

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: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet S Parts I-III Date/Time Prepared: 8/29/2021 1:09 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/29/2021	Time: 1:09 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (14-0164) for the cost reporting period beginning 04/01/2020 and ending 03/31/2021 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.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

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	467,536	54,018	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		37,773		0	10.00
200.00	Total	0	467,536	91,791	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: 14-0164		Period: From 04/01/2020 To 03/31/2021		Worksheet S-2 Part I Date/Time Prepared: 8/29/2021 1:08 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 405 W. JACKSON ST.			PO Box:				1.00	
2.00	City: CARBONDALE			State: IL		Zip Code: 62901		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			MEMORIAL HOSPITAL	140164	16060	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
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			WEST FRANKFORT FAMILY MEDICINE	143454	99914	11/01/1999	N	O
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						04/01/2020	03/31/2021	
21.00	Type of Control (see instructions)						2		
							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		
22.01	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		
22.02	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		
22.03	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	
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		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,491	73	0	0	9,054	1,047

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-2
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-2
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
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
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

Worksheet S-2
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

MCRIF32 - 16.11.172.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet S-2 Part I Date/Time Prepared: 8/29/2021 1:08 pm
			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.			N 86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N 87.00
			V	XIX
			1.00	2.00
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N N 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N 92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N N 93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N N 94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N N 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			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)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
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
			1.00	2.00
			Speech	Respiratory
			3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N 110.00

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		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.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	3,065,848	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H124	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0164		Period: From 04/01/2020 To 03/31/2021		Worksheet S-2 Part I Date/Time Prepared: 8/29/2021 1:08 pm	
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: SOUTHERN ILLINOIS HEALTHCARE		Contractor's Name: NGS		Contractor's Number: 06101		141.00		
142.00	Street: 1239 E MAIN STREET		PO Box: 3988				142.00		
143.00	City: CARBONDALE		State: IL		Zip Code: 62902-3988		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.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								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
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet S-2 Part II Date/Time Prepared: 8/29/2021 1:08 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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	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)	Y	07/22/2021	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0164

Period:
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8/29/2021 1:08 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		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.	LUANNE	WARREN		41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-457-5200	LUANNE.WARREN@SIH.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0164

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

Health Financial Systems		MEMORIAL HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet S-2 Part IX Date/Time Prepared: 8/29/2021 1:08 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?			Y	3.02
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00
			State		
			1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-3
Part I
Date/Time Prepared:
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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	141	51,465	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)		141	51,465	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,665	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 NEONATAL INTENSIVE CARE UNIT	35.00	13	4,745	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		175	63,875	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		175				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)		9	3,285			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: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-3
Part I
Date/Time Prepared:
8/29/2021 1:08 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)	11,752	713	26,329			1.00
2.00	HMO and other (see instructions)	3,603	10,101				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,752	713	26,329			7.00
8.00	INTENSIVE CARE UNIT	2,105	128	5,385			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	NEONATAL INTENSIVE CARE UNIT	0	253	1,279			12.00
13.00	NURSERY		470	3,270			13.00
14.00	Total (see instructions)	13,857	1,564	36,263	15.25	1,006.72	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	1,768	1,386	5,704	2.14	6.73	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)				17.39	1,013.45	27.00
28.00	Observation Bed Days		102	3,858			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)	23	63	2,084			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			472			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: 14-0164

Period:
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To 03/31/2021Worksheet S-3
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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	3,033	279	9,235	1.00
2.00 HMO and other (see instructions)			761	2,919		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,033	279	9,235	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-3
Part II
Date/Time Prepared:
8/29/2021 1:08 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	71,569,803	0	71,569,803	2,107,982.84	33.95
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		372,901	0	372,901	6,794.99	54.88
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		354,728	0	354,728	14,003.86	25.33
7.00	Interns & residents (in an approved program)	21.00	1,314,139	0	1,314,139	41,800.00	31.44
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)		0	0	0	0.00	0.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,082,034	0	1,082,034	17,509.55	61.80
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		491,698	0	491,698	2,213.00	222.19
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		13,419,101	0	13,419,101	316,850.60	42.35
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)		14,120,547	0	14,120,547		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		0	0	0		
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		75,733	0	75,733		
24.00	Wage-related costs (RHC/FQHC)		72,042	0	72,042		
25.00	Interns & residents (in an approved program)		266,890	0	266,890		
25.50	Home office wage-related (core)		4,453,045	0	4,453,045		
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: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-3
Part II
Date/Time Prepared:
8/29/2021 1:08 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	247,497	0	247,497	3,835.20	64.53	26.00
27.00	Administrative & General	5.00	7,932,957	0	7,932,957	184,022.70	43.11	27.00
28.00	Administrative & General under contract (see inst.)		395,344	0	395,344	938.23	421.37	28.00
29.00	Maintenance & Repairs	6.00	676,300	0	676,300	28,323.52	23.88	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	76,634	0	76,634	4,762.17	16.09	31.00
32.00	Housekeeping	9.00	2,197,952	0	2,197,952	136,308.99	16.12	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,438,819	-999,104	439,715	26,405.28	16.65	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	999,104	999,104	59,999.42	16.65	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	955,549	0	955,549	14,778.36	64.66	38.00
39.00	Central Services and Supply	14.00	394,359	0	394,359	21,595.93	18.26	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	542,168	0	542,168	25,729.21	21.07	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-3
Part III
Date/Time Prepared:
8/29/2021 1:08 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)	69,923,379	0	69,923,379	2,046,322.22	34.17	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,923,379	0	69,923,379	2,046,322.22	34.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,992,833	0	14,992,833	336,573.15	44.55	4.00
5.00	Subtotal wage-related costs (see inst.)	18,573,592	0	18,573,592	0.00	26.56	5.00
6.00	Total (sum of lines 3 thru 5)	103,489,804	0	103,489,804	2,382,895.37	43.43	6.00
7.00	Total overhead cost (see instructions)	14,857,579	0	14,857,579	506,699.01	29.32	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
8/29/2021 1:08 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,185,037	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,398,872	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	42,773	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	40,837	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)	188,203	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	476,692	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	854,861	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,139,913	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	103,868	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	104,157	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,535,213	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: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet S-3
Part V
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,082,034	14,535,213	1.00
2.00	Hospital	1,082,034	14,535,213	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0164 Component CCN: 14-3454		Period: From 04/01/2020 To 03/31/2021 Worksheet S-8 Date/Time Prepared: 8/29/2021 1:08 pm	
		RHC I		Cost	
		1.00			
Clinic Address and Identification					
1.00	Street	2553 KEN GRAY BLVD		1.00	
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	WEST FRANKFORT		IL 62896	2.00
				1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)			5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			6.00	
7.00	Appalachian Regional Commission			7.00	
8.00	Look-Alikes			8.00	
9.00	OTHER (SPECIFY)			9.00	
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0	10.00
		Sunday		Monday	Tuesday
		from	to	from	to
		1.00	2.00	3.00	4.00
Facility hours of operations (1)					
11.00	CLINIC	08:00		17:00	08:00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number			Total Visits	14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			15.00	
		County			
		4.00			
2.00	City, State, ZIP Code, County	FRANKLIN		2.00	
		Tuesday	Wednesday	Thursday	
		to	from	to	from
		6.00	7.00	8.00	9.00
Facility hours of operations (1)					
11.00	CLINIC	17:00	08:00	17:00	08:00
		17:00		17:00	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0164

