

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 12:54 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CARLE BROMENN MEDICAL CENTER (14-0127) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-71,933	126,142	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-12,522	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-84,455	126,142	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.
 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
 Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0127		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:54 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1304 VIRGINIA			PO Box:				1.00	
2.00	City: NORMAL			State: IL		Zip Code: 61761-		County: MCLEAN 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			CARLE BROMENN MEDICAL CENTER	140127	14060	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF			CARLE BROMENN REHABILITATION	14T127	14060	5	07/01/1990	N P O
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
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								
17.10	Hospital-Based (CORF) 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)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	Y	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.					1	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0127		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:54 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE - OSTEOPATHIC	3630	1.50	6.64	0.184275	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)					66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL	1350	0.90	5.52	0.140187	67.00
67.01				0.00	0.00	0.000000	67.01
67.02				0.00	0.00	0.000000	67.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:54 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	103,738		1,376,899		436,014118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0127		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:54 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)	Y		14H077		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: CARLE HEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 611 W PARK	PO Box:				142.00	
143.00	City: URBANA	State: IL		Zip Code: 61820		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:54 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 12:54 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/21/2022
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/30/2022	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 12:54 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JOLYNE	SCHNEIDER		41.00
42.00	Enter the employer/company name of the cost report preparer.	SRG, LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	4144031378	JOLYNE.SCHNEIDER@SRGROUPLLC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 12:54 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.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:54 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	158	57,670	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)		158	57,670	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	48	17,520	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)		206	75,190	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
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)		221				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: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,354	1,500	28,183			1.00
2.00	HMO and other (see instructions)	5,800	5,669				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	562	316				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,354	1,500	28,183			7.00
8.00	INTENSIVE CARE UNIT	721	141	2,647			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		151	2,830			13.00
14.00	Total (see instructions)	10,075	1,792	33,660	9.65	879.53	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,839	134	3,716	0.00	16.98	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			34			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				9.65	896.51	27.00
28.00	Observation Bed Days		1,009	6,279			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	145	339			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: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,147	183	6,736	1.00
2.00 HMO and other (see instructions)			1,022	1,289		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				17		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,147	183	6,736	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	114	4	232	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
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: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	68,411,583	-5,044,432	63,367,151	1,864,725.16	33.98
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		348,544	0	348,544	3,729.41	93.46
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	1,788,882	0	1,788,882	48,297.66	37.04
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)		2,385,095	-200,488	2,184,607	68,819.26	31.74
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		540,279	0	540,279	4,215.23	128.17
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		12,742,537	0	12,742,537	310,337.00	41.06
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)		13,286,457	0	13,286,457		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		487,529	0	487,529		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		466,380	0	466,380		
25.50	Home office wage-related (core)		4,707,255	0	4,707,255		
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: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,021,046	-11,600	6,009,446	194,243.98	30.94	27.00
28.00	Administrative & General under contract (see inst.)		2,290,445	0	2,290,445	27,665.73	82.79	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	777,547	0	777,547	33,023.59	23.55	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,611,982	0	1,611,982	91,447.73	17.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,283,195	-2,695	1,280,500	63,083.82	20.30	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	340,545	2,695	343,240	19,310.06	17.78	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,075,538	0	3,075,538	71,914.40	42.77	38.00
39.00	Central Services and Supply	14.00	681,771	-96	681,675	31,129.30	21.90	39.00
40.00	Pharmacy	15.00	2,732,619	0	2,732,619	53,563.28	51.02	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	447,198	0	447,198	13,537.22	33.03	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 12:54 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	68,564,602	-5,044,432	63,520,170	1,840,363.82	34.52	1.00
2.00	Excluded area salaries (see instructions)	2,385,095	-200,488	2,184,607	68,819.26	31.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,179,507	-4,843,944	61,335,563	1,771,544.56	34.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,282,816	0	13,282,816	314,552.23	42.23	4.00
5.00	Subtotal wage-related costs (see inst.)	17,993,712	0	17,993,712	0.00	29.34	5.00
6.00	Total (sum of lines 3 thru 5)	97,456,035	-4,843,944	92,612,091	2,086,096.79	44.39	6.00
7.00	Total overhead cost (see instructions)	19,261,886	-11,696	19,250,190	598,919.11	32.14	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 12:54 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,942,640	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)	6,270,507	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	49,141	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	161,879	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	4,587,300	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))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	228,899	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,240,366	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: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	14,240,366	1.00
2.00	Hospital	0	13,286,457	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	298,346	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	655,563	18.00

Health Financial Systems		CARLE BROMENN MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 12:54 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)			0.338365	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			9,405,352	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			81,128,848	6.00
7.00	Medicaid cost (line 1 times line 6)			27,451,163	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)			18,045,811	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			18,045,811	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,885,192	797,979	4,683,171	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,314,613	797,979	2,112,592	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,314,613	797,979	2,112,592	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,439,748	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			269,159	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			414,090	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,025,658	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,860,533	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,973,125	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,018,936	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0127

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

Worksheet A

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati 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		0	0	0	0	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		215	215	0	215	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,021,046	35,683,070	41,704,116	1,991,331	43,695,447	5.00
7.00	00700	OPERATION OF PLANT	777,547	8,454,942	9,232,489	-8,225,940	1,006,549	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,686	23,686	0	23,686	8.00
9.00	00900	HOUSEKEEPING	1,611,982	910,976	2,522,958	0	2,522,958	9.00
10.00	01000	DIETARY	1,283,195	865,525	2,148,720	-5,989	2,142,731	10.00
11.00	01100	CAFETERIA	340,545	486,009	826,554	5,989	832,543	11.00
13.00	01300	NURSING ADMINISTRATION	3,075,538	780,375	3,855,913	0	3,855,913	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	681,771	1,442,257	2,124,028	-269,979	1,854,049	14.00
15.00	01500	PHARMACY	2,732,619	8,508,470	11,241,089	-6,991,809	4,249,280	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	447,198	77,643	524,841	0	524,841	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,788,882	0	1,788,882	0	1,788,882	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,029,748	1,029,748	0	1,029,748	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	456,058	127,800	583,858	0	583,858	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,046,592	7,389,393	27,435,985	-8,904,058	18,531,927	30.00
31.00	03100	INTENSIVE CARE UNIT	2,663,734	1,658,784	4,322,518	-139,445	4,183,073	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,488,670	549,243	2,037,913	-45,803	1,992,110	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	3,381,307	3,381,307	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,970,647	17,736,131	21,706,778	-3,397,949	18,308,829	50.00
51.00	05100	RECOVERY ROOM	568,190	169,948	738,138	-724	737,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	776,261	776,261	52.00
53.00	05300	ANESTHESIOLOGY	34,010	3,389,674	3,423,684	-7,510	3,416,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,808,527	2,226,808	5,035,335	-16,012	5,019,323	54.00
57.00	05700	CT SCAN	1,027,073	868,339	1,895,412	-21,738	1,873,674	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,942,784	5,739,376	8,682,160	-31,380	8,650,780	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,581,621	4,581,621	64.00
65.00	06500	RESPIRATORY THERAPY	1,197,257	546,013	1,743,270	0	1,743,270	65.00
66.00	06600	PHYSICAL THERAPY	1,842,059	474,655	2,316,714	-43	2,316,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	524,214	125,808	650,022	-567	649,455	67.00
68.00	06800	SPEECH PATHOLOGY	230,435	35,978	266,413	0	266,413	68.00
69.00	06900	ELECTROCARDIOLOGY	3,154,379	6,756,215	9,910,594	-1,720,475	8,190,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	69,799	55,830	125,629	0	125,629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,656,450	1,656,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,739,968	6,739,968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,530,282	10,530,282	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	528,420	528,420	74.00
76.97	07697	CARDIAC REHABILITATION	363,644	93,682	457,326	0	457,326	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	523,422	151,712	675,134	0	675,134	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	76,615	21,993	98,608	0	98,608	90.03
90.04	09003	WOUND CARE CLINIC	632,473	970,404	1,602,877	-236,292	1,366,585	90.04
91.00	09100	EMERGENCY	4,590,311	1,855,375	6,445,686	-175,916	6,269,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,971,216	109,206,077	177,177,293	0	177,177,293	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	202,643	62,977	265,620	0	265,620	190.00
190.01	19001	OTHER NONREIMBURSABLE	237,724	1,126,451	1,364,175	0	1,364,175	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0127

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

Worksheet A

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	68,411,583	110,395,505	178,807,088	0	178,807,088	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0127

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

Worksheet A

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,286,098	6,286,098	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,655,151	2,655,366	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,553,748	2,553,748	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,452,059	57,147,506	5.00
7.00	00700	OPERATION OF PLANT	0	1,006,549	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,686	8.00
9.00	00900	HOUSEKEEPING	-60,753	2,462,205	9.00
10.00	01000	DIETARY	-4,661	2,138,070	10.00
11.00	01100	CAFETERIA	-599,014	233,529	11.00
13.00	01300	NURSING ADMINISTRATION	-187,017	3,668,896	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	713,432	2,567,481	14.00
15.00	01500	PHARMACY	-39,866	4,209,414	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	524,841	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-667,049	1,121,833	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-180,078	849,670	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	-16,618	567,240	23.00
23.01	02301	EMS PROGRAM	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,073,079	17,458,848	30.00
31.00	03100	INTENSIVE CARE UNIT	-467,766	3,715,307	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-23,757	1,968,353	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	3,381,307	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,032,611	16,276,218	50.00
51.00	05100	RECOVERY ROOM	0	737,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	776,261	52.00
53.00	05300	ANESTHESIOLOGY	-3,041,389	374,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-25,000	4,994,323	54.00
57.00	05700	CT SCAN	0	1,873,674	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	205,641	8,856,421	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,581,621	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,743,270	65.00
66.00	06600	PHYSICAL THERAPY	-51,355	2,265,316	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	649,455	67.00
68.00	06800	SPEECH PATHOLOGY	0	266,413	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,190,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	125,629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,656,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,739,968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,530,282	73.00
74.00	07400	RENAL DIALYSIS	0	528,420	74.00
76.97	07697	CARDIAC REHABILITATION	0	457,326	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-104,591	570,543	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	98,608	90.03
90.04	09003	WOUND CARE CLINIC	0	1,366,585	90.04
91.00	09100	EMERGENCY	0	6,269,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,291,525	194,468,818	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	265,620	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	1,364,175	190.01
190.13	19007	EUREKA	0	0	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	17,291,525	196,098,613	200.00

