1,761,764	0	1,761,764	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,718,795	1,531,690	13,250,485	-304,632	12,945,853	30.00
31.00	03100	INTENSIVE CARE UNIT	4,022,550	524,298	4,546,848	-1,053,444	3,493,404	31.00
43.00	04300	NURSERY	0	0	0	803,351	803,351	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,432,462	1,262,745	4,695,207	0	4,695,207	50.00
51.00	05100	RECOVERY ROOM	418,918	8,824	427,742	0	427,742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	554,725	554,725	52.00
53.00	05300	ANESTHESIOLOGY	0	76,839	76,839	0	76,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,559,548	925,851	3,485,399	0	3,485,399	54.00
54.01	05401	NUCLEAR MEDICINE	329,401	377,048	706,449	0	706,449	54.01
54.02	05402	ULTRASOUND	854,314	82,273	936,587	0	936,587	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	709,677	1,308,188	2,017,865	0	2,017,865	55.00
57.00	05700	CT SCAN	800,029	120,394	920,423	0	920,423	57.00
58.00	05800	MRI	447,246	264,430	711,676	0	711,676	58.00
59.00	05900	CARDIAC CATHETERIZATION	955,619	382,703	1,338,322	0	1,338,322	59.00
59.97	05901	CARDIAC REHAB	259,862	5,578	265,440	0	265,440	59.97
60.00	06000	LABORATORY	4,014,022	5,978,468	9,992,490	0	9,992,490	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,112,215	408,282	1,520,497	0	1,520,497	65.00
66.00	06600	PHYSICAL THERAPY	1,650,063	183,757	1,833,820	0	1,833,820	66.00
67.00	06700	OCCUPATIONAL THERAPY	844,735	260,489	1,105,224	0	1,105,224	67.00
68.00	06800	SPEECH PATHOLOGY	165,663	2,084	167,747	0	167,747	68.00
69.00	06900	ELECTROCARDIOLOGY	901,551	223,804	1,125,355	0	1,125,355	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,099,333	5,099,333	0	5,099,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,584,413	5,584,413	0	5,584,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,757,338	2,976,478	20,733,816	0	20,733,816	90.00
91.00	09100	EMERGENCY	4,158,583	919,054	5,077,637	0	5,077,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,152,200	1,152,200	-1,152,200	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,677,718	109,100,030	189,777,748	0	189,777,748	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	230,337	85,206	315,543	0	315,543	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	11,600,440	3,019,960	14,620,400	0	14,620,400	192.00
193.00	19300	NONPAID WORKERS	132,662	297	132,959	0	132,959	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	8,008	2,832	10,840	0	10,840	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	92,649,165	112,208,325	204,857,490	0	204,857,490	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0101

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

Worksheet A

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,152,200	5,106,100	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,391,781	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-601,691	26,814,206	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,592,864	32,014,362	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	4,412,916	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	380,970	8.00
9.00	00900	HOUSEKEEPING	0	2,629,286	9.00
10.00	01000	DIETARY	0	883,702	10.00
11.00	01100	CAFETERIA	-320,970	780,904	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-3,535	1,315,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-165	1,140,464	14.00
15.00	01500	PHARMACY	-35,837	12,819,003	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-63,406	1,698,358	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	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,361,267	10,584,586	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,493,404	31.00
43.00	04300	NURSERY	0	803,351	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,695,207	50.00
51.00	05100	RECOVERY ROOM	0	427,742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	554,725	52.00
53.00	05300	ANESTHESIOLOGY	0	76,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,485,399	54.00
54.01	05401	NUCLEAR MEDICINE	0	706,449	54.01
54.02	05402	ULTRASOUND	0	936,587	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-501,958	1,515,907	55.00
57.00	05700	CT SCAN	0	920,423	57.00
58.00	05800	MRI	0	711,676	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,338,322	59.00
59.97	05901	CARDIAC REHAB	0	265,440	59.97
60.00	06000	LABORATORY	-831,715	9,160,775	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,520,497	65.00
66.00	06600	PHYSICAL THERAPY	0	1,833,820	66.00
67.00	06700	OCCUPATIONAL THERAPY	-12,268	1,092,956	67.00
68.00	06800	SPEECH PATHOLOGY	0	167,747	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,125,355	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,099,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,584,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-9,753,844	10,979,972	90.00
91.00	09100	EMERGENCY	-619,845	4,457,792	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-22,851,565	166,926,183	118.00
NONREIMBURSABLE COST CENTERS					
190.01	19001	MEALS ON WHEELS	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	315,543	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	14,620,400	192.00
193.00	19300	NONPAID WORKERS	0	132,959	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	10,840	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-22,851,565	182,005,925	200.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA FOOD SERVICE					
1.00	CAFETERIA	11.00	808,773	293,101	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	64,877	23,512	2.00
	TOTALS		873,650	316,613	
G - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,152,200	1.00
	TOTALS		0	1,152,200	
J - LDR & NURSERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	488,838	65,887	1.00
2.00	NURSERY	43.00	707,933	95,418	2.00
	TOTALS		1,196,771	161,305	
K - POST ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	881,100	172,344	1.00
	TOTALS		881,100	172,344	
500.00	Grand Total: Increases		2,951,521	1,802,462	500.00

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - CAFETERIA FOOD SERVICE						
1.00	DIETARY	10.00	873,650	316,613	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		873,650	316,613		
G - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	1,152,200	11	1.00
	TOTALS		0	1,152,200		
J - LDR & NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,196,771	161,305	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,196,771	161,305		
K - POST ICU RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	881,100	172,344	0	1.00
	TOTALS		881,100	172,344		
500.00	Grand Total: Decreases		2,951,521	1,802,462		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00	4.00	5.00
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,882,648	203,786	0	203,786	0	1.00
2.00	Land Improvements	7,567,111	1,559,885	0	1,559,885	0	2.00
3.00	Buildings and Fixtures	123,476,845	0	0	0	4,315,444	3.00
4.00	Building Improvements	2,342,649	0	0	0	0	4.00
5.00	Fixed Equipment	28,082,871	18,096,071	0	18,096,071	0	5.00
6.00	Movable Equipment	82,771,749	5,405,749	0	5,405,749	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	255,123,873	25,265,491	0	25,265,491	4,315,444	8.00
9.00	Reconciling Items	25,960,648	15,867,162	0	15,867,162	0	9.00
10.00	Total (line 8 minus line 9)	229,163,225	9,398,329	0	9,398,329	4,315,444	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	11,086,434	0				1.00
2.00	Land Improvements	9,126,996	0				2.00
3.00	Buildings and Fixtures	119,161,401	0				3.00
4.00	Building Improvements	2,342,649	0				4.00
5.00	Fixed Equipment	46,178,942	0				5.00
6.00	Movable Equipment	88,177,498	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	276,073,920	0				8.00
9.00	Reconciling Items	41,827,810	0				9.00
10.00	Total (line 8 minus line 9)	234,246,110	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	5,095,092	0	0	11,008	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,391,781	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,486,873	0	0	11,008	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related 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	5,106,100				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,391,781				2.00
3.00	Total (sum of lines 1-2)	0	10,497,881				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	146,068,612	0	146,068,612	0.623569	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	88,177,498	0	88,177,498	0.376431	0	2.00
3.00	Total (sum of lines 1-2)	234,246,110	0	234,246,110	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,095,092	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,391,781	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,486,873	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	11,008	0	0	5,106,100	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,391,781	2.00
3.00	Total (sum of lines 1-2)	0	11,008	0	0	10,497,881	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0101

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				3.00	4.00			
		1.00	2.00	3.00	4.00	5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,152,200	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP 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)	B	576	CENTRAL SERVICES & SUPPLY	14.00		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	-14,635,735				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-741	CENTRAL SERVICES & SUPPLY	14.00		0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests	B	-320,970	CAFETERIA	11.00		0	14.00
15.00	Rental of quarters to employees and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients	B	-35,837	PHARMACY	15.00		0	17.00
18.00	Sale of medical records and abstracts	B	-63,406	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-144,520	EMERGENCY	91.00		0	19.00
20.00	Vending machines		0		0.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00	LIFELINE SALARIES AND BENEFITS	A	-97,913	ADMINISTRATIVE & GENERAL	5.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0101

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 12:40 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
	1.00	2.00	3.00	4.00	5.00	
35.00 LOBBYING COSTS	A	-36,184	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 MARKETING	A	-248,193	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00 MISC INCOME	B	0	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 EDUCATION SERVICES	B	-17,102	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 VOLUNTEER SERVICES	B	-165	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 MEALS ON WHEELS	B	0	MEALS ON WHEELS	190.01	0	40.00
41.00 MEDICAID PROVIDER TAXES	A	-5,496,404	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 PHYSICIAN FRINGE BENEFITS	A	-601,691	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
43.00 MISC INCOME OBGYN	B	-1,080	ADULTS & PEDIATRICS	30.00	0	43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,851,565				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0101

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

Worksheet A-8-2

Date/Time Prepared:

5/26/2022 12:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	-300,000	-300,000	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,215,531	2,215,531	0	0	0	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	207,354	207,354	0	0	0	3.00
4.00	60.00	LABORATORY	831,715	831,715	0	0	0	4.00
5.00	90.00	CLINIC	9,044,817	9,044,817	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	996,903	996,903	0	0	0	6.00
7.00	13.00	NURSING ADMINISTRATION	3,535	3,535	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	144,656	144,656	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	294,604	294,604	0	0	0	9.00
10.00	67.00	OCCUPATIONAL THERAPY	12,268	12,268	0	0	0	10.00
11.00	90.00	CLINIC	709,027	709,027	0	0	0	11.00
12.00	91.00	EMERGENCY	475,325	475,325	0	0	0	12.00
200.00			14,635,735	14,635,735	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	90.00	CLINIC	0	0	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	6.00
7.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	-300,000		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,215,531		2.00
3.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	207,354		3.00
4.00	60.00	LABORATORY	0	0	0	831,715		4.00
5.00	90.00	CLINIC	0	0	0	9,044,817		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	996,903		6.00
7.00	13.00	NURSING ADMINISTRATION	0	0	0	3,535		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	144,656		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	294,604		9.00
10.00	67.00	OCCUPATIONAL THERAPY	0	0	0	12,268		10.00
11.00	90.00	CLINIC	0	0	0	709,027		11.00
12.00	91.00	EMERGENCY	0	0	0	475,325		12.00
200.00			0	0	0	14,635,735		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,106,100	5,106,100			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,391,781		5,391,781		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,814,206	40,371	42,630	26,897,207	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,014,362	375,011	395,992	4,383,600	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,412,916	706,074	745,578	418,837	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	380,970	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,629,286	142,980	150,979	617,120	9.00
10.00	01000	DIETARY	883,702	93,292	98,512	161,955	10.00
11.00	01100	CAFETERIA	780,904	51,508	54,390	271,538	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,315,414	11,736	12,393	367,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,140,464	69,477	73,364	323,370	14.00
15.00	01500	PHARMACY	12,819,003	64,765	68,388	742,516	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,698,358	2,827	2,985	546,208	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,584,586	456,802	482,360	3,084,652	30.00
31.00	03100	INTENSIVE CARE UNIT	3,493,404	147,863	156,135	1,054,714	31.00
43.00	04300	NURSERY	803,351	61,874	65,335	237,682	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,695,207	333,548	352,209	1,152,418	50.00
51.00	05100	RECOVERY ROOM	427,742	19,575	20,670	140,648	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	554,725	42,727	45,117	164,123	52.00
53.00	05300	ANESTHESIOLOGY	76,839	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,485,399	250,193	264,191	859,345	54.00
54.01	05401	NUCLEAR MEDICINE	706,449	19,575	20,670	110,593	54.01
54.02	05402	ULTRASOUND	936,587	6,318	6,671	286,828	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,515,907	71,169	75,150	168,650	55.00
57.00	05700	CT SCAN	920,423	54,356	57,397	268,603	57.00
58.00	05800	MRI	711,676	58,661	61,943	150,159	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,338,322	44,976	47,492	320,840	59.00
59.97	05901	CARDIAC REHAB	265,440	0	0	87,246	59.97
60.00	06000	LABORATORY	9,160,775	208,044	219,684	1,068,431	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,520,497	45,618	48,170	373,416	65.00
66.00	06600	PHYSICAL THERAPY	1,833,820	143,922	151,974	553,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,092,956	493	520	283,612	67.00
68.00	06800	SPEECH PATHOLOGY	167,747	0	0	55,620	68.00
69.00	06900	ELECTROCARDIOLOGY	1,125,355	83,376	88,041	302,688	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,099,333	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,584,413	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,979,972	866,313	914,788	2,925,151	90.00
91.00	09100	EMERGENCY	4,457,792	135,205	142,770	1,396,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,926,183	4,608,649	4,866,498	22,877,901	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	315,543	0	0	77,334	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	14,620,400	497,451	525,283	3,894,743	192.00
193.00	19300	NONPAID WORKERS	132,959	0	0	44,540	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	10,840	0	0	2,689	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)	182,005,925	5,106,100	5,391,781	26,897,207	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	37,168,965					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,612,485	0	7,895,890			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	97,767	0	0	478,737		8.00
9.00	00900	HOUSEKEEPING	908,550	0	283,325	0	4,732,240	9.00
10.00	01000	DIETARY	317,565	0	184,866	0	114,919	10.00
11.00	01100	CAFETERIA	297,260	0	102,067	0	63,448	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	437,978	0	23,257	0	14,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	412,315	0	137,673	0	85,583	14.00
15.00	01500	PHARMACY	3,514,409	0	128,337	0	79,779	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	577,506	0	5,602	0	3,482	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,748,895	0	905,190	367,760	562,698	30.00
31.00	03100	INTENSIVE CARE UNIT	1,245,179	0	293,002	78,333	182,140	31.00
43.00	04300	NURSERY	299,801	0	122,607	32,644	76,217	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,676,636	0	660,951	0	410,871	50.00
51.00	05100	RECOVERY ROOM	156,192	0	38,790	0	24,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,018	0	84,667	0	52,632	52.00
53.00	05300	ANESTHESIOLOGY	19,719	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,246,979	0	495,777	0	308,192	54.00
54.01	05401	NUCLEAR MEDICINE	220,002	0	38,790	0	24,113	54.01
54.02	05402	ULTRASOUND	317,293	0	12,520	0	7,783	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	469,850	0	141,026	0	87,667	55.00
57.00	05700	CT SCAN	333,814	0	107,711	0	66,957	57.00
58.00	05800	MRI	252,119	0	116,241	0	72,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	449,514	0	89,123	0	55,402	59.00
59.97	05901	CARDIAC REHAB	90,508	0	0	0	0	59.97
60.00	06000	LABORATORY	2,734,846	0	412,256	0	256,273	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	510,096	0	90,396	0	56,193	65.00
66.00	06600	PHYSICAL THERAPY	688,710	0	285,193	0	177,286	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,523	0	976	0	607	67.00
68.00	06800	SPEECH PATHOLOGY	57,322	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	410,463	0	165,217	0	102,704	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,308,621	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,433,106	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,025,493	0	1,716,670	0	1,067,145	90.00
91.00	09100	EMERGENCY	1,573,624	0	267,920	0	166,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,005,158	0	6,910,150	478,737	4,119,469	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	100,822	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,013,962	0	985,740	0	612,771	192.00
193.00	19300	NONPAID WORKERS	45,551	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	3,472	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)	37,168,965	0	7,895,890	478,737	4,732,240	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,854,811					10.00
11.00	01100	CAFETERIA	0	1,621,115				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	30,659	0	2,213,031		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,905	0	134	2,290,285	14.00
15.00	01500	PHARMACY	0	40,240	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	63,235	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,424,844	321,924	0	787,223	0	30.00
31.00	03100	INTENSIVE CARE UNIT	303,491	103,475	0	467,723	0	31.00
43.00	04300	NURSERY	126,476	15,330	0	75,773	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	99,643	0	292,348	0	50.00
51.00	05100	RECOVERY ROOM	0	9,581	0	41,101	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,497	0	52,323	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,984	0	41,092	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	7,665	0	0	0	54.01
54.02	05402	ULTRASOUND	0	19,162	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,330	0	9,173	0	55.00
57.00	05700	CT SCAN	0	21,078	0	0	0	57.00
58.00	05800	MRI	0	11,497	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,911	0	47,987	0	59.00
59.97	05901	CARDIAC REHAB	0	5,749	0	25,508	0	59.97
60.00	06000	LABORATORY	0	120,721	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	34,492	0	12,322	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45,989	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,995	0	10,717	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,832	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,995	0	27,290	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,093,149	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,197,136	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	316,175	0	0	0	90.00
91.00	09100	EMERGENCY	0	120,721	0	322,317	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,854,811	1,605,785	0	2,213,031	2,290,285	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	9,581	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	5,749	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	1,854,811	1,621,115	0	2,213,031	2,290,285	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	17,457,437				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,900,203			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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	124,928	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	43,296	0	0	31.00
43.00	04300	NURSERY	0	6,629	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	156,040	0	0	50.00
51.00	05100	RECOVERY ROOM	0	19,297	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,577	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,675	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,372	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	42,721	0	0	54.01
54.02	05402	ULTRASOUND	0	92,464	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	43,431	0	0	55.00
57.00	05700	CT SCAN	0	377,871	0	0	57.00
58.00	05800	MRI	0	75,727	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	83,509	0	0	59.00
59.97	05901	CARDIAC REHAB	0	4,760	0	0	59.97
60.00	06000	LABORATORY	0	605,568	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	46,053	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	46,645	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,485	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,622	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	99,177	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	116,369	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,945	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,457,437	242,453	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	128,268	0	0	90.00
91.00	09100	EMERGENCY	0	310,321	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,457,437	2,900,203	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	YOUTH RADIOLOGY PROGRAM	0	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)	17,457,437	2,900,203	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	0					22.00
23.00	02300	PARAMED ED PRGM		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	22,851,862	0	22,851,862	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,568,755	0	7,568,755	31.00
43.00	04300	NURSERY	0	0	1,923,719	0	1,923,719	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	9,829,871	0	9,829,871	50.00
51.00	05100	RECOVERY ROOM	0	0	897,709	0	897,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,219,406	0	1,219,406	52.00
53.00	05300	ANESTHESIOLOGY	0	0	135,233	0	135,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,133,524	0	7,133,524	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	1,190,578	0	1,190,578	54.01
54.02	05402	ULTRASOUND	0	0	1,685,626	0	1,685,626	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,597,353	0	2,597,353	55.00
57.00	05700	CT SCAN	0	0	2,208,210	0	2,208,210	57.00
58.00	05800	MRI	0	0	1,510,283	0	1,510,283	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,502,076	0	2,502,076	59.00