Period:

Worksheet S-8

Component CCN: 14-3454

From 04/01/2020
To 03/31/2021Date/Time Prepared:
8/29/2021 1:08 pm

RHC I

Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	17:00				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet S-10

Date/Time Prepared:
8/29/2021 1:08 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)		0.235050	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		33,594,527	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		12,643,906	5.00
6.00	Medicaid charges		233,190,587	6.00
7.00	Medicaid cost (line 1 times line 6)		54,811,447	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)		8,573,014	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		662,356	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,573,014	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)	11,059,245	2,723,588	13,782,833
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,599,476	2,723,588	5,323,064
22.00	Payments received from patients for amounts previously written off as charity care	0	84	84
23.00	Cost of charity care (line 21 minus line 22)	2,599,476	2,723,504	5,322,980
				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)		12,639,619	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,923,608	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,959,398	27.01
28.00	Non-Medicare bad debt expense (see instructions)		9,680,221	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,311,126	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,634,106	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,207,120	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,019,391	10,019,391	1,829,987	11,849,378	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,639,926	7,639,926	784,710	8,424,636	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	247,497	20,644,128	20,891,625	0	20,891,625	4.00
5.01	00550	DATA PROCESSING	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	266,607	29,562	296,169	0	296,169	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	936,862	34,644	971,506	0	971,506	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	6,729,488	17,722,739	24,452,227	-321,105	24,131,122	5.04
6.00	00600	MAINTENANCE & REPAIRS	676,300	1,724,155	2,400,455	0	2,400,455	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	76,634	1,329,106	1,405,740	0	1,405,740	8.00
9.00	00900	HOUSEKEEPING	2,197,952	654,255	2,852,207	0	2,852,207	9.00
10.00	01000	DIETARY	1,438,819	1,249,196	2,688,015	-1,892,331	795,684	10.00
11.00	01100	CAFETERIA	0	0	0	1,866,536	1,866,536	11.00
13.00	01300	NURSING ADMINISTRATION	955,549	51,640	1,007,189	0	1,007,189	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	394,359	95,757	490,116	-3,782	486,334	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	542,168	58,083	600,251	0	600,251	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	9,015,900	9,015,900	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,314,139	0	1,314,139	0	1,314,139	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,512,344	1,512,344	0	1,512,344	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,034,798	9,050,295	24,085,093	-176,320	23,908,773	30.00
31.00	03100	INTENSIVE CARE UNIT	4,327,294	1,294,195	5,621,489	-125,498	5,495,991	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	762,114	124,264	886,378	0	886,378	35.00
43.00	04300	NURSERY	0	168,636	168,636	-3,044	165,592	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,566,782	17,239,306	21,806,088	-11,226,359	10,579,729	50.00
50.01	05001	SAME DAY SURGERY	1,273,444	967,931	2,241,375	-2,241,375	0	50.01
51.00	05100	RECOVERY ROOM	797,232	15,297	812,529	-2,639	809,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,639,687	1,012,947	4,652,634	-101,290	4,551,344	52.00
53.00	05300	ANESTHESIOLOGY	0	9,716,687	9,716,687	-9,247,596	469,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,684,567	1,793,265	4,477,832	-755,271	3,722,561	54.00
54.01	03480	ONCOLOGY	978,390	1,523,706	2,502,096	304,575	2,806,671	54.01
54.02	03440	MAMMOGRAPHY	818,868	549,130	1,367,998	-65,485	1,302,513	54.02
56.00	05600	RADIOISOTOPE	450,366	1,229,552	1,679,918	213,360	1,893,278	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	336,224	467,621	803,845	-99,231	704,614	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,710,815	13,560,102	17,270,917	-11,543,676	5,727,241	59.00
60.00	06000	LABORATORY	2,374,583	9,513,492	11,888,075	-124,126	11,763,949	60.00
64.00	06400	INTRAVENOUS THERAPY	1,337,051	352,194	1,689,245	-39,390	1,649,855	64.00
65.00	06500	RESPIRATORY THERAPY	1,441,009	441,385	1,882,394	-148,526	1,733,868	65.00
66.00	06600	PHYSICAL THERAPY	2,996,015	753,133	3,749,148	-43	3,749,105	66.00
69.00	06900	ELECTROCARDIOLOGY	1,145,303	8,931,743	10,077,046	-621,096	9,455,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,753	54,605	174,358	-12,250	162,108	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,350,655	13,350,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,080,202	13,080,202	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,168,983	35,201,389	38,370,372	1,009,446	39,379,818	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	354,728	1,046,972	1,401,700	-9,828	1,391,872	88.00
91.00	09100	EMERGENCY	3,475,423	6,646,965	10,122,388	-80,413	10,041,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,417,677	4,417,677	-2,614,697	1,802,980	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,569,803	188,837,415	260,407,218	0	260,407,218	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	433,988	433,988	0	433,988	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	71,569,803	189,271,403	260,841,206	0	260,841,206	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,792,433	10,056,945	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,738,535	14,163,171	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	62,965	20,954,590	4.00
5.01	00550	DATA PROCESSING	11,326,546	11,326,546	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-31,295	264,874	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,533,810	4,505,316	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	5,174,200	29,305,322	5.04
6.00	00600	MAINTENANCE & REPAIRS	-80,362	2,320,093	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,405,740	8.00
9.00	00900	HOUSEKEEPING	0	2,852,207	9.00
10.00	01000	DIETARY	0	795,684	10.00
11.00	01100	CAFETERIA	-831,032	1,035,504	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,007,189	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	486,334	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-47,798	552,453	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-9,015,900	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,314,139	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,392	1,510,952	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,663,392	19,245,381	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,495,991	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-7,200	879,178	35.00
43.00	04300	NURSERY	0	165,592	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-62,245	10,517,484	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	809,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-24,564	4,526,780	52.00
53.00	05300	ANESTHESIOLOGY	0	469,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-732	3,721,829	54.00
54.01	03480	ONCOLOGY	-746,809	2,059,862	54.01
54.02	03440	MAMMOGRAPHY	-45,468	1,257,045	54.02
56.00	05600	RADIOISOTOPE	0	1,893,278	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	704,614	58.00
59.00	05900	CARDIAC CATHETERIZATION	-67,728	5,659,513	59.00
60.00	06000	LABORATORY	-226,996	11,536,953	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,649,855	64.00
65.00	06500	RESPIRATORY THERAPY	-4,439	1,729,429	65.00
66.00	06600	PHYSICAL THERAPY	0	3,749,105	66.00
69.00	06900	ELECTROCARDIOLOGY	-804	9,455,146	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	162,108	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,350,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,080,202	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-300	39,379,518	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-1,021	1,390,851	88.00
91.00	09100	EMERGENCY	-5,566,327	4,475,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,802,980	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	814,839	261,222,057	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	433,988	192.00
192.01	19201	FAMILY PRACTICE	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	814,839	261,656,045	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet Non-CMS W