RECLASSIFICATIONS

Provider CCN: 14-0127

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 12:54 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NURSERY EXPENSE					
1.00	NURSERY	43.00	2,094,349	1,286,958		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	480,809	295,452		2.00
	0		2,575,158	1,582,410		
	B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	2,695	3,294		1.00
	0		2,695	3,294		
	C - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,656,450		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	0		0	1,656,450		
	D - DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,530,282		1.00
2.00		0.00	0	0		2.00
	0		0	10,530,282		
	E - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,739,968		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	6,739,968		
	F - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	528,420		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	528,420		
	G - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	3,335,425	1,246,196		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		3,335,425	1,246,196		
	H - CONTRACT LABOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,600		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	96		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,672,412		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	62,672		4.00
5.00	SUBPROVIDER - IRF	41.00	0	200,488		5.00
6.00	OPERATING ROOM	50.00	0	1,085		6.00
7.00	RECOVERY ROOM	51.00	0	230		7.00
8.00	ANESTHESIOLOGY	53.00	0	162		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	404,617		9.00
10.00	CT SCAN	57.00	0	311,045		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	399,627		11.00
12.00	EMERGENCY	91.00	0	980,398		12.00
	TOTALS		0	5,044,432		
	I - INTERNAL RENT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,225,940		1.00
	TOTALS		0	8,225,940		
500.00	Grand Total: Increases		5,913,278	35,557,392		500.00

RECLASSIFICATIONS

Provider CCN: 14-0127

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						5/26/2022 12:54 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NURSERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	2,575,158	1,582,410	0		1.00
2.00		0.00	0	0	0		2.00
	0		2,575,158	1,582,410			
	B - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	2,695	3,294	0		1.00
	0		2,695	3,294			
	C - MEDICAL SUPPLY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	286,452	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	269,979	0		2.00
3.00	PHARMACY	15.00	0	238,071	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	16	0		4.00
5.00	OPERATING ROOM	50.00	0	286,205	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	7,510	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7	0		7.00
8.00	CT SCAN	57.00	0	21,738	0		8.00
9.00	LABORATORY	60.00	0	30,667	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	43	0		10.00
11.00	OCCUPATIONAL THERAPY	67.00	0	567	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	278,903	0		12.00
13.00	WOUND CARE CLINIC	90.04	0	236,292	0		13.00
	0		0	1,656,450			
	D - DRUG COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,776,544	0		1.00
2.00	PHARMACY	15.00	0	6,753,738	0		2.00
	0		0	10,530,282			
	E - IMPLANT RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,171,613	0		1.00
2.00	OPERATING ROOM	50.00	0	3,110,065	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,005	0		3.00
4.00	LABORATORY	60.00	0	713	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	1,441,572	0		5.00
	0		0	6,739,968			
	F - RENAL DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	0	413,710	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	68,907	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	45,803	0		3.00
	0		0	528,420			
	G - IV THERAPY						
1.00	ADULTS & PEDIATRICS	30.00	3,165,823	1,166,957	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	43,459	27,063	0		2.00
3.00	OPERATING ROOM	50.00	307	1,372	0		3.00
4.00	RECOVERY ROOM	51.00	557	167	0		4.00
5.00	EMERGENCY	91.00	125,279	50,637	0		5.00
	0		3,335,425	1,246,196			
	H - CONTRACT LABOR						
1.00	ADMINISTRATIVE & GENERAL	5.00	11,600	0	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	96	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	2,672,412	0	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	62,672	0	0		4.00
5.00	SUBPROVIDER - IRF	41.00	200,488	0	0		5.00
6.00	OPERATING ROOM	50.00	1,085	0	0		6.00
7.00	RECOVERY ROOM	51.00	230	0	0		7.00
8.00	ANESTHESIOLOGY	53.00	162	0	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	404,617	0	0		9.00
10.00	CT SCAN	57.00	311,045	0	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	399,627	0	0		11.00
12.00	EMERGENCY	91.00	980,398	0	0		12.00
	TOTALS		5,044,432	0			
	I - INTERNAL RENT						
1.00	OPERATION OF PLANT	7.00	0	8,225,940	0		1.00
	TOTALS		0	8,225,940			
500.00	Grand Total: Decreases		10,957,710	30,512,960			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 12:54 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	7,844,000	0	0	0	7,844,000	1.00	
2.00	Land Improvements	10,449,617	0	0	0	10,449,617	2.00	
3.00	Buildings and Fixtures	251,385,775	0	0	0	250,207,342	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	59,323,333	0	0	0	39,781,121	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	329,002,725	0	0	0	308,282,080	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	329,002,725	0	0	0	308,282,080	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0					1.00
2.00	Land Improvements	0	0					
3.00	Buildings and Fixtures	1,178,433	0					
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	19,542,212	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	20,720,645	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	20,720,645	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	215	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	215	0	0	0	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	215				2.00
3.00	Total (sum of lines 1-2)	0	215				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 12:54 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	1,178,433	0	1,178,433	0.056872	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	19,542,212	0	19,542,212	0.943128	0	2.00
3.00	Total (sum of lines 1-2)	20,720,645	0	20,720,645	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	6,286,098	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,655,366	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,941,464	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	0	0	0	6,286,098	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,655,366	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	8,941,464	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0127

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-7,201,761			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	25,557,645			0	12.00
13.00	Laundry and linen service	B	0	0LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-599,014	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-41,860	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-26,812	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	MISCELLANEOUS INCOME	B	-4,661	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0127

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISCELLANEOUS INCOME	B	-564,979	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-204	SUBPROVIDER - IRF	41.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-374,186	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-30,617	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-123,109	OPERATING ROOM	50.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-25,000	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.08	MISCELLANEOUS INCOME	B	-60,753	HOUSEKEEPING	9.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-169	CENTRAL SERVICES & SUPPLY	14.00	0	33.09
33.19	MISCELLANEOUS INCOME	B	-16,618	CLINICAL PASTORAL EDUCATION	23.00	0	33.19
33.20	MISCELLANEOUS INCOME	B	-38,665	ADULTS & PEDIATRICS	30.00	0	33.20
33.21	MISCELLANEOUS INCOME	B	-1,200	LABORATORY	60.00	0	33.21
33.22	MISCELLANEOUS INCOME	B	-51,355	PHYSICAL THERAPY	66.00	0	33.22
33.24	MISCELLANEOUS INCOME		0		0.00	0	33.24
34.00	EUREKA LAB SERVICES	A	286,841	LABORATORY	60.00	0	34.00
34.01	PA SALARIES AND BENEFITS	A	-529	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02	PA SALARIES AND BENEFITS	A	-156,400	NURSING ADMINISTRATION	13.00	0	34.02
34.03	PA SALARIES AND BENEFITS	A	-1,812	OPERATING ROOM	50.00	0	34.03
34.04	PA SALARIES AND BENEFITS	A	-70,417	CLINIC	90.00	0	34.04
35.04	PA ASSESSMENT EXPENSE	A	-7,965,564	ADMINISTRATIVE & GENERAL	5.00	0	35.04
44.04	ADJ BOOK TO MC DEPR	A	6,147,573	CAP REL COSTS-BLDG & FIXT	1.00	9	44.04
44.05	ADJ BOOK TO MC DEPR	A	2,655,151	CAP REL COSTS-MVBLE EQUIP	2.00	9	44.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		17,291,525				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0127

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 12:54 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL	138,525	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	2,553,748	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G	67,357,314	45,205,543	3.00
3.13	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	713,601	0	3.13
3.14	0.00			0	0	3.14
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			70,763,188	45,205,543	5.00

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

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

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

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

6.00	C		0.00	ADVANCED MRI	42.80	6.00
7.00	B		0.00	ADVOCATE HEALTH	100.00	7.00
8.00			0.00		0.00	8.00
9.00	B		0.00	ADVOCATE HEALTH CARE	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0127

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 12:54 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	138,525	9		1.00
2.00	2,553,748	0		2.00
3.00	22,151,771	0		3.00
3.13	713,601	0		3.13
3.14	0	0		3.14
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	25,557,645			5.00

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

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

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

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

6.00	MRI SERVICES		6.00
7.00	SAME PARENT CO		7.00
8.00			8.00
9.00	HOME OFFICE		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0127