59.97	05901	CARDIAC REHAB	0	0	479,211	0	479,211	59.97
60.00	06000	LABORATORY	0	0	14,786,598	0	14,786,598	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	2,737,253	0	2,737,253	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,927,533	0	3,927,533	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,779,884	0	1,779,884	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	288,143	0	288,143	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,427,306	0	2,427,306	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,617,472	0	7,617,472	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,275,600	0	8,275,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	17,699,890	0	17,699,890	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	22,939,975	0	22,939,975	90.00
91.00	09100	EMERGENCY	0	0	8,893,425	0	8,893,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	155,106,495	0	155,106,495	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	503,280	0	503,280	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	26,150,350	0	26,150,350	192.00
193.00	19300	NONPAID WORKERS	0	0	228,799	0	228,799	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	0	17,001	0	17,001	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	182,005,925	0	182,005,925	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	40,371	42,630	83,001	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	949,853	375,011	395,992	1,720,856	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	42,532	706,074	745,578	1,494,184	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,321	142,980	150,979	297,280	9.00
10.00	01000	DIETARY	4,619	93,292	98,512	196,423	10.00
11.00	01100	CAFETERIA	0	51,508	54,390	105,898	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	78,122	11,736	12,393	102,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-22,527	69,477	73,364	120,314	14.00
15.00	01500	PHARMACY	216,371	64,765	68,388	349,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,827	2,985	5,812	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	744	456,802	482,360	939,906	30.00
31.00	03100	INTENSIVE CARE UNIT	194	147,863	156,135	304,192	31.00
43.00	04300	NURSERY	0	61,874	65,335	127,209	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	218,592	333,548	352,209	904,349	50.00
51.00	05100	RECOVERY ROOM	0	19,575	20,670	40,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,727	45,117	87,844	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,108	250,193	264,191	515,492	54.00
54.01	05401	NUCLEAR MEDICINE	188	19,575	20,670	40,433	54.01
54.02	05402	ULTRASOUND	275	6,318	6,671	13,264	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	326,939	71,169	75,150	473,258	55.00
57.00	05700	CT SCAN	2,330	54,356	57,397	114,083	57.00
58.00	05800	MRI	82	58,661	61,943	120,686	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,687	44,976	47,492	94,155	59.00
59.97	05901	CARDIAC REHAB	0	0	0	0	59.97
60.00	06000	LABORATORY	75,021	208,044	219,684	502,749	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	100,629	45,618	48,170	194,417	65.00
66.00	06600	PHYSICAL THERAPY	1,025	143,922	151,974	296,921	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	493	520	1,013	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	83,376	88,041	171,417	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	531,227	866,313	914,788	2,312,328	90.00
91.00	09100	EMERGENCY	2,568	135,205	142,770	280,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,534,900	4,608,649	4,866,498	12,010,047	118.00
	NONREIMBURSABLE COST CENTERS						
190.01	19001	MEALS ON WHEELS	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	78	0	0	78	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	222,642	497,451	525,283	1,245,376	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,757,620	5,106,100	5,391,781	13,255,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	1,734,390					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	75,244	0	1,570,720			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,562	0	0	4,562		8.00
9.00	00900	HOUSEKEEPING	42,396	0	56,362	0	397,942	9.00
10.00	01000	DIETARY	14,819	0	36,775	0	9,664	10.00
11.00	01100	CAFETERIA	13,871	0	20,304	0	5,335	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,437	0	4,626	0	1,216	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,240	0	27,387	0	7,197	14.00
15.00	01500	PHARMACY	163,994	0	25,530	0	6,709	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,948	0	1,114	0	293	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,936	0	180,068	3,505	47,318	30.00
31.00	03100	INTENSIVE CARE UNIT	58,104	0	58,286	746	15,316	31.00
43.00	04300	NURSERY	13,990	0	24,390	311	6,409	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,237	0	131,482	0	34,551	50.00
51.00	05100	RECOVERY ROOM	7,288	0	7,716	0	2,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,660	0	16,843	0	4,426	52.00
53.00	05300	ANESTHESIOLOGY	920	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,188	0	98,624	0	25,916	54.00
54.01	05401	NUCLEAR MEDICINE	10,266	0	7,716	0	2,028	54.01
54.02	05402	ULTRASOUND	14,806	0	2,491	0	654	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	21,925	0	28,054	0	7,372	55.00
57.00	05700	CT SCAN	15,577	0	21,427	0	5,631	57.00
58.00	05800	MRI	11,765	0	23,124	0	6,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,976	0	17,729	0	4,659	59.00
59.97	05901	CARDIAC REHAB	4,223	0	0	0	0	59.97
60.00	06000	LABORATORY	127,617	0	82,010	0	21,550	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	23,803	0	17,982	0	4,725	65.00
66.00	06600	PHYSICAL THERAPY	32,137	0	56,733	0	14,908	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,497	0	194	0	51	67.00
68.00	06800	SPEECH PATHOLOGY	2,675	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,154	0	32,866	0	8,637	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,065	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,873	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	187,843	0	341,498	0	89,739	90.00
91.00	09100	EMERGENCY	73,430	0	53,297	0	14,005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,493,466	0	1,374,628	4,562	346,413	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	4,705	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	233,931	0	196,092	0	51,529	192.00
193.00	19300	NONPAID WORKERS	2,126	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	162	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)	1,734,390	0	1,570,720	4,562	397,942	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	258,181					10.00
11.00	01100	CAFETERIA	0	146,246				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,766	0	132,429		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,322	0	8	179,466	14.00
15.00	01500	PHARMACY	0	3,630	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,705	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	198,331	29,041	0	47,109	0	30.00
31.00	03100	INTENSIVE CARE UNIT	42,245	9,335	0	27,989	0	31.00
43.00	04300	NURSERY	17,605	1,383	0	4,534	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,989	0	17,494	0	50.00
51.00	05100	RECOVERY ROOM	0	864	0	2,459	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,037	0	3,131	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,223	0	2,459	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	691	0	0	0	54.01
54.02	05402	ULTRASOUND	0	1,729	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,383	0	549	0	55.00
57.00	05700	CT SCAN	0	1,902	0	0	0	57.00
58.00	05800	MRI	0	1,037	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,247	0	2,872	0	59.00
59.97	05901	CARDIAC REHAB	0	519	0	1,526	0	59.97
60.00	06000	LABORATORY	0	10,891	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,112	0	737	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,149	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,074	0	641	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	346	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,074	0	1,633	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	85,659	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	93,807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	28,523	0	0	0	90.00
91.00	09100	EMERGENCY	0	10,891	0	19,288	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	258,181	144,863	0	132,429	179,466	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	864	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	519	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	258,181	146,246	0	132,429	179,466	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	551,678				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,557			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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,790	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	620	0		31.00
43.00	04300	NURSERY	0	95	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,236	0		50.00
51.00	05100	RECOVERY ROOM	0	277	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	66	0		52.00
53.00	05300	ANESTHESIOLOGY	0	554	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,624	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	612	0		54.01
54.02	05402	ULTRASOUND	0	1,325	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	622	0		55.00
57.00	05700	CT SCAN	0	5,414	0		57.00
58.00	05800	MRI	0	1,085	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,197	0		59.00
59.97	05901	CARDIAC REHAB	0	68	0		59.97
60.00	06000	LABORATORY	0	8,679	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	660	0		65.00
66.00	06600	PHYSICAL THERAPY	0	668	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	193	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	52	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,421	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,667	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	873	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	551,678	3,474	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,838	0		90.00
91.00	09100	EMERGENCY	0	4,447	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0		93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	551,678	41,557	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	0		190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0		191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	YOUTH RADIOLOGY PROGRAM	0	0	0		194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	551,678	41,557	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	0				22.00
23.00	02300	PARAMED ED PRGM		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		1,631,522	0	1,631,522	30.00
31.00	03100	INTENSIVE CARE UNIT		520,088	0	520,088	31.00
43.00	04300	NURSERY		196,659	0	196,659	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,180,894	0	1,180,894	50.00
51.00	05100	RECOVERY ROOM		61,311	0	61,311	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		123,513	0	123,513	52.00
53.00	05300	ANESTHESIOLOGY		1,474	0	1,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		711,178	0	711,178	54.00
54.01	05401	NUCLEAR MEDICINE		62,087	0	62,087	54.01
54.02	05402	ULTRASOUND		35,154	0	35,154	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		533,683	0	533,683	55.00
57.00	05700	CT SCAN		164,863	0	164,863	57.00
58.00	05800	MRI		164,236	0	164,236	58.00
59.00	05900	CARDIAC CATHETERIZATION		144,825	0	144,825	59.00
59.97	05901	CARDIAC REHAB		6,605	0	6,605	59.97
60.00	06000	LABORATORY		756,793	0	756,793	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		246,588	0	246,588	65.00
66.00	06600	PHYSICAL THERAPY		407,225	0	407,225	66.00
67.00	06700	OCCUPATIONAL THERAPY		21,538	0	21,538	67.00
68.00	06800	SPEECH PATHOLOGY		3,245	0	3,245	68.00
69.00	06900	ELECTROCARDIOLOGY		238,136	0	238,136	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		148,391	0	148,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		161,553	0	161,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		555,152	0	555,152	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		2,970,795	0	2,970,795	90.00
91.00	09100	EMERGENCY		460,209	0	460,209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	11,507,717	0	11,507,717
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS		0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION		5,886	0	5,886	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES		1,738,946	0	1,738,946	192.00
193.00	19300	NONPAID WORKERS		2,782	0	2,782	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM		170	0	170	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	13,255,501	0	13,255,501