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00590		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	SAME DAY SURGERY	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ONCOLOGY	03480	ONCOLOGY	54.01
54.02	MAMMOGRAPHY	03440	MAMMOGRAPHY	54.02
56.00	RADIOISOTOPE	05600		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FAMILY PRACTICE	19201		192.01
192.02	UNUSED SPACE	19202		192.02
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-6

Date/Time Prepared:
8/29/2021 1:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY RECLASS					
1.00	CAFETERIA	11.00	999,104	867,432		1.00
	TOTALS		999,104	867,432		
	B - NUTRITIONAL PRODUCTS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	331,912		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
	TOTALS		0	331,912		
	C - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,430,857		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		0	26,430,857		
	D - SAME DAY SURGERY RECLASS					
1.00	OPERATING ROOM	50.00	1,273,444	967,931		1.00
	TOTALS		1,273,444	967,931		
	E - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,829,987		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	784,710		2.00
	TOTALS		0	2,614,697		
	F - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,080,202		1.00
	TOTALS		0	13,080,202		
	G - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	9,015,900		1.00
	TOTALS		0	9,015,900		
	H - CONTRAST DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	677,986		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
	TOTALS		0	677,986		
	I - ISOTOPE RECLASS					
1.00	RADIOISOTOPE	56.00	0	213,928		1.00
	TOTALS		0	213,928		