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 12:54 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	AGGREGATE-ADMINISTRATIVE & GENERAL	425,425	350,935	74,490	211,500	649	1.00
2.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	102,070	102,070	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,030,887	1,005,891	24,996	211,500	229	3.00
4.00	90.00	AGGREGATE-CLINIC	34,174	34,174	0	0	0	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	448,927	46,800	402,127	211,500	2,644	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	62,220	23,553	38,667	211,500	693	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	1,907,690	1,907,690	0	0	0	7.00
8.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	467,766	467,766	0	0	0	8.00
9.00	15.00	AGGREGATE-PHARMACY	-1,994	-1,994	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	3,041,389	3,041,389	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	80,000	80,000	0	0	0	11.00
200.00			7,598,554	7,058,274	540,280		4,215	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	AGGREGATE-ADMINISTRATIVE & GENERAL	65,992	3,300	0	0	0	1.00
2.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	23,285	1,164	0	0	0	3.00
4.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	268,849	13,442	0	0	0	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	70,466	3,523	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	7.00
8.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	11.00
200.00			428,592	21,429	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	AGGREGATE-ADMINISTRATIVE & GENERAL	0	65,992	8,498	359,433		1.00
2.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	102,070		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	23,285	1,711	1,007,602		3.00
4.00	90.00	AGGREGATE-CLINIC	0	0	0	34,174		4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	268,849	133,278	180,078		5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	70,466	0	23,553		6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,907,690		7.00
8.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	467,766		8.00
9.00	15.00	AGGREGATE-PHARMACY	0	0	0	-1,994		9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	3,041,389		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	0	0	80,000		11.00
200.00			0	428,592	143,487	7,201,761		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,286,098	6,286,098			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,655,366		2,655,366		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,553,748	72,002	0	2,625,750	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,147,506	529,558	27,168	249,013	57,953,245
7.00	00700	OPERATION OF PLANT	1,006,549	1,376,824	1,699	32,219	2,417,291
8.00	00800	LAUNDRY & LINEN SERVICE	23,686	196,146	0	0	219,832
9.00	00900	HOUSEKEEPING	2,462,205	82,568	17,184	66,796	2,628,753
10.00	01000	DIETARY	2,138,070	111,061	48,618	53,060	2,350,809
11.00	01100	CAFETERIA	233,529	59,173	3,826	14,223	310,751
13.00	01300	NURSING ADMINISTRATION	3,668,896	96,922	33,934	127,441	3,927,193
14.00	01400	CENTRAL SERVICES & SUPPLY	2,567,481	135,867	50,044	28,247	2,781,639
15.00	01500	PHARMACY	4,209,414	58,817	99,907	113,232	4,481,370
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	524,841	15,219	0	18,531	558,591
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,121,833	0	0	74,126	1,195,959
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	849,670	0	236	0	849,906
23.00	02300	CLINICAL PASTORAL EDUCATION	567,240	35,562	0	18,898	621,700
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,458,848	1,086,744	366,565	482,048	19,394,205
31.00	03100	INTENSIVE CARE UNIT	3,715,307	135,702	92,333	105,979	4,049,321
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,968,353	130,158	10,468	53,378	2,162,357
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,381,307	186,445	0	86,784	3,654,536
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,276,218	337,048	653,931	164,474	17,431,671
51.00	05100	RECOVERY ROOM	737,414	31,227	5,731	23,511	797,883
52.00	05200	DELIVERY ROOM & LABOR ROOM	776,261	42,810	0	19,923	838,994
53.00	05300	ANESTHESIOLOGY	374,785	6,141	18,870	1,403	401,199
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,994,323	215,765	441,098	99,611	5,750,797
57.00	05700	CT SCAN	1,873,674	40,368	297,701	29,670	2,241,413
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	8,856,421	173,934	88,261	121,940	9,240,556
64.00	06400	INTRAVENOUS THERAPY	4,581,621	0	0	138,210	4,719,831
65.00	06500	RESPIRATORY THERAPY	1,743,270	56,389	42,762	49,611	1,892,032
66.00	06600	PHYSICAL THERAPY	2,265,316	91,811	13,592	76,329	2,447,048
67.00	06700	OCCUPATIONAL THERAPY	649,455	0	0	21,722	671,177
68.00	06800	SPEECH PATHOLOGY	266,413	0	0	9,549	275,962
69.00	06900	ELECTROCARDIOLOGY	8,190,119	259,998	257,591	114,149	8,821,857
70.00	07000	ELECTROENCEPHALOGRAPHY	125,629	11,316	4,038	2,892	143,875
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,656,450	0	0	0	1,656,450
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,739,968	0	0	0	6,739,968
73.00	07300	DRUGS CHARGED TO PATIENTS	10,530,282	0	0	0	10,530,282
74.00	07400	RENAL DIALYSIS	528,420	0	0	0	528,420
76.97	07697	CARDIAC REHABILITATION	457,326	97,139	5,398	15,068	574,931
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	570,543	83,725	1,620	21,689	677,577
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	98,608	84,411	304	3,175	186,498
90.04	09003	WOUND CARE CLINIC	1,366,585	59,351	2,442	26,208	1,454,586
91.00	09100	EMERGENCY	6,269,770	194,468	69,672	144,393	6,678,303
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	194,468,818	6,094,669	2,654,993	2,607,502	194,258,768
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	265,620	179,541	0	8,397	453,558
190.01	19001	OTHER NONREIMBURSABLE	1,364,175	11,888	373	9,851	1,386,287