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

		Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	238,414					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		238,414				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,885	1,885	80,112,985			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,510	17,510	13,056,511	-37,168,965	144,836,960	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	32,968	32,968	1,247,501	0	6,283,405	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	380,970	8.00
9.00	00900	HOUSEKEEPING	6,676	6,676	1,838,085	0	3,540,365	9.00
10.00	01000	DIETARY	4,356	4,356	482,382	0	1,237,461	10.00
11.00	01100	CAFETERIA	2,405	2,405	808,773	0	1,158,340	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	548	548	1,093,513	0	1,706,680	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,244	3,244	963,154	0	1,606,675	14.00
15.00	01500	PHARMACY	3,024	3,024	2,211,573	0	13,694,672	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	132	132	1,626,872	0	2,250,378	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,329	21,329	9,187,593	0	14,608,400	30.00
31.00	03100	INTENSIVE CARE UNIT	6,904	6,904	3,141,450	0	4,852,116	31.00
43.00	04300	NURSERY	2,889	2,889	707,933	0	1,168,242	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,574	15,574	3,432,462	0	6,533,382	50.00
51.00	05100	RECOVERY ROOM	914	914	418,918	0	608,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,995	1,995	488,838	0	806,692	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	76,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,682	11,682	2,559,548	0	4,859,128	54.00
54.01	05401	NUCLEAR MEDICINE	914	914	329,401	0	857,287	54.01
54.02	05402	ULTRASOUND	295	295	854,314	0	1,236,404	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,323	3,323	502,323	0	1,830,876	55.00
57.00	05700	CT SCAN	2,538	2,538	800,029	0	1,300,779	57.00
58.00	05800	MRI	2,739	2,739	447,246	0	982,439	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,100	2,100	955,619	0	1,751,630	59.00
59.97	05901	CARDIAC REHAB	0	0	259,862	0	352,686	59.97
60.00	06000	LABORATORY	9,714	9,714	3,182,307	0	10,656,934	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,130	2,130	1,112,215	0	1,987,701	65.00
66.00	06600	PHYSICAL THERAPY	6,720	6,720	1,650,063	0	2,683,710	66.00
67.00	06700	OCCUPATIONAL THERAPY	23	23	844,735	0	1,377,581	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	165,663	0	223,367	68.00
69.00	06900	ELECTROCARDIOLOGY	3,893	3,893	901,551	0	1,599,460	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,099,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,584,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,450	40,450	8,712,521	0	15,686,224	90.00
91.00	09100	EMERGENCY	6,313	6,313	4,158,583	0	6,131,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	215,187	215,187	68,141,538	-37,168,965	124,715,178	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	230,337	0	392,877	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	23,227	23,227	11,600,440	0	19,537,877	192.00
193.00	19300	NONPAID WORKERS	0	0	132,662	0	177,499	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	0	8,008	0	13,529	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)	5,106,100	5,391,781	26,897,207		37,168,965	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	21.416947	22.615203	0.335741		0.256626	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			83,001		1,734,390	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001036		0.011975	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:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATI ENT DAYS)	
			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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	186,051				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	14,240			8.00
9.00	00900	HOUSEKEEPING	0	6,676	0	179,375		9.00
10.00	01000	DIETARY	0	4,356	0	4,356	14,240	10.00
11.00	01100	CAFETERIA	0	2,405	0	2,405	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	548	0	548	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,244	0	3,244	0	14.00
15.00	01500	PHARMACY	0	3,024	0	3,024	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	132	0	132	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	21,329	10,939	21,329	10,939	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,904	2,330	6,904	2,330	31.00
43.00	04300	NURSERY	0	2,889	971	2,889	971	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,574	0	15,574	0	50.00
51.00	05100	RECOVERY ROOM	0	914	0	914	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,995	0	1,995	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,682	0	11,682	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	914	0	914	0	54.01
54.02	05402	ULTRASOUND	0	295	0	295	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,323	0	3,323	0	55.00
57.00	05700	CT SCAN	0	2,538	0	2,538	0	57.00
58.00	05800	MRI	0	2,739	0	2,739	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,100	0	2,100	0	59.00
59.97	05901	CARDIAC REHAB	0	0	0	0	0	59.97
60.00	06000	LABORATORY	0	9,714	0	9,714	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,130	0	2,130	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,720	0	6,720	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23	0	23	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,893	0	3,893	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	40,450	0	40,450	0	90.00
91.00	09100	EMERGENCY	0	6,313	0	6,313	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	162,824	14,240	156,148	14,240	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	23,227	0	23,227	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	0	7,895,890	478,737	4,732,240	1,854,811	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	42.439385	33.619171	26.381826	130.253581	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,570,720	4,562	397,942	258,181	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATI ENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.442416	0.320365	2.218492	18.130688	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:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSNG 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	846					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	16	0	512,918			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25	0	31	10,683,746		14.00
15.00	01500	PHARMACY	21	0	0	0	100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	168	0	182,456	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	54	0	108,405	0	0	31.00
43.00	04300	NURSERY	8	0	17,562	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52	0	67,758	0	0	50.00
51.00	05100	RECOVERY ROOM	5	0	9,526	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6	0	12,127	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36	0	9,524	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	4	0	0	0	0	54.01
54.02	05402	ULTRASOUND	10	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	8	0	2,126	0	0	55.00
57.00	05700	CT SCAN	11	0	0	0	0	57.00
58.00	05800	MRI	6	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13	0	11,122	0	0	59.00
59.97	05901	CARDIAC REHAB	3	0	5,912	0	0	59.97
60.00	06000	LABORATORY	63	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18	0	2,856	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12	0	2,484	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12	0	6,325	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,099,333	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,584,413	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	165	0	0	0	0	90.00
91.00	09100	EMERGENCY	63	0	74,704	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	838	0	512,918	10,683,746	100	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	5	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	3	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	1,621,115	0	2,213,031	2,290,285	17,457,437	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,916.211584	0.000000	4.314590	0.214371	174,574.370000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	146,246	0	132,429	179,466	551,678	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	172.867612	0.000000	0.258187	0.016798	5,516.780000	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:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	729,151,934				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		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	22.00
23.00	02300	PARAMED ED PRGM	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,404,718	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,883,946	0	0	0	31.00
43.00	04300	NURSERY	1,666,298	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,225,618	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,850,960	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,150,603	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,722,216	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,499,642	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	10,739,302	0	0	0	54.01
54.02	05402	ULTRASOUND	23,243,912	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	10,917,868	0	0	0	55.00
57.00	05700	CT SCAN	94,990,178	0	0	0	57.00
58.00	05800	MRI	19,036,435	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,992,632	0	0	0	59.00
59.97	05901	CARDIAC REHAB	1,196,689	0	0	0	59.97
60.00	06000	LABORATORY	152,320,754	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	11,576,995	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,725,719	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,389,876	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	910,385	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,931,364	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,253,217	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,320,562	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,948,417	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	32,244,315	0	0	0	90.00
91.00	09100	EMERGENCY	78,009,313	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	729,151,934	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	2,900,203	0	0	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
						21.00	22.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003978	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,557	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000057	0.000000	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:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		PARAMED ED PRGM	
		(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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
59.97	05901	CARDIAC REHAB	59.97
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
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
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	93.99
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.01	19001	MEALS ON WHEELS	190.01
191.01	19101	PATIENT TRANSPORTATION	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0101

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		PARAMED ED PRGM	
		(ASSIGNED TIME)	
		23.00	
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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE	Total Costs		
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	22,851,862		22,851,862	0	22,851,862	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,568,755		7,568,755	0	7,568,755	31.00	
43.00	04300	NURSERY	1,923,719		1,923,719	0	1,923,719	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,829,871		9,829,871	0	9,829,871	50.00	
51.00	05100	RECOVERY ROOM	897,709		897,709	0	897,709	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,219,406		1,219,406	0	1,219,406	52.00	
53.00	05300	ANESTHESIOLOGY	135,233		135,233	0	135,233	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,133,524		7,133,524	0	7,133,524	54.00	
54.01	05401	NUCLEAR MEDICINE	1,190,578		1,190,578	0	1,190,578	54.01	
54.02	05402	ULTRASOUND	1,685,626		1,685,626	0	1,685,626	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,597,353		2,597,353	0	2,597,353	55.00	
57.00	05700	CT SCAN	2,208,210		2,208,210	0	2,208,210	57.00	
58.00	05800	MRI	1,510,283		1,510,283	0	1,510,283	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,502,076		2,502,076	0	2,502,076	59.00	
59.97	05901	CARDIAC REHAB	479,211		479,211	0	479,211	59.97	
60.00	06000	LABORATORY	14,786,598		14,786,598	0	14,786,598	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	2,737,253	0	2,737,253	0	2,737,253	65.00	
66.00	06600	PHYSICAL THERAPY	3,927,533	0	3,927,533	0	3,927,533	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,779,884	0	1,779,884	0	1,779,884	67.00	
68.00	06800	SPEECH PATHOLOGY	288,143	0	288,143	0	288,143	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,427,306		2,427,306	0	2,427,306	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,617,472		7,617,472	0	7,617,472	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,275,600		8,275,600	0	8,275,600	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,699,890		17,699,890	0	17,699,890	73.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	22,939,975		22,939,975	0	22,939,975	90.00	
91.00	09100	EMERGENCY	8,893,425		8,893,425	0	8,893,425	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,092,437		3,092,437	0	3,092,437	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	158,198,932	0	158,198,932	0	158,198,932	200.00	
201.00		Less Observation Beds	3,092,437		3,092,437		3,092,437	201.00	
202.00		Total (see instructions)	155,106,495	0	155,106,495	0	155,106,495	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