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-6

Date/Time Prepared:
8/29/2021 1:08 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
1.00	J - CANCER MED DIRECTOR RECLASS				1.00
	ONCOLOGY	54.01	0	320,563	
	TOTALS		0	320,563	
	K - RESPIRATORY MED DIRECTOR RECLASS				1.00
1.00	RESPIRATORY THERAPY	65.00	0	1,880	
	TOTALS		0	1,880	
500.00	Grand Total: Increases		2,272,548	54,523,288	500.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet A-6
Date/Time Prepared:
8/29/2021 1:08 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY RECLASS						
1.00	DIETARY	10.00	999,104	867,432	0		1.00
	TOTALS		999,104	867,432			
	B - NUTRITIONAL PRODUCTS RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	536	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	90,168	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	29,430	0		3.00
4.00	ONCOLOGY	54.01	0	5	0		4.00
5.00	NURSERY	43.00	0	3,038	0		5.00
6.00	OPERATING ROOM	50.00	0	19,332	0		6.00
7.00	RECOVERY ROOM	51.00	0	2,639	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,046	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	34,621	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,149	0		10.00
11.00	RADIOISOTOPE	56.00	0	5	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	17,739	0		12.00
13.00	RADIOISOTOPE	56.00	0	563	0		13.00
14.00	LABORATORY	60.00	0	5	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	32,891	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	896	0		16.00
17.00	EMERGENCY	91.00	0	34,222	0		17.00
18.00	MAMMOGRAPHY	54.02	0	842	0		18.00
19.00	DIETARY	10.00	0	25,785	0		19.00
	TOTALS		0	331,912			
	C - MEDICAL SUPPLY RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,246	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	86,152	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	96,068	0		3.00
4.00	DIETARY	10.00	0	10	0		4.00
5.00	NURSERY	43.00	0	6	0		5.00
6.00	OPERATING ROOM	50.00	0	13,445,840	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	68,244	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	197,075	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	673,235	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,080	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	11,429,823	0		11.00
12.00	LABORATORY	60.00	0	124,121	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	150,406	0		13.00
14.00	EMERGENCY	91.00	0	46,191	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,250	0		15.00
16.00	MAMMOGRAPHY	54.02	0	64,643	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	43	0		17.00
18.00	ONCOLOGY	54.01	0	14,103	0		18.00
19.00	RURAL HEALTH CLINIC	88.00	0	9,828	0		19.00
20.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	542	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	6,499	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	452	0		22.00
	TOTALS		0	26,430,857			
	D - SAME DAY SURGERY RECLASS						
1.00	SAME DAY SURGERY	50.01	1,273,444	967,931	0		1.00
	TOTALS		1,273,444	967,931			
	E - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	2,614,697	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	2,614,697			
	F - IMPLANTABLE DEVICE RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,080,202	0		1.00
	TOTALS		0	13,080,202			
	G - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	9,015,900	0		1.00
	TOTALS		0	9,015,900			
	H - CONTRAST DRUG RECLASS						
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	97,151	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	406,272	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,887	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	96,114	0		4.00
5.00	OPERATING ROOM	50.00	0	2,562	0		5.00
	TOTALS		0	677,986			

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-6

Date/Time Prepared:
8/29/2021 1:08 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	I - ISOTOPE RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	0	213,928	0	1.00
	TOTALS		0	213,928		
	J - CANCER MED DIRECTOR RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	320,563	0	1.00
	TOTALS		0	320,563		
	K - RESPIRATORY MED DIRECTOR RECLASS					
1.00	ONCOLOGY	54.01	0	1,880	0	1.00
	TOTALS		0	1,880		
500.00	Grand Total: Decreases		2,272,548	54,523,288		500.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/29/2021 1:08 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - DIETARY RECLASS									
1.00	CAFETERIA	11.00	999,104	867,432	DIETARY	10.00	999,104	867,432	1.00
	TOTALS		999,104	867,432	TOTALS		999,104	867,432	
B - NUTRITIONAL PRODUCTS RECLASS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	331,912	CENTRAL SERVICES & SUPPLY	14.00	0	536	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	90,168	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	29,430	3.00
4.00		0.00	0	0	ONCOLOGY	54.01	0	5	4.00
5.00		0.00	0	0	NURSERY	43.00	0	3,038	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	19,332	6.00
7.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,639	7.00
8.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33,046	8.00
9.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	34,621	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6,149	10.00
11.00		0.00	0	0	RADIOISOTOPE	56.00	0	5	11.00
12.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	17,739	12.00
13.00		0.00	0	0	RADIOISOTOPE	56.00	0	563	13.00
14.00		0.00	0	0	LABORATORY	60.00	0	5	14.00
15.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	32,891	15.00
16.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	896	16.00
17.00		0.00	0	0	EMERGENCY	91.00	0	34,222	17.00
18.00		0.00	0	0	MAMMOGRAPHY	54.02	0	842	18.00
19.00		0.00	0	0	DIETARY	10.00	0	25,785	19.00
	TOTALS		0	331,912	TOTALS		0	331,912	
C - MEDICAL SUPPLY RECLASS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,430,857	CENTRAL SERVICES & SUPPLY	14.00	0	3,246	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	86,152	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	96,068	3.00
4.00		0.00	0	0	DIETARY	10.00	0	10	4.00
5.00		0.00	0	0	NURSERY	43.00	0	6	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	13,445,840	6.00
7.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	68,244	7.00
8.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	197,075	8.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	673,235	9.00
10.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,080	10.00
11.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	11,429,823	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	124,121	12.00
13.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	150,406	13.00
14.00		0.00	0	0	EMERGENCY	91.00	0	46,191	14.00
15.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	12,250	15.00
16.00		0.00	0	0	MAMMOGRAPHY	54.02	0	64,643	16.00
17.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	43	17.00
18.00		0.00	0	0	ONCOLOGY	54.01	0	14,103	18.00
19.00		0.00	0	0	RURAL HEALTH CLINIC	88.00	0	9,828	19.00
20.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	542	20.00
21.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	6,499	21.00
22.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	452	22.00
	TOTALS		0	26,430,857	TOTALS		0	26,430,857	
D - SAME DAY SURGERY RECLASS									
1.00	OPERATING ROOM	50.00	1,273,444	967,931	SAME DAY SURGERY	50.01	1,273,444	967,931	1.00
	TOTALS		1,273,444	967,931	TOTALS		1,273,444	967,931	
E - INTEREST RECLASS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,829,987	INTEREST EXPENSE	113.00	0	2,614,697	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	784,710		0.00	0	0	2.00
	TOTALS		0	2,614,697	TOTALS		0	2,614,697	
F - IMPLANTABLE DEVICE RECLASS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,080,202	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,080,202	1.00
	TOTALS		0	13,080,202	TOTALS		0	13,080,202	