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:54 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	
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
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)	196,098,613	6,286,098	2,655,366	2,625,750	196,098,613	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,953,245					5.00
7.00	00700	OPERATION OF PLANT	1,014,075	3,431,366				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	92,222	156,243	468,297			8.00
9.00	00900	HOUSEKEEPING	1,102,786	65,770	28,645	3,825,954		9.00
10.00	01000	DIETARY	986,186	88,467	1,013	2,896	3,429,371	10.00
11.00	01100	CAFETERIA	130,363	47,135	10	183,151	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,647,493	77,205	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,166,923	108,227	0	106,056	0	14.00
15.00	01500	PHARMACY	1,879,975	46,852	516	113,123	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	234,334	12,123	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	501,716	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	356,543	0	0	0	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	260,809	28,328	0	12,395	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,136,058	865,659	188,512	1,608,798	2,880,600	30.00
31.00	03100	INTENSIVE CARE UNIT	1,698,727	108,095	30,167	64,062	198,206	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	907,128	103,679	11,100	61,861	350,565	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,533,111	148,515	1,793	63,078	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,312,743	268,480	45,406	569,262	0	50.00
51.00	05100	RECOVERY ROOM	334,719	24,874	3,997	61,861	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351,966	34,101	2,367	61,861	0	52.00
53.00	05300	ANESTHESIOLOGY	168,307	4,892	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,412,511	171,870	7,952	123,780	0	54.00
57.00	05700	CT SCAN	940,293	32,156	27,288	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,876,496	138,549	150	123,780	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,980,012	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	793,724	44,917	0	12,395	0	65.00
66.00	06600	PHYSICAL THERAPY	1,026,559	73,133	4,943	24,096	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	281,565	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	115,769	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,700,848	207,105	24,014	74,257	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,357	9,014	463	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	694,896	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,827,477	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,417,548	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	221,677	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	241,189	77,377	111	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	284,250	66,692	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	78,238	67,239	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	610,212	47,277	3,945	64,236	0	90.04
91.00	09100	EMERGENCY	2,801,608	154,906	85,905	495,006	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,181,413	3,278,880	468,297	3,825,954	3,429,371	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190,272	143,016	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	581,560	9,470	0	0	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0127		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/26/2022 12:54 pm	
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
				5.00	7.00	8.00	9.00	10.00	
202.00		TOTAL (sum lines 118 through 201)		57,953,245	3,431,366	468,297	3,825,954	3,429,371	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	671,410					11.00
13.00	01300	NURSING ADMINISTRATION	32,985	5,684,876				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,284	0	4,177,129			14.00
15.00	01500	PHARMACY	24,569	0	0	6,546,405		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,212	99,848	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	22,155	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	CLINICAL PASTORAL EDUCATION	8,044	129,296	0	0	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	156,155	2,510,148	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	26,888	432,213	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,202	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25,543	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,670	766,266	0	0	0	50.00
51.00	05100	RECOVERY ROOM	5,734	92,179	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,868	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	744	11,963	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,798	0	0	0	0	54.00
57.00	05700	CT SCAN	9,217	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	48,853	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	36,993	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,465	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,696	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,212	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,586	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,972	497,858	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	754	12,117	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	824,066	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,353,063	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,546,405	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	5,296	85,124	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,007	144,787	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	105	1,687	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	7,671	123,314	0	0	0	90.04
91.00	09100	EMERGENCY	48,404	778,076	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	664,082	5,684,876	4,177,129	6,546,405		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	4,866	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	2,462	0	0	0	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	671,410	5,684,876	4,177,129	6,546,405	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	911,108					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,719,830				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,206,449			22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	0			1,060,572		23.00
23.01	02301	EMS PROGRAM	0				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	704,895	1,719,830	1,206,449	410,655	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	48,551	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	90,600	0	0	27,402	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	384,359	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	29,425	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	1,839	0	54.00
57.00	05700	CT SCAN	0	0	0	1,103	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	116,227	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	115,613	0	0	41,011	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	911,108	1,719,830	1,206,449	1,060,572	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	0	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				17.00	21.00	22.00	23.00	23.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0
200.00		Cross Foot Adjustments		0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	911,108	1,719,830	1,206,449	1,060,572		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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	CLINICAL PASTORAL EDUCATION				23.00
23.01	02301	EMS PROGRAM				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,781,964	-2,926,279	36,855,685	30.00
31.00	03100	INTENSIVE CARE UNIT	6,656,230	0	6,656,230	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,730,894	0	3,730,894	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	5,426,576	0	5,426,576	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,825,857	0	26,825,857	50.00
51.00	05100	RECOVERY ROOM	1,350,672	0	1,350,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,295,157	0	1,295,157	52.00
53.00	05300	ANESTHESIOLOGY	587,105	0	587,105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,498,547	0	8,498,547	54.00
57.00	05700	CT SCAN	3,251,470	0	3,251,470	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	13,428,384	0	13,428,384	60.00
64.00	06400	INTRAVENOUS THERAPY	6,736,836	0	6,736,836	64.00
65.00	06500	RESPIRATORY THERAPY	2,757,533	0	2,757,533	65.00
66.00	06600	PHYSICAL THERAPY	3,596,475	0	3,596,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	958,954	0	958,954	67.00
68.00	06800	SPEECH PATHOLOGY	394,317	0	394,317	68.00
69.00	06900	ELECTROCARDIOLOGY	13,473,138	0	13,473,138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	226,580	0	226,580	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,175,412	0	3,175,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,920,508	0	12,920,508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,494,235	0	21,494,235	73.00
74.00	07400	RENAL DIALYSIS	750,097	0	750,097	74.00
76.97	07697	CARDIAC REHABILITATION	984,028	0	984,028	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,182,313	0	1,182,313	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	333,767	0	333,767	90.03
90.04	09003	WOUND CARE CLINIC	2,311,241	0	2,311,241	90.04
91.00	09100	EMERGENCY	11,198,832	0	11,198,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	193,327,122	-2,926,279	190,400,843	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	791,712	0	791,712	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,979,779	0	1,979,779	190.01
190.13	19007	EUREKA	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	196,098,613	-2,926,279	193,172,334		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	72,002	0	72,002	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,975,313	529,558	27,168	11,532,039	5.00
7.00	00700	OPERATION OF PLANT	851	1,376,824	1,699	1,379,374	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	196,146	0	196,146	8.00
9.00	00900	HOUSEKEEPING	8,605	82,568	17,184	108,357	9.00
10.00	01000	DIETARY	24,345	111,061	48,618	184,024	10.00
11.00	01100	CAFETERIA	1,916	59,173	3,826	64,915	11.00
13.00	01300	NURSING ADMINISTRATION	16,992	96,922	33,934	147,848	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,059	135,867	50,044	210,970	14.00
15.00	01500	PHARMACY	51,641	58,817	99,907	210,365	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,219	0	15,219	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,032	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,730	0	236	28,966	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	0	35,562	0	35,562	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	709,184	1,086,744	366,565	2,162,493	30.00
31.00	03100	INTENSIVE CARE UNIT	133,712	135,702	92,333	361,747	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	74,652	130,158	10,468	215,278	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	186,445	0	186,445	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	327,451	337,048	653,931	1,318,430	50.00
51.00	05100	RECOVERY ROOM	2,870	31,227	5,731	39,828	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,810	0	42,810	52.00
53.00	05300	ANESTHESIOLOGY	9,449	6,141	18,870	34,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	256,423	215,765	441,098	913,286	54.00
57.00	05700	CT SCAN	149,072	40,368	297,701	487,141	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	53,052	173,934	88,261	315,247	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,413	56,389	42,762	120,564	65.00
66.00	06600	PHYSICAL THERAPY	6,806	91,811	13,592	112,209	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	129,997	259,998	257,591	647,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,022	11,316	4,038	17,376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,703	97,139	5,398	105,240	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	811	83,725	1,620	86,156	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	152	84,411	304	84,867	90.03
90.04	09003	WOUND CARE CLINIC	1,223	59,351	2,442	63,016	90.04
91.00	09100	EMERGENCY	120,387	194,468	69,672	384,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,134,831	6,094,669	2,654,993	21,884,493	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	179,541	0	179,541	190.00
190.01	19001	OTHER NONREIMBURSABLE	187	11,888	373	12,448	190.01
190.13	19007	EUREKA	0	0	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:54 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	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
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)	13,135,018	6,286,098	2,655,366	22,076,482	72,002	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,538,866					5.00
7.00	00700	OPERATION OF PLANT	201,909	1,582,166				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,362	72,042	286,550			8.00
9.00	00900	HOUSEKEEPING	219,572	30,326	17,528	377,614		9.00
10.00	01000	DIETARY	196,356	40,791	620	286	423,532	10.00
11.00	01100	CAFETERIA	25,956	21,734	6	18,077	0	11.00
13.00	01300	NURSING ADMINISTRATION	328,027	35,598	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	232,342	49,902	0	10,468	0	14.00
15.00	01500	PHARMACY	374,315	21,603	316	11,165	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	46,657	5,590	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	99,895	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	70,990	0	0	0	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	51,929	13,062	0	1,223	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,619,939	399,147	115,349	158,783	355,758	30.00
31.00	03100	INTENSIVE CARE UNIT	338,228	49,841	18,459	6,323	24,479	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	180,615	47,805	6,792	6,106	43,295	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	305,252	68,479	1,097	6,226	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,456,015	123,793	27,784	56,185	0	50.00
51.00	05100	RECOVERY ROOM	66,645	11,469	2,446	6,106	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,079	15,723	1,448	6,106	0	52.00
53.00	05300	ANESTHESIOLOGY	33,511	2,256	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	480,347	79,247	4,866	12,217	0	54.00
57.00	05700	CT SCAN	187,219	14,827	16,698	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	771,836	63,884	92	12,217	0	60.00
64.00	06400	INTRAVENOUS THERAPY	394,233	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	158,036	20,711	0	1,223	0	65.00
66.00	06600	PHYSICAL THERAPY	204,395	33,721	3,025	2,378	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	56,061	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,050	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	736,863	95,494	14,694	7,329	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,017	4,156	283	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	138,358	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	562,969	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	879,563	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	44,137	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	48,022	35,678	68	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	56,596	30,751	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	15,578	31,003	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	121,497	21,799	2,414	6,340	0	90.04
91.00	09100	EMERGENCY	557,819	71,425	52,565	48,856	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,385,190	1,511,857	286,550	377,614	423,532	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	37,884	65,943	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	115,792	4,366	0	0	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS					Provider CCN: 14-0127		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 12:54 pm	
Cost Center Description					ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
					5.00	7.00	8.00	9.00	10.00	
202.00		TOTAL (sum lines 118 through 201)			11,538,866	1,582,166	286,550	377,614	423,532	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	131,078					11.00
13.00	01300	NURSING ADMINISTRATION	6,440	521,407				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,789	0	507,245			14.00
15.00	01500	PHARMACY	4,797	0	0	625,665		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,213	9,158	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,325	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	CLINICAL PASTORAL EDUCATION	1,570	11,859	0	0	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,486	230,226	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,249	39,642	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,163	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,987	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,306	70,281	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,120	8,454	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,146	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	145	1,097	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,817	0	0	0	0	54.00
57.00	05700	CT SCAN	1,799	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,537	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	7,222	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,824	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,040	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,213	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	505	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,047	45,663	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147	1,111	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	100,069	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	407,176	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	625,665	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,034	7,807	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,758	13,280	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	20	155	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	1,498	11,310	0	0	0	90.04
91.00	09100	EMERGENCY	9,450	71,364	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,647	521,407	507,245	625,665		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	950	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	481	0	0	0	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	131,078	521,407	507,245	625,665	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	78,345					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	106,252				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		99,956			22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	0			115,723		23.00
23.01	02301	EMS PROGRAM	0				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,613					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	7,791					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MRI	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.97	07697	CARDIAC REHABILITATION	0					76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0					90.01
90.03	09002	PSYCH OUTPATIENT	0					90.03
90.04	09003	WOUND CARE CLINIC	0					90.04
91.00	09100	EMERGENCY	9,941					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0					93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0					99.10
101.00	10100	HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,345	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0					190.00
190.01	19001	OTHER NONREIMBURSABLE	0					190.01
190.13	19007	EUREKA	0					190.13
191.00	19100	RESEARCH	0					191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS				CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER				
				Y & FRINGES APPRV	PRGM COSTS APPRV				
			17.00	21.00	22.00		23.00	23.01	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0						192.00
200.00		Cross Foot Adjustments		106,252	99,956		115,723		0 200.00
201.00		Negative Cost Centers	0	0	0		0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	78,345	106,252	99,956		115,723		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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	CLINICAL PASTORAL EDUCATION				23.00
23.01	02301	EMS PROGRAM				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,146,028	0	5,146,028	30.00
31.00	03100	INTENSIVE CARE UNIT	846,873	0	846,873	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	512,308	0	512,308	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	574,865	0	574,865	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,066,303	0	3,066,303	50.00
51.00	05100	RECOVERY ROOM	136,713	0	136,713	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,858	0	137,858	52.00
53.00	05300	ANESTHESIOLOGY	71,507	0	71,507	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,498,511	0	1,498,511	54.00
57.00	05700	CT SCAN	708,497	0	708,497	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	1,176,156	0	1,176,156	60.00
64.00	06400	INTRAVENOUS THERAPY	405,244	0	405,244	64.00
65.00	06500	RESPIRATORY THERAPY	304,718	0	304,718	65.00
66.00	06600	PHYSICAL THERAPY	361,861	0	361,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,870	0	57,870	67.00
68.00	06800	SPEECH PATHOLOGY	23,817	0	23,817	68.00
69.00	06900	ELECTROCARDIOLOGY	1,556,805	0	1,556,805	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,169	0	35,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	238,427	0	238,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	970,145	0	970,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,505,228	0	1,505,228	73.00
74.00	07400	RENAL DIALYSIS	44,137	0	44,137	74.00
76.97	07697	CARDIAC REHABILITATION	198,262	0	198,262	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	189,136	0	189,136	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	131,710	0	131,710	90.03
90.04	09003	WOUND CARE CLINIC	228,592	0	228,592	90.04
91.00	09100	EMERGENCY	1,209,906	0	1,209,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,336,646	0	21,336,646	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	284,548	0	284,548	190.00
190.01	19001	OTHER NONREIMBURSABLE	133,357	0	133,357	190.01
190.13	19007	EUREKA	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
200.00		Cross Foot Adjustments	321,931	0	321,931		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	22,076,482	0	22,076,482		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	494,405					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,329,657				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,663	0	63,367,151			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,650	13,604	6,009,446	-57,953,245	138,145,368	5.00
7.00	00700	OPERATION OF PLANT	108,288	851	777,547	0	2,417,291	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,427	0	0	0	219,832	8.00
9.00	00900	HOUSEKEEPING	6,494	8,605	1,611,982	0	2,628,753	9.00
10.00	01000	DIETARY	8,735	24,345	1,280,500	0	2,350,809	10.00
11.00	01100	CAFETERIA	4,654	1,916	343,240	0	310,751	11.00
13.00	01300	NURSING ADMINISTRATION	7,623	16,992	3,075,538	0	3,927,193	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,686	25,059	681,675	0	2,781,639	14.00
15.00	01500	PHARMACY	4,626	50,028	2,732,619	0	4,481,370	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,197	0	447,198	0	558,591	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,788,882	0	1,195,959	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	118	0	0	849,906	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	2,797	0	456,058	0	621,700	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,473	183,555	11,633,199	0	19,394,205	30.00
31.00	03100	INTENSIVE CARE UNIT	10,673	46,235	2,557,603	0	4,049,321	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,237	5,242	1,288,182	0	2,162,357	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,664	0	2,094,349	0	3,654,536	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,509	327,451	3,969,255	0	17,431,671	50.00
51.00	05100	RECOVERY ROOM	2,456	2,870	567,403	0	797,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,367	0	480,809	0	838,994	52.00
53.00	05300	ANESTHESIOLOGY	483	9,449	33,848	0	401,199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,970	220,877	2,403,910	0	5,750,797	54.00
57.00	05700	CT SCAN	3,175	149,072	716,028	0	2,241,413	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,680	44,196	2,942,784	0	9,240,556	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,335,425	0	4,719,831	64.00
65.00	06500	RESPIRATORY THERAPY	4,435	21,413	1,197,257	0	1,892,032	65.00
66.00	06600	PHYSICAL THERAPY	7,221	6,806	1,842,059	0	2,447,048	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	524,214	0	671,177	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	230,435	0	275,962	68.00
69.00	06900	ELECTROCARDIOLOGY	20,449	128,987	2,754,752	0	8,821,857	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	890	2,022	69,799	0	143,875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,656,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,739,968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,530,282	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	528,420	74.00
76.97	07697	CARDIAC REHABILITATION	7,640	2,703	363,644	0	574,931	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,585	811	523,422	0	677,577	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	6,639	152	76,615	0	186,498	90.03
90.04	09003	WOUND CARE CLINIC	4,668	1,223	632,473	0	1,454,586	90.04
91.00	09100	EMERGENCY	15,295	34,888	3,484,634	0	6,678,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,349	1,329,470	62,926,784	-57,953,245	136,305,523	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	14,121	0	202,643	0	453,558	190.00
190.01	19001	OTHER NONREIMBURSABLE	935	187	237,724	0	1,386,287	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
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)	6,286,098	2,655,366	2,625,750		57,953,245	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.714471	1.997031	0.041437		0.419509	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			72,002		11,538,866	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001136		0.083527	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: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	338,804					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,427	508,226				8.00
9.00	00900	HOUSEKEEPING	6,494	31,087	66,053			9.00
10.00	01000	DIETARY	8,735	1,099	50	107,411		10.00
11.00	01100	CAFETERIA	4,654	11	3,162	0	70,367	11.00
13.00	01300	NURSING ADMINISTRATION	7,623	0	0	0	3,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,686	0	1,831	0	1,497	14.00
15.00	01500	PHARMACY	4,626	560	1,953	0	2,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,197	0	0	0	651	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,322	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	2,797	0	214	0	843	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,473	204,585	27,775	90,223	16,366	30.00
31.00	03100	INTENSIVE CARE UNIT	10,673	32,739	1,106	6,208	2,818	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,237	12,046	1,068	10,980	1,698	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,664	1,946	1,089	0	2,677	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,509	49,278	9,828	0	4,996	50.00
51.00	05100	RECOVERY ROOM	2,456	4,338	1,068	0	601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,367	2,569	1,068	0	615	52.00
53.00	05300	ANESTHESIOLOGY	483	0	0	0	78	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,970	8,630	2,137	0	3,123	54.00
57.00	05700	CT SCAN	3,175	29,615	0	0	966	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,680	163	2,137	0	5,120	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,877	64.00
65.00	06500	RESPIRATORY THERAPY	4,435	0	214	0	1,516	65.00
66.00	06600	PHYSICAL THERAPY	7,221	5,365	416	0	2,169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	651	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	271	68.00
69.00	06900	ELECTROCARDIOLOGY	20,449	26,061	1,282	0	3,246	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	890	502	0	0	79	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	7,640	121	0	0	555	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,585	0	0	0	944	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	6,639	0	0	0	11	90.03
90.04	09003	WOUND CARE CLINIC	4,668	4,281	1,109	0	804	90.04
91.00	09100	EMERGENCY	15,295	93,230	8,546	0	5,073	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	323,748	508,226	66,053	107,411	69,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	14,121	0	0	0	510	190.00
190.01	19001	OTHER NONREIMBURSABLE	935	0	0	0	258	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
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)	3,431,366	468,297	3,825,954	3,429,371	671,410	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.127879	0.921435	57.922486	31.927559	9.541546	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,582,166	286,550	377,614	423,532	131,078	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.669856	0.563824	5.716833	3.943097	1.862777	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: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING FT ES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	37,065					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,396,417				14.00
15.00	01500	PHARMACY	0	0	10,530,282			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00
17.00	01700	SOCIAL SERVICE	651	0	0	0	14,461	17.00
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	CLINICAL PASTORAL EDUCATION	843	0	0	0	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,366	0	0	0	11,188	30.00
31.00	03100	INTENSIVE CARE UNIT	2,818	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	1,438	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,996	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	601	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	78	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	3,246	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,656,450	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,739,967	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,530,282	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	555	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	944	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	11	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	804	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,073	0	0	0	1,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,065	8,396,417	10,530,282	0	14,461	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	0	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING FT ES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UI SI)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
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)	5,684,876	4,177,129	6,546,405	0	911,108	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	153.375853	0.497489	0.621674	0.000000	63.004495	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	521,407	507,245	625,665	0	78,345	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	14.067368	0.060412	0.059416	0.000000	5.417675	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: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
			21.00	22.00	23.00	23.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	100					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100				22.00
23.00	02300	CLINICAL PASTORAL EDUCATION			5,767			23.00
23.01	02301	EMS PROGRAM				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100	100	2,233	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	264	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	149	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	2,090	0		50.00
51.00	05100	RECOVERY ROOM	0	0	160	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10	0		54.00
57.00	05700	CT SCAN	0	0	6	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	632	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0		90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0		90.03
90.04	09003	WOUND CARE CLINIC	0	0	0	0		90.04
91.00	09100	EMERGENCY	0	0	223	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	5,767	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	0		190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
			21.00	22.00	23.00	23.01		
190.13	19007	EUREKA	0	0	0	0		190.13
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
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)	1,719,830	1,206,449	1,060,572	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17,198.300000	12,064.490000	183.903589	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	106,252	99,956	115,723	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,062.520000	999.560000	20.066412	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000		207.00