					Title XVIII	Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,229,961		27,229,961			30.00
31.00	03100	INTENSIVE CARE UNIT	10,883,946		10,883,946			31.00
43.00	04300	NURSERY	1,666,298		1,666,298			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,446,549	31,779,069	39,225,618	0.250598	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,215,491	3,635,469	4,850,960	0.185058	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,150,603	0	1,150,603	1.059797	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,321,517	7,400,699	9,722,216	0.013910	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,445,055	22,054,587	28,499,642	0.250302	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	944,592	9,794,710	10,739,302	0.110862	0.000000	54.01
54.02	05402	ULTRASOUND	3,402,679	19,841,233	23,243,912	0.072519	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,917,868	10,917,868	0.237899	0.000000	55.00
57.00	05700	CT SCAN	16,394,729	78,595,449	94,990,178	0.023247	0.000000	57.00
58.00	05800	MRI	2,673,666	16,362,769	19,036,435	0.079336	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,977,160	14,015,472	20,992,632	0.119188	0.000000	59.00
59.97	05901	CARDIAC REHAB	0	1,196,689	1,196,689	0.400447	0.000000	59.97
60.00	06000	LABORATORY	36,519,807	115,800,947	152,320,754	0.097075	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	9,315,349	2,261,646	11,576,995	0.236439	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,225,617	8,500,102	11,725,719	0.334950	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,591,878	1,797,998	3,389,876	0.525059	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	505,633	404,752	910,385	0.316507	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,661,750	19,269,614	24,931,364	0.097360	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,414,724	16,838,493	29,253,217	0.260398	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,061,255	10,259,307	15,320,562	0.540163	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,116,194	36,832,223	60,948,417	0.290408	0.000000	73.00
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							
90.00	09000	CLINIC	41,418	32,202,897	32,244,315	0.711442	0.000000	90.00
91.00	09100	EMERGENCY	15,604,507	62,404,806	78,009,313	0.114005	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	552,253	3,622,504	4,174,757	0.740747	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	203,362,631	525,789,303	729,151,934			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	203,362,631	525,789,303	729,151,934			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.250598			50.00
51.00	05100 RECOVERY ROOM	0.185058			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.059797			52.00
53.00	05300 ANESTHESIOLOGY	0.013910			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.250302			54.00
54.01	05401 NUCLEAR MEDICINE	0.110862			54.01
54.02	05402 ULTRASOUND	0.072519			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.237899			55.00
57.00	05700 CT SCAN	0.023247			57.00
58.00	05800 MRI	0.079336			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119188			59.00
59.97	05901 CARDIAC REHAB	0.400447			59.97
60.00	06000 LABORATORY	0.097075			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.236439			65.00
66.00	06600 PHYSICAL THERAPY	0.334950			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.525059			67.00
68.00	06800 SPEECH PATHOLOGY	0.316507			68.00
69.00	06900 ELECTROCARDIOLOGY	0.097360			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.260398			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.540163			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.290408			73.00
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					
90.00	09000 CLINIC	0.711442			90.00
91.00	09100 EMERGENCY	0.114005			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.740747			92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

MCRIF32 - 17.4.174.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 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		
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00		
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		
54.01	05401	NUCLEAR MEDICINE	0	0	0	0.000000	0.000000	54.01		
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00		
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		
59.97	05901	CARDIAC REHAB	0	0	0	0.000000	0.000000	59.97		
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00		
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		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00		
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		
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									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00		
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00		
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401 NUCLEAR MEDICINE	0.000000			54.01
54.02	05402 ULTRASOUND	0.000000			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
59.97	05901 CARDIAC REHAB	0.000000			59.97
60.00	06000 LABORATORY	0.000000			60.00
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
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
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					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 12:40 pm

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	9,829,871	1,180,894	8,648,977	0	0	50.00
51.00	05100 RECOVERY ROOM	897,709	61,311	836,398	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,219,406	123,513	1,095,893	0	0	52.00
53.00	05300 ANESTHESIOLOGY	135,233	1,474	133,759	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,133,524	711,178	6,422,346	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	1,190,578	62,087	1,128,491	0	0	54.01
54.02	05402 ULTRASOUND	1,685,626	35,154	1,650,472	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	2,597,353	533,683	2,063,670	0	0	55.00
57.00	05700 CT SCAN	2,208,210	164,863	2,043,347	0	0	57.00
58.00	05800 MRI	1,510,283	164,236	1,346,047	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,502,076	144,825	2,357,251	0	0	59.00
59.97	05901 CARDIAC REHAB	479,211	6,605	472,606	0	0	59.97
60.00	06000 LABORATORY	14,786,598	756,793	14,029,805	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,737,253	246,588	2,490,665	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,927,533	407,225	3,520,308	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,779,884	21,538	1,758,346	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	288,143	3,245	284,898	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,427,306	238,136	2,189,170	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,617,472	148,391	7,469,081	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,275,600	161,553	8,114,047	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,699,890	555,152	17,144,738	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	22,939,975	2,970,795	19,969,180	0	0	90.00
91.00	09100 EMERGENCY	8,893,425	460,209	8,433,216	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,092,437	220,788	2,871,649	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	125,854,596	9,380,236	116,474,360	0	0	200.00
201.00	Less Observation Beds	3,092,437	220,788	2,871,649	0	0	201.00
202.00	Total (line 200 minus line 201)	122,762,159	9,159,448	113,602,711	0	0	202.00

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

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 12:40 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	9,829,871	39,225,618	0.250598		50.00
51.00	05100 RECOVERY ROOM	897,709	4,850,960	0.185058		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,219,406	1,150,603	1.059797		52.00
53.00	05300 ANESTHESIOLOGY	135,233	9,722,216	0.013910		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,133,524	28,499,642	0.250302		54.00
54.01	05401 NUCLEAR MEDICINE	1,190,578	10,739,302	0.110862		54.01
54.02	05402 ULTRASOUND	1,685,626	23,243,912	0.072519		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	2,597,353	10,917,868	0.237899		55.00
57.00	05700 CT SCAN	2,208,210	94,990,178	0.023247		57.00
58.00	05800 MRI	1,510,283	19,036,435	0.079336		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,502,076	20,992,632	0.119188		59.00
59.97	05901 CARDIAC REHAB	479,211	1,196,689	0.400447		59.97
60.00	06000 LABORATORY	14,786,598	152,320,754	0.097075		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	2,737,253	11,576,995	0.236439		65.00
66.00	06600 PHYSICAL THERAPY	3,927,533	11,725,719	0.334950		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,779,884	3,389,876	0.525059		67.00
68.00	06800 SPEECH PATHOLOGY	288,143	910,385	0.316507		68.00
69.00	06900 ELECTROCARDIOLOGY	2,427,306	24,931,364	0.097360		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,617,472	29,253,217	0.260398		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,275,600	15,320,562	0.540163		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,699,890	60,948,417	0.290408		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	22,939,975	32,244,315	0.711442		90.00
91.00	09100 EMERGENCY	8,893,425	78,009,313	0.114005		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,092,437	4,174,757	0.740747		92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000		93.99
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	125,854,596	689,371,729			200.00
201.00	Less Observation Beds	3,092,437	0			201.00
202.00	Total (line 200 minus line 201)	122,762,159	689,371,729			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

			Title V	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,851,862		22,851,862	0
31.00	03100	INTENSIVE CARE UNIT	7,568,755		7,568,755	0
43.00	04300	NURSERY	1,923,719		1,923,719	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,829,871		9,829,871	0
51.00	05100	RECOVERY ROOM	897,709		897,709	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,219,406		1,219,406	0
53.00	05300	ANESTHESIOLOGY	135,233		135,233	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,133,524		7,133,524	0
54.01	05401	NUCLEAR MEDICINE	1,190,578		1,190,578	0
54.02	05402	ULTRASOUND	1,685,626		1,685,626	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,597,353		2,597,353	0
57.00	05700	CT SCAN	2,208,210		2,208,210	0
58.00	05800	MRI	1,510,283		1,510,283	0
59.00	05900	CARDIAC CATHETERIZATION	2,502,076		2,502,076	0
59.97	05901	CARDIAC REHAB	479,211		479,211	0
60.00	06000	LABORATORY	14,786,598		14,786,598	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
65.00	06500	RESPIRATORY THERAPY	2,737,253	0	2,737,253	0
66.00	06600	PHYSICAL THERAPY	3,927,533	0	3,927,533	0
67.00	06700	OCCUPATIONAL THERAPY	1,779,884	0	1,779,884	0
68.00	06800	SPEECH PATHOLOGY	288,143	0	288,143	0
69.00	06900	ELECTROCARDIOLOGY	2,427,306		2,427,306	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,617,472		7,617,472	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,275,600		8,275,600	0
73.00	07300	DRUGS CHARGED TO PATIENTS	17,699,890		17,699,890	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,939,975		22,939,975	0
91.00	09100	EMERGENCY	8,893,425		8,893,425	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	155,106,495	0	155,106,495	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	155,106,495	0	155,106,495	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