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/29/2021 1:08 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	G - CRNA RECLASS								
1.00	NONPHYSICIAN	19.00	0	9,015,900	ANESTHESIOLOGY	53.00	0	9,015,900	1.00
	ANESTHETISTS								
	TOTALS		0	9,015,900	TOTALS		0	9,015,900	
	H - CONTRAST DRUG RECLASS								
1.00	DRUGS CHARGED TO	73.00	0	677,986	MAGNETIC RESONANCE	58.00	0	97,151	1.00
	PATIENTS				IMAGING (MRI)				
2.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	406,272	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	75,887	3.00
4.00		0.00	0	0	CARDIAC	59.00	0	96,114	4.00
5.00		0.00	0	0	CATHETERIZATION				
					OPERATING ROOM	50.00	0	2,562	5.00
	TOTALS		0	677,986	TOTALS		0	677,986	
	I - ISOTOPE RECLASS								
1.00	RADIOISOTOPE	56.00	0	213,928	ELECTROCARDIOLOGY	69.00	0	213,928	1.00
	TOTALS		0	213,928	TOTALS		0	213,928	
	J - CANCER MED DIRECTOR RECLASS								
1.00	ONCOLOGY	54.01	0	320,563	OTHER ADMINISTRATIVE	5.04	0	320,563	1.00
					AND GENERAL				
	TOTALS		0	320,563	TOTALS		0	320,563	
	K - RESPIRATORY MED DIRECTOR RECLASS								
1.00	RESPIRATORY THERAPY	65.00	0	1,880	ONCOLOGY	54.01	0	1,880	1.00
	TOTALS		0	1,880	TOTALS		0	1,880	
500.00	Grand Total:		2,272,548	54,523,288	Grand Total:		2,272,548	54,523,288	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet A-7
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,601,438	8,500	0	8,500	195,407	1.00
2.00	Land Improvements	7,838,668	7,828	0	7,828	68,563	2.00
3.00	Buildings and Fixtures	209,129,988	25,506,642	0	25,506,642	7,909,634	3.00
4.00	Building Improvements	168,640	0	0	0	28,407	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	87,080,469	9,439,306	0	9,439,306	9,485,428	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	314,819,203	34,962,276	0	34,962,276	17,687,439	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	314,819,203	34,962,276	0	34,962,276	17,687,439	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,414,531	0				1.00
2.00	Land Improvements	7,777,933	0				2.00
3.00	Buildings and Fixtures	226,726,996	0				3.00
4.00	Building Improvements	140,233	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	87,034,347	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	332,094,040	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	332,094,040	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet A-7
Part II
Date/Time Prepared:
8/29/2021 1:08 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	10,019,391	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,639,926	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,659,317	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	10,019,391				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,639,926				2.00
3.00	Total (sum of lines 1-2)	0	17,659,317				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet A-7
Part III
Date/Time Prepared:
8/29/2021 1:08 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	245,059,693	0	245,059,693	0.737923	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	87,034,347	0	87,034,347	0.262077	0	2.00
3.00	Total (sum of lines 1-2)	332,094,040	0	332,094,040	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	10,056,945	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,163,171	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,220,116	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	10,056,945	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,163,171	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	24,220,116	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-8

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-12,083,610			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	44,681,829			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-820,277	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		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-47,798	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-10,755	CAFETERIA	11.00	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	A	-9,015,900	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	EMPLOYEE OUTPATIENT PAYMENTS	B	-6,046,234	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-8

Date/Time Prepared:
8/29/2021 1:08 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 DEBT FORGIVENESS	A	-190,326	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02 TELEVISION AND RADIO SERVICES	A	-7,090	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.02
33.03 INTEREST INCOME UNRESTRICTED	B	-761,573	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04 LOSS ON 1994 BONDS	A	30,304	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05 LOSS ON 1994 BONDS	A	25,992	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.05
33.06 CABLE TV	A	-6,427	EMERGENCY	91.00	0	33.06
33.07 NONALLOWABLE BOND EXPENSE	A	-1,802,980	INTEREST EXPENSE	113.00	0	33.07
33.08 MISCELLANEOUS INCOME	B	-91	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.08
33.09 SALE OF XRAY SILVER/FILM	B	-732	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10 OFFSET LOBBYING EXPENSES	A	-30,669	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11 PURCHASE DISCOUNT	B	-31,295	PURCHASING RECEIVING AND STORES	5.02	0	33.11
33.12 CABLE TV	A	-1,254	OPERATING ROOM	50.00	0	33.12
33.13 CABLE TV	A	-80,362	MAINTENANCE & REPAIRS	6.00	0	33.13
33.14 LEASEHOLD REVENUE	B	-45,468	MAMMOGRAPHY	54.02	0	33.14
33.15 CABLE TV	A	-8,214	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.15
33.16 PATIENT'S GUEST LODGING EXPENSE	A	-27,877	CARDIAC CATHETERIZATION	59.00	0	33.16
33.17 LEASEHOLD REVENUE	B	-2,656,446	CAP REL COSTS-BLDG & FIXT	1.00	9	33.17
33.18 MEDICAID PROVIDER TAX	A	-10,207,533	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.18
33.19 CABLE TV	A	-1,392	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.19
33.20 INTEREST INCOME 98A AND 2017 C BONDS	B	-105	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21 MISCELLANEOUS INCOME	B	-1,021	RURAL HEALTH CLINIC	88.00	0	33.21
33.22 VENDING MACHINE INCOME	B	-804	ELECTROCARDIOLOGY	69.00	0	33.22
33.23 QUALITY INCENTIVE PAYMENTS	B	-30,268	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.23
33.24 DEPARTMENTAL PROGRAM REVENUE	B	-6,485	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25 MISCELLANEOUS INCOME	B	-300	DRUGS CHARGED TO PATIENTS	73.00	0	33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		814,839				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: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-8-1