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

MCRIF32 - 17.4.174.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:54 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	55,805,073		55,805,073			30.00
31.00	03100	INTENSIVE CARE UNIT	10,254,333		10,254,333			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	5,518,954		5,518,954			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,195,500		11,195,500			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,737,488	27,777,683	46,515,171	0.576712	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,124,321	2,176,693	3,301,014	0.409169	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,100,229	469,970	2,570,199	0.503913	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	644,584	761,801	1,406,385	0.417457	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,492,053	35,690,643	45,182,696	0.188093	0.000000	54.00
57.00	05700	CT SCAN	20,693,007	50,868,469	71,561,476	0.045436	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	17,975,337	31,860,219	49,835,556	0.269454	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,900,039	8,135,005	10,035,044	0.671331	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,207,463	586,954	6,794,417	0.405853	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,600,030	4,751,743	8,351,773	0.430624	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,855,210	645,426	3,500,636	0.273937	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	822,735	167,400	990,135	0.398246	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,799,687	20,327,131	33,126,818	0.406714	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	153,148	220,917	374,065	0.605724	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,625,633	13,376,920	24,002,553	0.132295	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,403,957	15,674,514	30,078,471	0.429560	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,544,189	27,837,543	78,381,732	0.274225	0.000000	73.00
74.00	07400	RENAL DIALYSIS	966,775	97,195	1,063,970	0.704998	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	38,270	689,092	727,362	1.352872	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	368,460	3,548,619	3,917,079	0.301835	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	23,780	612,080	635,860	0.524906	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	179,685	4,209,542	4,389,227	0.526571	0.000000	90.04
91.00	09100	EMERGENCY	7,776,800	30,622,270	38,399,070	0.291643	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,355,730	12,437,595	14,793,325	0.453952	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	269,162,470	293,545,424	562,707,894			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	269,162,470	293,545,424	562,707,894			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet C
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.576712			50.00
51.00	05100	RECOVERY ROOM	0.409169			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503913			52.00
53.00	05300	ANESTHESIOLOGY	0.417457			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188093			54.00
57.00	05700	CT SCAN	0.045436			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.269454			60.00
64.00	06400	INTRAVENOUS THERAPY	0.671331			64.00
65.00	06500	RESPIRATORY THERAPY	0.405853			65.00
66.00	06600	PHYSICAL THERAPY	0.430624			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273937			67.00
68.00	06800	SPEECH PATHOLOGY	0.398246			68.00
69.00	06900	ELECTROCARDIOLOGY	0.406714			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.605724			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.132295			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.429560			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274225			73.00
74.00	07400	RENAL DIALYSIS	0.704998			74.00
76.97	07697	CARDIAC REHABILITATION	1.352872			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.301835			90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000			90.01
90.03	09002	PSYCH OUTPATIENT	0.524906			90.03
90.04	09003	WOUND CARE CLINIC	0.526571			90.04
91.00	09100	EMERGENCY	0.291643			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.453952			92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

			Title XIX	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	36,855,685		36,855,685	1,711
31.00	03100	INTENSIVE CARE UNIT	6,656,230		6,656,230	
40.00	04000	SUBPROVIDER - IPF	0		0	
41.00	04100	SUBPROVIDER - IRF	3,730,894		3,730,894	
42.00	04200	SUBPROVIDER	0		0	
43.00	04300	NURSERY	5,426,576		5,426,576	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,825,857		26,825,857	0
51.00	05100	RECOVERY ROOM	1,350,672		1,350,672	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,295,157		1,295,157	0
53.00	05300	ANESTHESIOLOGY	587,105		587,105	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,498,547		8,498,547	0
57.00	05700	CT SCAN	3,251,470		3,251,470	0
58.00	05800	MRI	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0
60.00	06000	LABORATORY	13,428,384		13,428,384	0
64.00	06400	INTRAVENOUS THERAPY	6,736,836		6,736,836	0
65.00	06500	RESPIRATORY THERAPY	2,757,533	0	2,757,533	0
66.00	06600	PHYSICAL THERAPY	3,596,475	0	3,596,475	0
67.00	06700	OCCUPATIONAL THERAPY	958,954	0	958,954	0
68.00	06800	SPEECH PATHOLOGY	394,317	0	394,317	0
69.00	06900	ELECTROCARDIOLOGY	13,473,138		13,473,138	0
70.00	07000	ELECTROENCEPHALOGRAPHY	226,580		226,580	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,175,412		3,175,412	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,920,508		12,920,508	0
73.00	07300	DRUGS CHARGED TO PATIENTS	21,494,235		21,494,235	0
74.00	07400	RENAL DIALYSIS	750,097		750,097	0
76.97	07697	CARDIAC REHABILITATION	984,028		984,028	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,182,313		1,182,313	0
90.01	09001	BASIC DIAGNOSTIC TESTING	0		0	0
90.03	09002	PSYCH OUTPATIENT	333,767		333,767	0
90.04	09003	WOUND CARE CLINIC	2,311,241		2,311,241	0
91.00	09100	EMERGENCY	11,198,832		11,198,832	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,715,453		6,715,453	0
93.00	04040	OTHER OUTPATIENT SERVICES	0		0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
113.00	11300	INTEREST EXPENSE	0		0	0
116.00	11600	HOSPICE	0		0	0
200.00		Subtotal (see instructions)	197,116,296	0	197,116,296	1,711
201.00		Less Observation Beds	6,715,453		6,715,453	
202.00		Total (see instructions)	190,400,843	0	190,400,843	1,711