					Title V		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
			Inpatient	Outpatient	Total (col. 6 + col. 7)					
			6.00	7.00	8.00	9.00	10.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00		
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00		
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		
54.01	05401	NUCLEAR MEDICINE	0	0	0	0.000000	0.000000	54.01		
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00		
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		
59.97	05901	CARDIAC REHAB	0	0	0	0.000000	0.000000	59.97		
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00		
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		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00		
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		
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									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00		
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00		
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	NUCLEAR MEDICINE	0.000000		54.01
54.02	05402	ULTRASOUND	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
59.97	05901	CARDIAC REHAB	0.000000		59.97
60.00	06000	LABORATORY	0.000000		60.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
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					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		93.99
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,631,522	0	1,631,522	12,651	128.96	30.00
31.00	INTENSIVE CARE UNIT	520,088		520,088	2,330	223.21	31.00
43.00	NURSERY	196,659		196,659	971	202.53	43.00
200.00	Total (lines 30 through 199)	2,348,269		2,348,269	15,952		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	5,882	758,543				30.00
31.00	INTENSIVE CARE UNIT	979	218,523				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,861	977,066				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 12:40 pm
Title XVIII				Hospital		PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,180,894	39,225,618	0.030105	4,362,284	131,327	50.00
51.00 05100 RECOVERY ROOM	61,311	4,850,960	0.012639	643,386	8,132	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	123,513	1,150,603	0.107346	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,474	9,722,216	0.000152	1,121,067	170	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	711,178	28,499,642	0.024954	3,839,434	95,809	54.00
54.01 05401 NUCLEAR MEDICINE	62,087	10,739,302	0.005781	652,347	3,771	54.01
54.02 05402 ULTRASOUND	35,154	23,243,912	0.001512	1,676,633	2,535	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	533,683	10,917,868	0.048882	0	0	55.00
57.00 05700 CT SCAN	164,863	94,990,178	0.001736	8,548,090	14,839	57.00
58.00 05800 MRI	164,236	19,036,435	0.008627	1,318,409	11,374	58.00
59.00 05900 CARDIAC CATHETERIZATION	144,825	20,992,632	0.006899	3,249,259	22,417	59.00
59.97 05901 CARDIAC REHAB	6,605	1,196,689	0.005519	0	0	59.97
60.00 06000 LABORATORY	756,793	152,320,754	0.004968	17,810,623	88,483	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	246,588	11,576,995	0.021300	4,472,643	95,267	65.00
66.00 06600 PHYSICAL THERAPY	407,225	11,725,719	0.034729	1,956,421	67,945	66.00
67.00 06700 OCCUPATIONAL THERAPY	21,538	3,389,876	0.006354	1,025,520	6,516	67.00
68.00 06800 SPEECH PATHOLOGY	3,245	910,385	0.003564	327,692	1,168	68.00
69.00 06900 ELECTROCARDIOLOGY	238,136	24,931,364	0.009552	3,261,595	31,155	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	148,391	29,253,217	0.005073	5,387,791	27,332	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	161,553	15,320,562	0.010545	3,377,914	35,620	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	555,152	60,948,417	0.009109	9,996,087	91,054	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2,970,795	32,244,315	0.092134	12,803	1,180	90.00
91.00 09100 EMERGENCY	460,209	78,009,313	0.005899	8,076,854	47,645	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	220,788	4,174,757	0.052886	295,644	15,635	92.00
93.99 09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00 Total (lines 50 through 199)	9,380,236	689,371,729		81,412,496	799,374	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 12:40 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
				4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	12,651	0.00	5,882		30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,330	0.00	979		31.00
43.00	04300	NURSERY		0	971	0.00	0		43.00
200.00		Total (lines 30 through 199)		0	15,952		6,861		200.00
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
59.97	05901 CARDIAC REHAB	0	0	0	0	0	59.97
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	39,225,618	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,850,960	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,150,603	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,722,216	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	28,499,642	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	10,739,302	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	23,243,912	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,917,868	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	94,990,178	0.000000	57.00
58.00	05800	MRI	0	0	0	19,036,435	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,992,632	0.000000	59.00
59.97	05901	CARDIAC REHAB	0	0	0	1,196,689	0.000000	59.97
60.00	06000	LABORATORY	0	0	0	152,320,754	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,576,995	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,725,719	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,389,876	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	910,385	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,931,364	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,253,217	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,320,562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	60,948,417	0.000000	73.00
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							
90.00	09000	CLINIC	0	0	0	32,244,315	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	78,009,313	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,174,757	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	689,371,729		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	4,362,284	0	10,067,893	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	643,386	0	902,069	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,121,067	0	1,922,740	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,839,434	0	5,430,825	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	652,347	0	4,165,360	0	54.01
54.02	05402	ULTRASOUND	0.000000	1,676,633	0	3,914,783	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	48,063	0	55.00
57.00	05700	CT SCAN	0.000000	8,548,090	0	21,242,336	0	57.00
58.00	05800	MRI	0.000000	1,318,409	0	5,029,363	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,249,259	0	6,468,692	0	59.00
59.97	05901	CARDIAC REHAB	0.000000	0	0	589,239	0	59.97
60.00	06000	LABORATORY	0.000000	17,810,623	0	13,896,067	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	4,472,643	0	897,852	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,956,421	0	214,015	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,025,520	0	74,837	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	327,692	0	23,404	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,261,595	0	6,202,670	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,387,791	0	4,992,254	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,377,914	0	4,196,159	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	9,996,087	0	14,591,158	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	12,803	0	832,745	0	90.00
91.00	09100	EMERGENCY	0.000000	8,076,854	0	13,359,415	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	295,644	0	1,419,398	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		81,412,496	0	120,481,337	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/26/2022 12:40 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.250598	10,067,893	0	0	2,522,994	50.00
51.00	05100	RECOVERY ROOM	0.185058	902,069	0	0	166,935	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.059797	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013910	1,922,740	0	0	26,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250302	5,430,825	0	0	1,359,346	54.00
54.01	05401	NUCLEAR MEDICINE	0.110862	4,165,360	0	0	461,780	54.01
54.02	05402	ULTRASOUND	0.072519	3,914,783	0	0	283,896	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.237899	48,063	0	0	11,434	55.00
57.00	05700	CT SCAN	0.023247	21,242,336	0	0	493,821	57.00
58.00	05800	MRI	0.079336	5,029,363	0	0	399,010	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119188	6,468,692	0	0	770,990	59.00
59.97	05901	CARDIAC REHAB	0.400447	589,239	0	0	235,959	59.97
60.00	06000	LABORATORY	0.097075	13,896,067	222,820	0	1,348,961	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.236439	897,852	0	0	212,287	65.00
66.00	06600	PHYSICAL THERAPY	0.334950	214,015	0	0	71,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.525059	74,837	0	0	39,294	67.00
68.00	06800	SPEECH PATHOLOGY	0.316507	23,404	0	0	7,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097360	6,202,670	0	0	603,892	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260398	4,992,254	0	0	1,299,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.540163	4,196,159	0	0	2,266,610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290408	14,591,158	0	84,385	4,237,389	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.711442	832,745	0	0	592,450	90.00
91.00	09100	EMERGENCY	0.114005	13,359,415	0	0	1,523,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.740747	1,419,398	0	0	1,051,415	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Subtotal (see instructions)		120,481,337	222,820	84,385	19,987,313	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)		120,481,337	222,820	84,385	19,987,313	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 12:40 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
59.97	05901	CARDIAC REHAB	0	0		59.97
60.00	06000	LABORATORY	21,630	0		60.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,506		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
200.00		Subtotal (see instructions)	21,630	24,506		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	21,630	24,506		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 12:40 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	1,631,522	0	1,631,522	12,651	128.96	30.00
31.00	INTENSIVE CARE UNIT	520,088		520,088	2,330	223.21	31.00
43.00	NURSERY	196,659		196,659	971	202.53	43.00
200.00	Total (lines 30 through 199)	2,348,269		2,348,269	15,952		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	316	40,751				30.00
31.00	INTENSIVE CARE UNIT	43	9,598				31.00
43.00	NURSERY	486	98,430				43.00
200.00	Total (lines 30 through 199)	845	148,779				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/26/2022 12:40 pm	
					Title XIX		Hospital		PPS	
Cost Center Description				Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
				1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM		1,180,894	0	0.000000	0		0	50.00
51.00	05100	RECOVERY ROOM		61,311	0	0.000000	0		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		123,513	0	0.000000	0		0	52.00
53.00	05300	ANESTHESIOLOGY		1,474	0	0.000000	0		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		711,178	0	0.000000	0		0	54.00
54.01	05401	NUCLEAR MEDICINE		62,087	0	0.000000	0		0	54.01
54.02	05402	ULTRASOUND		35,154	0	0.000000	0		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		533,683	0	0.000000	0		0	55.00
57.00	05700	CT SCAN		164,863	0	0.000000	0		0	57.00
58.00	05800	MRI		164,236	0	0.000000	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION		144,825	0	0.000000	0		0	59.00
59.97	05901	CARDIAC REHAB		6,605	0	0.000000	0		0	59.97
60.00	06000	LABORATORY		756,793	0	0.000000	0		0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0.000000	0		0	62.30
65.00	06500	RESPIRATORY THERAPY		246,588	0	0.000000	0		0	65.00
66.00	06600	PHYSICAL THERAPY		407,225	0	0.000000	0		0	66.00
67.00	06700	OCCUPATIONAL THERAPY		21,538	0	0.000000	0		0	67.00
68.00	06800	SPEECH PATHOLOGY		3,245	0	0.000000	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY		238,136	0	0.000000	0		0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		148,391	0	0.000000	0		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		161,553	0	0.000000	0		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		555,152	0	0.000000	0		0	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0.000000	0		0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0.000000	0		0	76.98
76.99	07699	LITHOTRIPSY		0	0	0.000000	0		0	76.99
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC		2,970,795	0	0.000000	0		0	90.00
91.00	09100	EMERGENCY		460,209	0	0.000000	0		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		220,788	0	0.000000	0		0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0.000000	0		0	93.99
200.00		Total (lines 50 through 199)		9,380,236	0		0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 12:40 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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
				4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	12,651	0.00	316	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,330	0.00	43	31.00	
43.00	04300	NURSERY		0	971	0.00	486	43.00	
200.00		Total (lines 30 through 199)		0	15,952		845	200.00	
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
59.97	05901 CARDIAC REHAB	0	0	0	0	0	59.97
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			Title XIX		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	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
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
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
59.97	05901	CARDIAC REHAB	0	0	0	0	0.000000	59.97
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
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
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								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			Title XIX		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
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
59.97	05901	CARDIAC REHAB	0.000000	0	0	0	0	59.97
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
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
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