Date/Time Prepared:
8/29/2021 1:08 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	HOME OFFICE	833,709	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	5,719,633	0 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	6,109,199	0 3.00
4.00		5.01	DATA PROCESSING	HOME OFFICE	11,326,546	0 4.00
4.01		5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	3,533,810	0 4.01
4.02		5.04	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	17,163,157	0 4.02
4.03		60.00	LABORATORY	RENT	4,966	9,191 4.03
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		44,691,020	9,191 5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	B	SIHS	100.00	SIHS	100.00	6.00
7.00	B	SIHE	100.00	SIHE	100.00	7.00
8.00	B	HSSI	100.00	HSSI	100.00	8.00
9.00	B	SIMS	100.00	SIMS	100.00	9.00
10.00	B	SIH CAYMAN	100.00	SIH CAYMAN	100.00	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: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-8-1

Date/Time Prepared:
8/29/2021 1:08 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	833,709	9		1.00
2.00	5,719,633	9		2.00
3.00	6,109,199	0		3.00
4.00	11,326,546	0		4.00
4.01	3,533,810	0		4.01
4.02	17,163,157	0		4.02
4.03	-4,225	0		4.03
5.00	44,681,829			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	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		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: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet A-8-2

Date/Time Prepared:
8/29/2021 1:08 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	30.00	DR. A	4,661,296	4,661,296	0	0	0	1.00
2.00	50.00	DR. B	74,022	51,246	22,776	246,400	110	2.00
3.00	59.00	DR. C	74,220	0	74,220	211,500	338	3.00
4.00	60.00	DR. D	269,199	180,968	88,231	260,300	371	4.00
5.00	54.01	DR. E	829,782	610,641	219,141	211,500	816	5.00
6.00	30.00	DR. F	6,175	175	6,000	169,700	50	6.00
7.00	91.00	DR. G	5,571,929	5,552,850	19,079	181,300	138	7.00
8.00	5.04	DR. H	753,693	753,693	0	0	0	8.00
9.00	52.00	DR. I	61,611	9,600	52,011	237,100	325	9.00
10.00	35.00	DR. J	7,200	7,200	0	0	0	10.00
11.00	65.00	DR. K	11,048	808	10,240	211,500	65	11.00
200.00			12,320,175	11,828,477	491,698		2,213	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	30.00	DR. A	0	0	0	0	0	1.00
2.00	50.00	DR. B	13,031	652	0	0	0	2.00
3.00	59.00	DR. C	34,369	1,718	0	0	0	3.00
4.00	60.00	DR. D	46,428	2,321	0	0	0	4.00
5.00	54.01	DR. E	82,973	4,149	0	0	0	5.00
6.00	30.00	DR. F	4,079	204	0	0	0	6.00
7.00	91.00	DR. G	12,029	601	0	0	0	7.00
8.00	5.04	DR. H	0	0	0	0	0	8.00
9.00	52.00	DR. I	37,047	1,852	0	0	0	9.00
10.00	35.00	DR. J	0	0	0	0	0	10.00
11.00	65.00	DR. K	6,609	330	0	0	0	11.00
200.00			236,565	11,827	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	30.00	DR. A	0	0	0	4,661,296		1.00
2.00	50.00	DR. B	0	13,031	9,745	60,991		2.00
3.00	59.00	DR. C	0	34,369	39,851	39,851		3.00
4.00	60.00	DR. D	0	46,428	41,803	222,771		4.00
5.00	54.01	DR. E	0	82,973	136,168	746,809		5.00
6.00	30.00	DR. F	0	4,079	1,921	2,096		6.00
7.00	91.00	DR. G	0	12,029	7,050	5,559,900		7.00
8.00	5.04	DR. H	0	0	0	753,693		8.00
9.00	52.00	DR. I	0	37,047	14,964	24,564		9.00
10.00	35.00	DR. J	0	0	0	7,200		10.00
11.00	65.00	DR. K	0	6,609	3,631	4,439		11.00
200.00			0	236,565	255,133	12,083,610		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,056,945	10,056,945			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,163,171		14,163,171		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,954,590	19,506	1,583	20,975,679	4.00
5.01	00550	DATA PROCESSING	11,326,546	45,470	0	0	11,372,016
5.02	00560	PURCHASING RECEIVING AND STORES	264,874	90,102	0	78,408	99,201
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,505,316	76,218	0	275,528	216,438
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	29,305,322	2,364,962	564,367	1,979,122	622,259
6.00	00600	MAINTENANCE & REPAIRS	2,320,093	1,147,013	2,936	198,898	153,310
8.00	00800	LAUNDRY & LINEN SERVICE	1,405,740	24,134	0	22,538	0
9.00	00900	HOUSEKEEPING	2,852,207	82,520	11,509	646,411	54,110
10.00	01000	DIETARY	795,684	120,851	27,277	129,319	126,256
11.00	01100	CAFETERIA	1,035,504	129,532	602	293,833	0
13.00	01300	NURSING ADMINISTRATION	1,007,189	131,362	852,503	281,024	63,128
14.00	01400	CENTRAL SERVICES & SUPPLY	486,334	92,482	44,431	115,980	54,110
16.00	01600	MEDICAL RECORDS & LIBRARY	552,453	2,039	21,304	159,450	243,493
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,314,139	0	0	386,484	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,510,952	0	82	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,245,381	1,977,414	551,125	4,421,694	2,452,960
31.00	03100	INTENSIVE CARE UNIT	5,495,991	328,405	358,851	1,272,644	523,059
35.00	02060	NEONATAL INTENSIVE CARE UNIT	879,178	48,529	121,080	224,135	72,146
43.00	04300	NURSERY	165,592	23,846	69,537	0	27,055
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,517,484	901,232	4,297,938	1,520,981	1,235,501
50.01	05001	SAME DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	809,890	72,218	77,800	234,464	27,055
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,526,780	253,887	155,142	1,070,421	955,935
53.00	05300	ANESTHESIOLOGY	469,091	11,060	71,675	196,612	9,018
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,721,829	226,694	520,457	789,523	207,420
54.01	03480	ONCOLOGY	2,059,862	242,408	1,327,034	287,742	279,566
54.02	03440	MAMMOGRAPHY	1,257,045	0	441,482	240,827	315,639
56.00	05600	RADIOISOTOPE	1,893,278	46,803	57,178	132,451	63,128
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	704,614	55,928	468,855	98,882	18,037
59.00	05900	CARDIAC CATHETERIZATION	5,659,513	346,787	1,706,767	1,091,340	450,913
60.00	06000	LABORATORY	11,536,953	230,041	650,650	698,358	568,150
64.00	06400	INTRAVENOUS THERAPY	1,649,855	109,660	54,566	393,223	189,383
65.00	06500	RESPIRATORY THERAPY	1,729,429	41,103	159,469	423,796	90,183
66.00	06600	PHYSICAL THERAPY	3,749,105	40,894	61,777	881,119	550,113
69.00	06900	ELECTROCARDIOLOGY	9,455,146	167,053	884,670	336,830	198,402
70.00	07000	ELECTROENCEPHALOGRAPHY	162,108	6,354	48,207	35,219	45,091
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,350,655	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,080,202	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,379,518	101,502	187,471	931,988	333,675
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,390,851	0	6,092	104,324	423,858
91.00	09100	EMERGENCY	4,475,648	264,816	354,197	1,022,111	703,424
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	261,222,057	9,822,825	14,158,614	20,975,679	11,372,016
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,831	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	433,988	175,289	4,557	0	0
192.01	19201	FAMILY PRACTICE	0	0	0	0	0
192.02	19202	UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		TOTAL (sum lines 118 through 201)	261,656,045	10,056,945	14,163,171	20,975,679	11,372,016