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,805,073		55,805,073			30.00
31.00	03100	INTENSIVE CARE UNIT	10,254,333		10,254,333			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	5,518,954		5,518,954			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,195,500		11,195,500			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,737,488	27,777,683	46,515,171	0.576712	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,124,321	2,176,693	3,301,014	0.409169	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,100,229	469,970	2,570,199	0.503913	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	644,584	761,801	1,406,385	0.417457	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,492,053	35,690,643	45,182,696	0.188093	0.000000	54.00
57.00	05700	CT SCAN	20,693,007	50,868,469	71,561,476	0.045436	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	17,975,337	31,860,219	49,835,556	0.269454	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,900,039	8,135,005	10,035,044	0.671331	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,207,463	586,954	6,794,417	0.405853	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,600,030	4,751,743	8,351,773	0.430624	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,855,210	645,426	3,500,636	0.273937	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	822,735	167,400	990,135	0.398246	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,799,687	20,327,131	33,126,818	0.406714	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	153,148	220,917	374,065	0.605724	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,625,633	13,376,920	24,002,553	0.132295	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,403,957	15,674,514	30,078,471	0.429560	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,544,189	27,837,543	78,381,732	0.274225	0.000000	73.00
74.00	07400	RENAL DIALYSIS	966,775	97,195	1,063,970	0.704998	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	38,270	689,092	727,362	1.352872	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	368,460	3,548,619	3,917,079	0.301835	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	23,780	612,080	635,860	0.524906	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	179,685	4,209,542	4,389,227	0.526571	0.000000	90.04
91.00	09100	EMERGENCY	7,776,800	30,622,270	38,399,070	0.291643	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,355,730	12,437,595	14,793,325	0.453952	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	269,162,470	293,545,424	562,707,894			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	269,162,470	293,545,424	562,707,894			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000			90.01
90.03	09002	PSYCH OUTPATIENT	0.000000			90.03
90.04	09003	WOUND CARE CLINIC	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 12:54 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,146,028	0	5,146,028	34,462	149.32	30.00
31.00	INTENSIVE CARE UNIT	846,873		846,873	2,647	319.94	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	512,308	0	512,308	3,716	137.87	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	574,865		574,865	2,830	203.13	43.00
200.00	Total (lines 30 through 199)	7,080,074		7,080,074	43,655		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,354	1,396,739				30.00
31.00	INTENSIVE CARE UNIT	721	230,677				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,839	253,543				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	11,914	1,880,959				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/26/2022 12:54 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,066,303	46,515,171	0.065920	7,637,515	503,465	50.00
51.00	05100	RECOVERY ROOM	136,713	3,301,014	0.041415	402,357	16,664	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,858	2,570,199	0.053637	5,708	306	52.00
53.00	05300	ANESTHESIOLOGY	71,507	1,406,385	0.050845	297,984	15,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,498,511	45,182,696	0.033166	3,656,080	121,258	54.00
57.00	05700	CT SCAN	708,497	71,561,476	0.009901	8,060,813	79,810	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,176,156	49,835,556	0.023601	6,454,033	152,322	60.00
64.00	06400	INTRAVENOUS THERAPY	405,244	10,035,044	0.040383	800,368	32,321	64.00
65.00	06500	RESPIRATORY THERAPY	304,718	6,794,417	0.044848	2,103,710	94,347	65.00
66.00	06600	PHYSICAL THERAPY	361,861	8,351,773	0.043327	855,680	37,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,870	3,500,636	0.016531	430,485	7,116	67.00
68.00	06800	SPEECH PATHOLOGY	23,817	990,135	0.024054	135,898	3,269	68.00
69.00	06900	ELECTROCARDIOLOGY	1,556,805	33,126,818	0.046995	4,914,230	230,944	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,169	374,065	0.094018	64,011	6,018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	238,427	24,002,553	0.009933	3,638,729	36,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	970,145	30,078,471	0.032254	6,775,275	218,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,505,228	78,381,732	0.019204	15,777,343	302,988	73.00
74.00	07400	RENAL DIALYSIS	44,137	1,063,970	0.041483	388,610	16,121	74.00
76.97	07697	CARDIAC REHABILITATION	198,262	727,362	0.272577	14,564	3,970	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	189,136	3,917,079	0.048285	113,585	5,484	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	131,710	635,860	0.207137	2,460	510	90.03
90.04	09003	WOUND CARE CLINIC	228,592	4,389,227	0.052080	67,476	3,514	90.04
91.00	09100	EMERGENCY	1,209,906	38,399,070	0.031509	2,971,333	93,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	937,612	14,793,325	0.063381	1,044,991	66,233	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	15,194,184	479,934,034		66,613,238	2,047,182	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0127		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 12:54 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	410,655	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	48,551	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	27,402	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	486,608	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	410,655	34,462	11.92	9,354	30.00		
31.00	03100	INTENSIVE CARE UNIT		48,551	2,647	18.34	721	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	27,402	3,716	7.37	1,839	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		0	2,830	0.00	0	43.00		
200.00		Total (lines 30 through 199)		486,608	43,655		11,914	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	111,500						30.00	
31.00	03100	INTENSIVE CARE UNIT	13,223						31.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	13,553						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	138,276						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:54 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	384,359	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	29,425	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	1,839	54.00
57.00	05700	CT SCAN	0	0	0	0	1,103	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	116,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	41,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	74,824	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	648,788	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:54 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	384,359	384,359	46,515,171	0.008263	50.00
51.00	05100	RECOVERY ROOM	0	29,425	29,425	3,301,014	0.008914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,570,199	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,406,385	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,839	1,839	45,182,696	0.000041	54.00
57.00	05700	CT SCAN	0	1,103	1,103	71,561,476	0.000015	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	49,835,556	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,035,044	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,794,417	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,351,773	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,500,636	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	990,135	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	116,227	116,227	33,126,818	0.003509	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	374,065	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,002,553	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,078,471	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	78,381,732	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,063,970	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	727,362	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,917,079	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	635,860	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	0	0	0	4,389,227	0.000000	90.04
91.00	09100	EMERGENCY	0	41,011	41,011	38,399,070	0.001068	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	74,824	74,824	14,793,325	0.005058	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	648,788	648,788	479,934,034		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:54 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.008263	7,637,515	63,109	5,880,883	48,594	50.00	
51.00	05100	RECOVERY ROOM	0.008914	402,357	3,587	428,257	3,817	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,708	0	1,560	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	297,984	0	183,434	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000041	3,656,080	150	7,515,772	308	54.00	
57.00	05700	CT SCAN	0.000015	8,060,813	121	11,408,655	171	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	6,454,033	0	3,124,561	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	800,368	0	1,715,778	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	2,103,710	0	105,833	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	855,680	0	47,560	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	430,485	0	6,200	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	135,898	0	11,040	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.003509	4,914,230	17,244	6,424,947	22,545	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	64,011	0	59,763	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,638,729	0	3,359,086	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,775,275	0	4,503,860	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,777,343	0	5,218,069	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	388,610	0	29,755	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	14,564	0	269,082	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	113,585	0	1,095,677	0	90.00	
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01	
90.03	09002	PSYCH OUTPATIENT	0.000000	2,460	0	1,640	0	90.03	
90.04	09003	WOUND CARE CLINIC	0.000000	67,476	0	1,186,233	0	90.04	
91.00	09100	EMERGENCY	0.001068	2,971,333	3,173	3,687,071	3,938	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.005058	1,044,991	5,286	2,190,172	11,078	92.00	
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
200.00		Total (lines 50 through 199)		66,613,238	92,670	58,454,888	90,451	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 12:54 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	0.576712	5,880,883	0	4	3,391,576	50.00	
51.00	05100	RECOVERY ROOM	0.409169	428,257	0	0	175,229	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503913	1,560	0	0	786	52.00	
53.00	05300	ANESTHESIOLOGY	0.417457	183,434	0	0	76,576	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188093	7,515,772	0	32	1,413,664	54.00	
57.00	05700	CT SCAN	0.045436	11,408,655	2	274	518,364	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.269454	3,124,561	1,920	0	841,925	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.671331	1,715,778	0	0	1,151,855	64.00	
65.00	06500	RESPIRATORY THERAPY	0.405853	105,833	0	0	42,953	65.00	
66.00	06600	PHYSICAL THERAPY	0.430624	47,560	0	0	20,480	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.273937	6,200	0	0	1,698	67.00	
68.00	06800	SPEECH PATHOLOGY	0.398246	11,040	0	0	4,397	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.406714	6,424,947	0	53	2,613,116	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.605724	59,763	0	0	36,200	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.132295	3,359,086	0	0	444,390	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.429560	4,503,860	0	0	1,934,678	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274225	5,218,069	0	18,253	1,430,925	73.00	
74.00	07400	RENAL DIALYSIS	0.704998	29,755	0	0	20,977	74.00	
76.97	07697	CARDIAC REHABILITATION	1.352872	269,082	0	0	364,034	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.301835	1,095,677	0	0	330,714	90.00	
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01	
90.03	09002	PSYCH OUTPATIENT	0.524906	1,640	0	0	861	90.03	
90.04	09003	WOUND CARE CLINIC	0.526571	1,186,233	0	635	624,636	90.04	
91.00	09100	EMERGENCY	0.291643	3,687,071	67	0	1,075,308	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.453952	2,190,172	0	0	994,233	92.00	
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
200.00		Subtotal (see instructions)		58,454,888	1,989	19,251	17,509,575	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		58,454,888	1,989	19,251	17,509,575	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0127		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 12:54 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	2		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	6		54.00
57.00	05700	CT SCAN	0	12		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	517	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	22		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,005		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03	09002	PSYCH OUTPATIENT	0	0		90.03
90.04	09003	WOUND CARE CLINIC	0	334		90.04
91.00	09100	EMERGENCY	20	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0		93.00
200.00		Subtotal (see instructions)	537	5,381		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	537	5,381		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0127