			Title V		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,631,522	0	1,631,522	12,651	128.96	30.00
31.00	INTENSIVE CARE UNIT	520,088		520,088	2,330	223.21	31.00
43.00	NURSERY	196,659		196,659	971	202.53	43.00
200.00	Total (lines 30 through 199)	2,348,269		2,348,269	15,952		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	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/26/2022 12:40 pm	
					Title V		Hospital		Cost	
Cost Center Description					Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
					1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM		1,180,894	0	0.000000	0		0	50.00
51.00	05100	RECOVERY ROOM		61,311	0	0.000000	0		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		123,513	0	0.000000	0		0	52.00
53.00	05300	ANESTHESIOLOGY		1,474	0	0.000000	0		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		711,178	0	0.000000	0		0	54.00
54.01	05401	NUCLEAR MEDICINE		62,087	0	0.000000	0		0	54.01
54.02	05402	ULTRASOUND		35,154	0	0.000000	0		0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		533,683	0	0.000000	0		0	55.00
57.00	05700	CT SCAN		164,863	0	0.000000	0		0	57.00
58.00	05800	MRI		164,236	0	0.000000	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION		144,825	0	0.000000	0		0	59.00
59.97	05901	CARDIAC REHAB		6,605	0	0.000000	0		0	59.97
60.00	06000	LABORATORY		756,793	0	0.000000	0		0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0.000000	0		0	62.30
65.00	06500	RESPIRATORY THERAPY		246,588	0	0.000000	0		0	65.00
66.00	06600	PHYSICAL THERAPY		407,225	0	0.000000	0		0	66.00
67.00	06700	OCCUPATIONAL THERAPY		21,538	0	0.000000	0		0	67.00
68.00	06800	SPEECH PATHOLOGY		3,245	0	0.000000	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY		238,136	0	0.000000	0		0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		148,391	0	0.000000	0		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		161,553	0	0.000000	0		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		555,152	0	0.000000	0		0	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0.000000	0		0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0.000000	0		0	76.98
76.99	07699	LITHOTRIPSY		0	0	0.000000	0		0	76.99
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC		2,970,795	0	0.000000	0		0	90.00
91.00	09100	EMERGENCY		460,209	0	0.000000	0		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0.000000	0		0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0.000000	0		0	93.99
200.00		Total (lines 50 through 199)		9,159,448	0		0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 12:40 pm	
					Title V		Hospital		Cost	
Cost Center Description					Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	12,651	0.00	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT			0	2,330	0.00	0	0	31.00
43.00	04300	NURSERY			0	971	0.00	0	0	43.00
200.00		Total (lines 30 through 199)			0	15,952			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
31.00	03100	INTENSIVE CARE UNIT		0						31.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		Title V			Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
59.97	05901 CARDIAC REHAB	0	0	0	0	0	0	59.97
60.00	06000 LABORATORY	0	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
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
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	0	93.99
200.00	Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			Title V		Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0.000000
54.02	05402	ULTRASOUND	0	0	0	0	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
57.00	05700	CT SCAN	0	0	0	0	0.000000
58.00	05800	MRI	0	0	0	0	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000
59.97	05901	CARDIAC REHAB	0	0	0	0	0.000000
60.00	06000	LABORATORY	0	0	0	0	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	0	0	0	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0101

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description			Title V		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
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
59.97	05901	CARDIAC REHAB	0.000000	0	0	0	0	59.97
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
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
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:40 pm
		Title XVIII	Hospital	PPS
Cost Center Description				
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,651	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)		10,939	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)		5,882	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)		22,851,862	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)		22,851,862	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)		22,851,862	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)		1,806.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,624,833	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)		10,624,833	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:40 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,568,755	2,330	3,248.39	979	3,180,174	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,754,298	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,559,305	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)					977,066	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					799,374	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,776,440	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,782,865	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)					1,712	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,806.33	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,092,437	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0101

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 12:40 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,631,522	22,851,862	0.071396	3,092,437	220,788
91.00	Nursing Program cost	0	22,851,862	0.000000	3,092,437	0
92.00	Allied health cost	0	22,851,862	0.000000	3,092,437	0
93.00	All other Medical Education	0	22,851,862	0.000000	3,092,437	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:40 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)		12,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,651	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)		10,939	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)		316	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)		971	15.00
16.00	Nursery days (title V or XIX only)		486	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)		22,851,862	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)		22,851,862	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 27,851,862 minus line 36)		22,851,862	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)		1,806.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		570,800	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)		570,800	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:40 pm
			Title XIX	Hospital	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	1,923,719	971	1,981.17	486	962,849
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	7,568,755	2,330	3,248.39	43	139,681
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,673,330
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					148,779
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					148,779
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,524,551
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					1,712
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,806.33
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,092,437