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	532,585					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,016	5,074,516				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	144	0	34,836,176	34,836,176		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	3,822,250	587,040	4,409,290	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,452,412	223,069	16,854	8.00
9.00	00900	HOUSEKEEPING	136	0	3,646,893	560,108	57,629	9.00
10.00	01000	DIETARY	116	0	1,199,503	184,226	84,399	10.00
11.00	01100	CAFETERIA	263	0	1,459,734	224,193	90,461	11.00
13.00	01300	NURSING ADMINISTRATION	5	0	2,335,211	358,653	91,740	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	793,337	121,845	64,587	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10	0	978,749	150,321	1,424	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,700,623	261,190	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,511,034	232,072	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,463	215,498	28,943,535	4,445,293	1,380,970	30.00
31.00	03100	INTENSIVE CARE UNIT	38,713	42,715	8,060,378	1,237,953	229,349	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22	17,286	1,362,376	209,241	33,891	35.00
43.00	04300	NURSERY	6,180	12,287	304,497	46,766	16,653	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	161,553	674,863	19,309,552	2,965,658	629,395	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	480	50,695	1,272,602	195,453	50,435	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,059	113,854	7,102,078	1,090,773	177,307	52.00
53.00	05300	ANESTHESIOLOGY	14,968	108,366	880,790	135,276	7,724	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,576	563,570	6,046,069	928,586	158,317	54.00
54.01	03480	ONCOLOGY	121	220,333	4,417,066	678,395	169,291	54.01
54.02	03440	MAMMOGRAPHY	771	47,855	2,303,619	353,801	0	54.02
56.00	05600	RADIOISOTOPE	869	130,819	2,324,526	357,012	32,686	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,791	141,241	1,489,348	228,742	39,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	104,534	322,574	9,682,428	1,487,076	242,186	59.00
60.00	06000	LABORATORY	17,644	550,753	14,252,549	2,188,978	160,654	60.00
64.00	06400	INTRAVENOUS THERAPY	10,555	67,557	2,474,799	380,092	76,584	64.00
65.00	06500	RESPIRATORY THERAPY	8,179	64,251	2,516,410	386,483	28,705	65.00
66.00	06600	PHYSICAL THERAPY	840	94,258	5,378,106	825,996	28,559	66.00
69.00	06900	ELECTROCARDIOLOGY	1,222	228,794	11,272,117	1,731,228	116,665	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,357	5,489	303,825	46,663	4,437	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	268,445	13,619,100	2,091,689	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	151,814	13,232,016	2,032,239	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,380	748,183	41,693,717	6,403,574	70,886	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	314	4,806	1,930,245	296,457	0	88.00
91.00	09100	EMERGENCY	27,304	228,210	7,075,710	1,086,723	184,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	532,585	5,074,516	260,983,380	34,732,864	4,245,787	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,831	9,036	41,086	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	613,834	94,276	122,417	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	532,585	5,074,516	261,656,045	34,836,176	4,409,290	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part I
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,692,335					8.00
9.00	00900	HOUSEKEEPING	0	4,264,630				9.00
10.00	01000	DIETARY	0	83,033	1,551,161			10.00
11.00	01100	CAFETERIA	0	88,997	0	1,863,385		11.00
13.00	01300	NURSING ADMINISTRATION	0	90,254	0	16,874	2,892,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	63,541	0	24,106	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,401	0	28,927	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	48,212	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,370,822	1,358,615	1,256,469	515,868	1,249,739	30.00
31.00	03100	INTENSIVE CARE UNIT	259,806	225,636	238,133	120,529	289,723	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	61,707	33,342	56,559	24,106	57,481	35.00
43.00	04300	NURSERY	0	16,384	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	619,206	0	188,026	453,782	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	49,618	0	16,874	42,558	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	174,437	0	118,119	286,790	52.00
53.00	05300	ANESTHESIOLOGY	0	7,599	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	155,754	0	94,013	0	54.00
54.01	03480	ONCOLOGY	0	166,550	0	26,516	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	32,157	0	12,053	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	38,426	0	9,642	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	238,265	0	98,834	240,177	59.00
60.00	06000	LABORATORY	0	158,053	0	113,298	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	75,344	0	33,748	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	28,240	0	40,980	11,512	65.00
66.00	06600	PHYSICAL THERAPY	0	28,097	0	86,781	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	114,776	0	38,569	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,365	0	4,821	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	69,739	0	77,139	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	16,874	0	88.00