Period:

Worksheet D

Component CCN: 14-T127

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			Title XVIII		Subprovider - IRF	PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,066,303	46,515,171	0.065920	3,108	205
51.00	05100	RECOVERY ROOM	136,713	3,301,014	0.041415	38	2
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,858	2,570,199	0.053637	0	0
53.00	05300	ANESTHESIOLOGY	71,507	1,406,385	0.050845	4,684	238
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,498,511	45,182,696	0.033166	175,930	5,835
57.00	05700	CT SCAN	708,497	71,561,476	0.009901	112,637	1,115
58.00	05800	MRI	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	1,176,156	49,835,556	0.023601	196,749	4,643
64.00	06400	INTRAVENOUS THERAPY	405,244	10,035,044	0.040383	0	0
65.00	06500	RESPIRATORY THERAPY	304,718	6,794,417	0.044848	88,283	3,959
66.00	06600	PHYSICAL THERAPY	361,861	8,351,773	0.043327	949,712	41,148
67.00	06700	OCCUPATIONAL THERAPY	57,870	3,500,636	0.016531	993,287	16,420
68.00	06800	SPEECH PATHOLOGY	23,817	990,135	0.024054	247,962	5,964
69.00	06900	ELECTROCARDIOLOGY	1,556,805	33,126,818	0.046995	12,304	578
70.00	07000	ELECTROENCEPHALOGRAPHY	35,169	374,065	0.094018	1,109	104
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	238,427	24,002,553	0.009933	14,258	142
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	970,145	30,078,471	0.032254	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,505,228	78,381,732	0.019204	738,262	14,178
74.00	07400	RENAL DIALYSIS	44,137	1,063,970	0.041483	69,840	2,897
76.97	07697	CARDIAC REHABILITATION	198,262	727,362	0.272577	151	41
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	189,136	3,917,079	0.048285	12,575	607
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0
90.03	09002	PSYCH OUTPATIENT	131,710	635,860	0.207137	0	0
90.04	09003	WOUND CARE CLINIC	228,592	4,389,227	0.052080	1,879	98
91.00	09100	EMERGENCY	1,209,906	38,399,070	0.031509	4,559	144
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,793,325	0.000000	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	14,256,572	479,934,034		3,627,327	98,318

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0127 Component CCN: 14-T127		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 12:54 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	384,359	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	29,425	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	1,839	54.00
57.00	05700	CT SCAN		0	0	0	0	1,103	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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	116,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING		0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT		0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	41,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	573,964	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0127 Component CCN: 14-T127		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 12:54 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		384,359	384,359	46,515,171	0.008263	50.00
51.00	05100	RECOVERY ROOM	0		29,425	29,425	3,301,014	0.008914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	2,570,199	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	1,406,385	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		1,839	1,839	45,182,696	0.000041	54.00
57.00	05700	CT SCAN	0		1,103	1,103	71,561,476	0.000015	57.00
58.00	05800	MRI	0		0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	49,835,556	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	10,035,044	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	6,794,417	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	8,351,773	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	3,500,636	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	990,135	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		116,227	116,227	33,126,818	0.003509	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	374,065	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	24,002,553	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	30,078,471	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	78,381,732	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	1,063,970	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	727,362	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	3,917,079	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0		0	0	0	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0		0	0	635,860	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	0		0	0	4,389,227	0.000000	90.04
91.00	09100	EMERGENCY	0		41,011	41,011	38,399,070	0.001068	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	14,793,325	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0		0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0		573,964	573,964	479,934,034		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0127

Component CCN: 14-T127

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 12:54 pm

				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.008263	3,108	26	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.008914	38	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	4,684	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000041	175,930	7	0	0	54.00	
57.00	05700	CT SCAN	0.000015	112,637	2	0	0	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	196,749	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	88,283	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	949,712	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	993,287	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	247,962	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.003509	12,304	43	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,109	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	14,258	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	738,262	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	69,840	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	151	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	12,575	0	0	0	90.00	
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01	
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0	0	0	90.03	
90.04	09003	WOUND CARE CLINIC	0.000000	1,879	0	0	0	90.04	
91.00	09100	EMERGENCY	0.001068	4,559	5	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
200.00		Total (lines 50 through 199)		3,627,327	83	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:54 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)		34,462	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,462	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)		28,183	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		9,354	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)		36,857,396	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)		36,857,396	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)		36,857,396	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)		1,069.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,004,197	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)		10,004,197	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0127

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
Cost Center Description			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		6,656,230	2,647	2,514.63	721	1,813,048	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)		20,882,678					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		32,699,923					
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		1,752,139					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		2,139,852					
52.00	Total Program excludable cost (sum of lines 50 and 51)		3,891,991					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		28,807,932					
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)							
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							
72.00	Program routine service cost (line 9 x line 71)							
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							
76.00	Per diem capital-related costs (line 75 ÷ line 2)							
77.00	Program capital-related costs (line 9 x line 76)							
78.00	Inpatient routine service cost (line 74 minus line 77)							
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							
81.00	Inpatient routine service cost per diem limitation							
82.00	Inpatient routine service cost limitation (line 9 x line 81)							
83.00	Reasonable inpatient routine service costs (see instructions)							
84.00	Program inpatient ancillary services (see instructions)							
85.00	Utilization review - physician compensation (see instructions)							
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)		6,279					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		1,069.51					
89.00	Observation bed cost (line 87 x line 88) (see instructions)		6,715,453					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0127

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,146,028	36,857,396	0.139620	6,715,453	937,612
91.00	Nursing Program cost	0	36,857,396	0.000000	6,715,453	0
92.00	Allied health cost	410,655	36,857,396	0.011142	6,715,453	74,824
93.00	All other Medical Education	0	36,857,396	0.000000	6,715,453	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:54 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,716	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,716	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)		3,716	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,839	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)		3,730,894	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)		3,730,894	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)		3,730,894	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)		1,004.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,846,374	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,846,374	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:54 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					1,176,202
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,022,576
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					267,096
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					98,401
52.00 Total Program excludable cost (sum of lines 50 and 51)					365,497
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,657,079
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0127

Period:

Worksheet D-1

Component CCN: 14-T127

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 12:54 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	512,308	3,730,894	0.137315	0	0	90.00
91.00	Nursing Program cost	0	3,730,894	0.000000	0	0	91.00
92.00	Allied health cost	27,402	3,730,894	0.007345	0	0	92.00
93.00	All other Medical Education	0	3,730,894	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 12:54 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		17,795,904		30.00
31.00	03100	INTENSIVE CARE UNIT		2,847,563		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		304,461		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.576712	7,637,515	4,404,647	50.00
51.00	05100	RECOVERY ROOM	0.409169	402,357	164,632	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.503913	5,708	2,876	52.00
53.00	05300	ANESTHESIOLOGY	0.417457	297,984	124,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188093	3,656,080	687,683	54.00
57.00	05700	CT SCAN	0.045436	8,060,813	366,251	57.00
58.00	05800	MRI	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.269454	6,454,033	1,739,065	60.00
64.00	06400	INTRAVENOUS THERAPY	0.671331	800,368	537,312	64.00
65.00	06500	RESPIRATORY THERAPY	0.405853	2,103,710	853,797	65.00
66.00	06600	PHYSICAL THERAPY	0.430624	855,680	368,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273937	430,485	117,926	67.00
68.00	06800	SPEECH PATHOLOGY	0.398246	135,898	54,121	68.00
69.00	06900	ELECTROCARDIOLOGY	0.406714	4,914,230	1,998,686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.605724	64,011	38,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.132295	3,638,729	481,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.429560	6,775,275	2,910,387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274225	15,777,343	4,326,542	73.00
74.00	07400	RENAL DIALYSIS	0.704998	388,610	273,969	74.00
76.97	07697	CARDIAC REHABILITATION	1.352872	14,564	19,703	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.301835	113,585	34,284	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.524906	2,460	1,291	90.03
90.04	09003	WOUND CARE CLINIC	0.526571	67,476	35,531	90.04
91.00	09100	EMERGENCY	0.291643	2,971,333	866,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.453952	1,044,991	474,376	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		66,613,238	20,882,678	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)		66,613,238		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 12:54 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		2,571,407		41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.576712	3,108	1,792	50.00
51.00	05100 RECOVERY ROOM	0.409169	38	16	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.503913	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.417457	4,684	1,955	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188093	175,930	33,091	54.00
57.00	05700 CT SCAN	0.045436	112,637	5,118	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.269454	196,749	53,015	60.00
64.00	06400 INTRAVENOUS THERAPY	0.671331	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.405853	88,283	35,830	65.00
66.00	06600 PHYSICAL THERAPY	0.430624	949,712	408,969	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.273937	993,287	272,098	67.00
68.00	06800 SPEECH PATHOLOGY	0.398246	247,962	98,750	68.00
69.00	06900 ELECTROCARDIOLOGY	0.406714	12,304	5,004	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.605724	1,109	672	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.132295	14,258	1,886	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.429560	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.274225	738,262	202,450	73.00
74.00	07400 RENAL DIALYSIS	0.704998	69,840	49,237	74.00
76.97	07697 CARDIAC REHABILITATION	1.352872	151	204	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.301835	12,575	3,796	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0.524906	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0.526571	1,879	989	90.04
91.00	09100 EMERGENCY	0.291643	4,559	1,330	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.453952	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,627,327	1,176,202	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,627,327		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:54 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)			15,443,151	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			6,107,744	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)			224,063	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			104,809	2.04
3.00	Managed Care Simulated Payments			10,556,525	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			188.70	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)			13.60	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			1.03	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)			12.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			9.65	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)			9.65	12.00
13.00	Total allowable FTE count for the prior year.			12.57	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.			12.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.			11.60	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			11.60	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.061473	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.070290	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.061473	21.00
22.00	IME payment adjustment (see instructions)			711,524	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			348,534	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)			-2.92	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)			711,524	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			348,534	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.34	30.00
31.00	Percentage of Medicaid patient days (see instructions)			22.37	31.00
32.00	Sum of lines 30 and 31			25.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.43	33.00
34.00	Disproportionate share adjustment (see instructions)			561,940	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:54 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	901,835	947,660		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	674,523	238,862		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	913,385			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)	24,066,616			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)		24,415,150		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,824,725		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).		438,938		52.00
53.00	Nursing and Allied Health Managed Care payment		32,941		53.00
54.00	Special add-on payments for new technologies		567,154		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).		124,723		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		92,670		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,496,301		59.00
60.00	Primary payer payments		2,000		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,494,301		61.00
62.00	Deductibles billed to program beneficiaries		2,392,820		62.00
63.00	Coinsurance billed to program beneficiaries		44,054		63.00
64.00	Allowable bad debts (see instructions)		278,324		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		180,911		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		271,833		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,238,338		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)		56,788		70.93
70.94	HRR adjustment amount (see instructions)		-233,069		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/26/2022 12:54 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,062,057	0	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		25,133,990	0	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-71,933	0	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		642,603	0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	0	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 12:54 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	15,443,151	0	15,443,151		15,443,151	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,107,744	0		6,107,744	6,107,744	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	224,063	0	224,063		224,063	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	104,809	0		104,809	104,809	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,556,525	0	7,665,634	2,890,891	10,556,525	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.061473	0.061473	0.061473	0.061473		5.00
6.00	IME payment adjustment (see instructions)	22.00	711,524	0	509,871	201,653	711,524	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	348,534	0	253,088	95,446	348,534	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	711,524	0	509,871	201,653	711,524	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	348,534	0	253,088	95,446	348,534	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1043	0.1043	0.1043	0.1043		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	561,940	0	402,680	159,260	561,940	11.00
11.01	Uncompensated care payments	36.00	913,385	0	674,523	238,862	913,385	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	24,066,616	0	17,254,288	6,812,328	24,066,616	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	24,415,150	0	17,507,376	6,907,774	24,415,150	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,824,725	0	1,305,772	518,953	1,824,725	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 12:54 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
17.00	Special add-on payments for new technologies	54.00	567,154	0	434,778	132,376	567,154
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	19,247,926	7,559,103	26,807,029
		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	1,632,166	0	1,173,301	458,865	1,632,166
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	41,584	0	23,941	17,643	41,584
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0390	0.0390	0.0390	0.0390	
23.00	Indirect medical education adjustment (see instructions)	6.00	63,654	0	45,758	17,896	63,654
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0535	0.0535	0.0535	0.0535	
25.00	Disproportionate share adjustment (see instructions)	11.00	87,321	0	62,772	24,549	87,321
26.00	Total prospective capital payments (see instructions)	12.00	1,824,725	0	1,305,772	518,953	1,824,725
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 12:54 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	15,443,151	15,443,151		15,443,151	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,107,744		6,107,744	6,107,744	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	224,063	224,063		224,063	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	104,809		104,809	104,809	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,556,525	7,665,633	2,890,891	10,556,524	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.061473	0.061473	0.061473		5.00
6.00	IME payment adjustment (see instructions)	22.00	711,524	509,871	201,653	711,524	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	348,534	253,088	95,446	348,534	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	711,524	509,871	201,653	711,524	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	348,534	253,088	95,446	348,534	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1043	0.1043	0.1043		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	561,940	402,680	159,260	561,940	11.00
11.01	Uncompensated care payments	36.00	913,385	674,523	238,862	913,385	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	24,066,616	17,254,288	6,812,328	24,066,616	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	24,415,150	17,507,376	6,907,774	24,415,150	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,824,725	1,305,772	518,953	1,824,725	16.00
17.00	Special add-on payments for new technologies	54.00	567,154	434,778	132,376	567,154	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			19,247,926	7,559,103	26,807,029	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 12:54 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	1,632,166	1,173,301	458,865	1,632,166	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	41,584	23,941	17,643	41,584	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	0.0390	0.0390	0.0390		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	63,654	45,758	17,896	63,654	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0535	0.0535	0.0535		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	87,321	62,772	24,549	87,321	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,824,725	1,305,772	518,953	1,824,725	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	56,788	56,788	0	56,788	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	-233,069	-71,450	-161,619	-233,069	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: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 12:54 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,918	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,419,124	2.00
3.00	OPPS payments		10,498,297	3.00
4.00	Outlier payment (see instructions)		159,473	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		90,451	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,918	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,240	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		21,240	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		21,240	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,322	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)		5,918	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)		10,748,221	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,834,916	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)		8,919,223	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		215,227	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)		9,134,450	30.00
31.00	Primary payer payments		469	31.00
32.00	Subtotal (line 30 minus line 31)		9,133,981	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)		135,766	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		88,248	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		114,352	36.00
37.00	Subtotal (see instructions)		9,222,229	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-253	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,222,482	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		9,096,340	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		126,142	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 12:54 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		25,118,470		9,198,666	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	09/29/2021	15,520		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	09/29/2021	102,326	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)		15,520		-102,326	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)		25,133,990		9,096,340	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		126,142	6.01	
6.02	SETTLEMENT TO PROGRAM		71,933		0	6.02	
7.00	Total Medicare program liability (see instructions)		25,062,057		9,222,482	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0127

Period:

Worksheet E-1

Component CCN: 14-T127

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/26/2022 12:54 pm

Title XVIII

Subprovider -

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,874,484		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	09/29/2021	37,300		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)		37,300		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,911,784		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		12,522		0	6.02
7.00	Total Medicare program liability (see instructions)		2,899,262		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 12:54 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/26/2022 12:54 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,527,401 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			93,514 3.00
4.00	Outlier Payments			293,278 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.180822 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,914,193 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,914,193 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,914,193 19.00
20.00	Deductibles			13,356 20.00
21.00	Subtotal (line 19 minus line 20)			2,900,837 21.00
22.00	Coinsurance			15,211 22.00
23.00	Subtotal (line 21 minus line 22)			2,885,626 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,885,626 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			13,636 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,899,262 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,911,784 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-12,522 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			293,278 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 12:54 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			13.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.03	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.78	6.00
7.00	Enter the lesser of line 5 or line 6			9.78	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	6.18	2.88	9.06	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	6.18	2.88	9.06	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	6.18	2.88		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.36	6.14		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.50	7.07		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.01	5.36		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	6.01	5.36		17.00
18.00	Per resident amount	111,398.94	111,398.94		18.00
19.00	Approved amount for resident costs	669,508	597,098	1,266,606	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,266,606	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	11,914	6,362		26.00
27.00	Total Inpatient Days (see instructions)	34,885	34,885		27.00
28.00	Ratio of inpatient days to total inpatient days	0.341522	0.182371		28.00
29.00	Program direct GME amount	432,574	230,992	663,566	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		9,401	9,401	30.00
31.00	Net Program direct GME amount			654,165	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 12:54 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,063,970	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			35,722,499	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			2,000	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			35,720,499	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			17,515,493	42.00
43.00	Primary payer payments (see instructions)			469	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			17,515,024	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			53,235,523	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.670990	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.329010	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			654,165	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			438,938	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			215,227	50.00

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

Provider CCN: 14-0127

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

Worksheet G

Date/Time Prepared:
5/26/2022 12:54 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	2,908,713	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,614,089	0	0	0	4.00
5.00	Other receivable	-1,030,579	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,884,236	0	0	0	6.00
7.00	Inventory	3,414,348	0	0	0	7.00
8.00	Prepaid expenses	401,693	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)	40,424,028	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,178,433	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	45,008	0	0	0	21.00
22.00	Accumulated depreciation	-18,911	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	19,497,205	0	0	0	25.00
26.00	Accumulated depreciation	-4,971,794	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	15,729,941	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	56,153,969	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,979,328	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,178,460	0	0	0	38.00
39.00	Payroll taxes payable	-5,200	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,896,435	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,049,023	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,049,023	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	44,104,946				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	44,104,946	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	56,153,969	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0127

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 12:54 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		42,450,858		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,654,089				2.00
3.00	Total (sum of line 1 and line 2)		44,104,947		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		44,104,947		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)		44,104,946		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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: 14-0127

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 12:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	67,000,573		67,000,573	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,518,954		5,518,954	3.00
4.00	SUBPROVIDER	0		0	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)	72,519,527		72,519,527	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,254,333		10,254,333	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)	10,254,333		10,254,333	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,773,860		82,773,860	17.00
18.00	Ancillary services	175,684,155	242,115,318	417,799,473	18.00
19.00	Outpatient services	10,704,455	51,430,106	62,134,561	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER	176,383	1,279,811	1,456,194	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	269,338,853	294,825,235	564,164,088	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		178,807,088		29.00
30.00	ADD	425			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)		425		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		178,807,513		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0127

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 12:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	564,164,088	1.00
2.00	Less contractual allowances and discounts on patients' accounts	387,465,697	2.00
3.00	Net patient revenues (line 1 minus line 2)	176,698,391	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	178,807,513	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,109,122	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	594,957	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	1,186,810	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	39,267	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	MISC INCOME	1,942,177	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	3,763,211	25.00
26.00	Total (line 5 plus line 25)	1,654,089	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,654,089	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0127	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 12:54 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,632,166	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,584	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)		85.39	3.00
4.00	Number of interns & residents (see instructions)		11.60	4.00
5.00	Indirect medical education percentage (see instructions)		3.90	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)		63,654	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.34	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.37	8.00
9.00	Sum of lines 7 and 8		25.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.35	10.00
11.00	Disproportionate share adjustment (see instructions)		87,321	11.00
12.00	Total prospective capital payments (see instructions)		1,824,725	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