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0101

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 12:40 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	1,631,522	22,851,862	0.071396	3,092,437	220,788
91.00	Nursing Program cost	0	22,851,862	0.000000	3,092,437	0
92.00	Allied health cost	0	22,851,862	0.000000	3,092,437	0
93.00	All other Medical Education	0	22,851,862	0.000000	3,092,437	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 12:40 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		11,459,865	30.00
31.00	03100	INTENSIVE CARE UNIT		4,745,442	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.250598	4,362,284	50.00
51.00	05100	RECOVERY ROOM	0.185058	643,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.059797	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013910	1,121,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250302	3,839,434	54.00
54.01	05401	NUCLEAR MEDICINE	0.110862	652,347	54.01
54.02	05402	ULTRASOUND	0.072519	1,676,633	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.237899	0	55.00
57.00	05700	CT SCAN	0.023247	8,548,090	57.00
58.00	05800	MRI	0.079336	1,318,409	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119188	3,249,259	59.00
59.97	05901	CARDIAC REHAB	0.400447	0	59.97
60.00	06000	LABORATORY	0.097075	17,810,623	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.236439	4,472,643	65.00
66.00	06600	PHYSICAL THERAPY	0.334950	1,956,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.525059	1,025,520	67.00
68.00	06800	SPEECH PATHOLOGY	0.316507	327,692	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097360	3,261,595	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260398	5,387,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.540163	3,377,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290408	9,996,087	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.711442	12,803	90.00
91.00	09100	EMERGENCY	0.114005	8,076,854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.740747	295,644	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		81,412,496	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)		81,412,496	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:40 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	11,429,956		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	325,719		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)	1,069,290		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	185,611		2.04
3.00	Managed Care Simulated Payments	0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	84.31		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105(f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.13		30.00
31.00	Percentage of Medicaid patient days (see instructions)	16.60		31.00
32.00	Sum of lines 30 and 31	18.73		32.00
33.00	Allowable disproportionate share percentage (see instructions)	4.92		33.00
34.00	Disproportionate share adjustment (see instructions)	193,795		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:40 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	0	35.00
35.01	Factor 3 (see instructions)	0.000141115	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,169,845	822,054	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	874,980	207,203	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,082,183		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	18,286,554		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		18,286,554	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,365,548	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		844,608	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,496,710	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,496,710	61.00
62.00	Deductibles billed to program beneficiaries		1,769,348	62.00
63.00	Coinsurance billed to program beneficiaries		3,339	63.00
64.00	Allowable bad debts (see instructions)		345,553	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		224,609	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		267,848	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,948,632	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)		126,693	70.93
70.94	HRR adjustment amount (see instructions)		-74,273	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:40 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2021	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)	2022	133,841	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)		19,134,893	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			71.03
72.00	Interim payments		18,631,667	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		503,226	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		611,529	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)		1,204,924	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		131,092	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)			95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 12:40 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,429,956	0	11,429,956		11,429,956	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,325,719	0		4,325,719	4,325,719	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,069,290	0	1,069,290		1,069,290	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	185,611	0		185,611	185,611	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0492	0.0492	0.0492	0.0492		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	193,795	0	140,589	53,206	193,795	11.00
11.01	Uncompensated care payments	36.00	1,082,183	0	1,041,454	294,865	1,336,319	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	0	12.00
13.00	Subtotal (see instructions)	47.00	18,286,554	0	13,427,153	4,859,401	18,286,554	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,286,554	0	13,427,153	4,859,401	18,286,554	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,365,548	0	1,029,298	336,250	1,365,548	16.00
17.00	Special add-on payments for new technologies	54.00	844,608	0	484,612	359,996	844,608	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 12:40 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00	
19.00	SUBTOTAL			0	14,941,063	5,555,647	20,496,710	19.00	
		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	1,195,513	0	874,508	321,005	1,195,513	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	170,035	0	154,790	15,245	170,035	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,365,548	0	1,029,298	336,250	1,365,548	26.00	
		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	0.024091		27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				133,841	133,841	29.00	
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 12:40 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,429,956	11,429,956		11,429,956	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,325,719		4,325,719	4,325,719	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	1,069,290	1,069,290		1,069,290	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	185,611		185,611	185,611	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0492	0.0492	0.0492		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	193,795	140,589	53,206	193,795	11.00
11.01	Uncompensated care payments	36.00	1,082,183	1,041,454	294,865	1,336,319	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	18,286,554	13,427,153	4,859,401	18,286,554	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	18,286,554	13,427,153	4,859,401	18,286,554	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,365,548	1,029,298	336,250	1,365,548	16.00
17.00	Special add-on payments for new technologies	54.00	844,608	484,612	359,996	844,608	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			14,941,063	5,555,647	20,496,710	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 12:40 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,195,513	874,508	321,005	1,195,513	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	170,035	154,790	15,245	170,035	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,365,548	1,029,298	336,250	1,365,548	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	126,693	126,693	0	126,693	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	-74,273	-55,998	-18,275	-74,273	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:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 12:40 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		46,136	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,987,313	2.00
3.00	OPPS payments		14,209,983	3.00
4.00	Outlier payment (see instructions)		226,059	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)		46,136	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		307,205	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)		307,205	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		307,205	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		261,069	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)		46,136	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)		14,436,042	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		28	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,685,325	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)		11,796,825	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)		11,796,825	30.00
31.00	Primary payer payments		3,644	31.00
32.00	Subtotal (line 30 minus line 31)		11,793,181	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)		427,639	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		277,965	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		319,592	36.00
37.00	Subtotal (see instructions)		12,071,146	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,045	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,070,101	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		11,770,293	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)		299,808	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		267,024	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		144,030	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:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 12:40 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		18,631,667		11,770,293	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,631,667		11,770,293	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		503,226		299,808	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,134,893		12,070,101	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 12:40 pm
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN:14-0101		Period: From 01/01/2021 To 12/31/2021		Worksheet G Date/Time Prepared: 5/26/2022 12:40 pm	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund		
		1.00	2.00	3.00	4.00		
CURRENT ASSETS							
1.00	Cash on hand in banks	51,425,864	0	0	0	1.00	
2.00	Temporary investments	29,598	0	0	0	2.00	
3.00	Notes receivable	0	0	0	0	3.00	
4.00	Accounts receivable	11,725,614	0	0	0	4.00	
5.00	Other receivable	0	0	0	0	5.00	
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00	
7.00	Inventory	9,561,781	0	0	0	7.00	
8.00	Prepaid expenses	0	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)	72,742,857	0	0	0	11.00	
FIXED ASSETS							
12.00	Land	11,086,434	0	0	0	12.00	
13.00	Land improvements	9,126,996	0	0	0	13.00	
14.00	Accumulated depreciation	-6,053,051	0	0	0	14.00	
15.00	Buildings	102,994,374	0	0	0	15.00	
16.00	Accumulated depreciation	-53,237,160	0	0	0	16.00	
17.00	Leasehold improvements	2,342,649	0	0	0	17.00	
18.00	Accumulated depreciation	-95,431	0	0	0	18.00	
19.00	Fixed equipment	46,178,942	0	0	0	19.00	
20.00	Accumulated depreciation	-22,697,267	0	0	0	20.00	
21.00	Automobiles and trucks	0	0	0	0	21.00	
22.00	Accumulated depreciation	0	0	0	0	22.00	
23.00	Major movable equipment	88,177,498	0	0	0	23.00	
24.00	Accumulated depreciation	-70,776,730	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	16,265,561	0	0	0	29.00	
30.00	Total fixed assets (sum of lines 12-29)	123,312,815	0	0	0	30.00	
OTHER ASSETS							
31.00	Investments	117,695,743	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	27,140,296	0	0	0	34.00	
35.00	Total other assets (sum of lines 31-34)	144,836,039	0	0	0	35.00	
36.00	Total assets (sum of lines 11, 30, and 35)	340,891,711	0	0	0	36.00	
CURRENT LIABILITIES							
37.00	Accounts payable	0	0	0	0	37.00	
38.00	Salaries, wages, and fees payable	25,075,207	0	0	0	38.00	
39.00	Payroll taxes payable	0	0	0	0	39.00	
40.00	Notes and loans payable (short term)	1,860,649	0	0	0	40.00	
41.00	Deferred income	0	0	0	0	41.00	
42.00	Accelerated payments	0	0	0	0	42.00	
43.00	Due to other funds	0	0	0	0	43.00	
44.00	Other current liabilities	23,837,234	0	0	0	44.00	
45.00	Total current liabilities (sum of lines 37 thru 44)	50,773,090	0	0	0	45.00	
LONG TERM LIABILITIES							
46.00	Mortgage payable	88,103,722	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	21,825,198	0	0	0	49.00	
50.00	Total long term liabilities (sum of lines 46 thru 49)	109,928,920	0	0	0	50.00	
51.00	Total liabilities (sum of lines 45 and 50)	160,702,010	0	0	0	51.00	
CAPITAL ACCOUNTS							
52.00	General fund balance	180,189,701	0	0	0	52.00	
53.00	Specific purpose fund	0	0	0	0	53.00	
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00	
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00	
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00	
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00	
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00	
59.00	Total fund balances (sum of lines 52 thru 58)	180,189,701	0	0	0	59.00	
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	340,891,711	0	0	0	60.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0101

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 12:40 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		161,918,968		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,740,722				2.00
3.00	Total (sum of line 1 and line 2)		175,659,690		0		3.00
4.00	MORRIS HOSPITAL FOUNDATION	4,470,453		0		0	4.00
5.00	MORRIS HOSPITAL AUXILIARY	59,559		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,530,012		0		10.00
11.00	Subtotal (line 3 plus line 10)		180,189,702		0		11.00
12.00	ROUNDING	1		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)		1		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		180,189,701		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	MORRIS HOSPITAL FOUNDATION		0				4.00
5.00	MORRIS HOSPITAL AUXILIARY		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ROUNDING		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0101

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 12:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	28,896,259		28,896,259	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	28,896,259		28,896,259	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,883,946		10,883,946	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,883,946		10,883,946	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	39,780,205		39,780,205	17.00
18.00	Ancillary services	147,384,247	427,559,097	574,943,344	18.00
19.00	Outpatient services	16,198,178	98,230,207	114,428,385	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRIVATE OFFICES	18,206	56,256,810	56,275,016	27.00
27.01	PROFESSIONAL CHARGES	377,315	3,077,256	3,454,571	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,758,151	585,123,370	788,881,521	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		204,857,490		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	OTHER EXPENSE	168,135			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)		168,135		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		204,689,355		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0101

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 12:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	788,881,521	1.00
2.00	Less contractual allowances and discounts on patients' accounts	590,822,823	2.00
3.00	Net patient revenues (line 1 minus line 2)	198,058,698	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	204,689,355	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,630,657	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	7,140,737	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	10,803,840	24.00
24.01	NONOPERATING INCOME	-501	24.01
24.02	NET CHANGE IN FAIR VALUE OF INTEREST	808,137	24.02
24.03	NET ASSETS RELEASED FROM RESTRICTION	116,204	24.03
24.50	COVID-19 PHE Funding	1,934,983	24.50
25.00	Total other income (sum of lines 6-24)	20,803,400	25.00
26.00	Total (line 5 plus line 25)	14,172,743	26.00
27.00	NET STLMTS FOR DERIVATIVE INSTRUMENT	432,021	27.00
27.01	OTHER EXPENSES (SPECIFY)	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	432,021	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,740,722	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0101	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 12:40 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,195,513	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		170,035	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)		39.93	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,365,548	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