91.00	09100	EMERGENCY	0	181,946	0	108,476	260,970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,692,335	4,103,775	1,551,161	1,863,385	2,892,732	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,420	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	120,435	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,692,335	4,264,630	1,551,161	1,863,385	2,892,732	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			INTERNS & RESIDENTS					
			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES	PRGM COSTS	
			14.00	16.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	1,067,416					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,160,822				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		1,961,813		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			1,791,318	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,075	49,303	0	253,996	231,922	30.00
31.00	03100	INTENSIVE CARE UNIT	5,826	9,772	0	42,680	38,971	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,955	0	0	0	35.00
43.00	04300	NURSERY	0	2,811	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	312,347	154,398	0	57,532	52,532	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	11,598	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,773	26,048	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,690	24,792	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,279	128,936	0	22,631	20,664	54.00
54.01	03480	ONCOLOGY	1,128	50,409	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	5,169	10,948	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	29,929	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	32,314	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	665,308	73,800	0	0	0	59.00
60.00	06000	LABORATORY	9,924	126,003	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	520	15,456	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,026	14,700	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3	21,565	0	21,570	19,695	66.00
69.00	06900	ELECTROCARDIOLOGY	0	52,344	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	979	1,256	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	260	61,416	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,733	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36	171,025	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	786	1,100	0	221,429	202,185	88.00
91.00	09100	EMERGENCY	3,287	52,211	0	69,413	63,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,067,416	1,160,822	0	689,251	629,350	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	1,272,562	1,161,968	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,067,416	1,160,822	0	1,961,813	1,791,318	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part I
Date/Time Prepared:
8/29/2021 1:08 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
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	41,062,607	-485,918	40,576,689	30.00
31.00	03100	INTENSIVE CARE UNIT	10,758,756	-81,651	10,677,105	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,842,658	0	1,842,658	35.00
43.00	04300	NURSERY	387,111	0	387,111	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,742,428	-110,064	24,632,364	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,639,138	0	1,639,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,979,325	0	8,979,325	52.00
53.00	05300	ANESTHESIOLOGY	1,071,871	0	1,071,871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,579,249	-43,295	7,535,954	54.00
54.01	03480	ONCOLOGY	5,509,355	0	5,509,355	54.01
54.02	03440	MAMMOGRAPHY	2,673,537	0	2,673,537	54.02
56.00	05600	RADIOISOTOPE	2,788,363	0	2,788,363	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,837,531	0	1,837,531	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,728,074	0	12,728,074	59.00
60.00	06000	LABORATORY	17,009,459	0	17,009,459	60.00
64.00	06400	INTRAVENOUS THERAPY	3,056,543	0	3,056,543	64.00
65.00	06500	RESPIRATORY THERAPY	3,039,056	0	3,039,056	65.00
66.00	06600	PHYSICAL THERAPY	6,410,372	-41,265	6,369,107	66.00
69.00	06900	ELECTROCARDIOLOGY	13,325,699	0	13,325,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	366,346	0	366,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,772,465	0	15,772,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,298,988	0	15,298,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,486,116	0	48,486,116	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,669,076	-423,614	2,245,462	88.00
91.00	09100	EMERGENCY	9,087,057	-132,794	8,954,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	258,121,180	-1,318,601	256,802,579	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	149,373	0	149,373	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	950,962	0	950,962	192.00
192.01	19201	FAMILY PRACTICE	2,434,530	-2,434,530	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	192.02
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)	261,656,045	-3,753,131	257,902,914	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0164

Period:

From 04/01/2020

To 03/31/2021

Worksheet Non-CMS W

Date/Time Prepared:

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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	DATA PROCESSING	5	NUMBER OF PCS	5.01
5.02	PURCHASING RECEIVING AND STORES	6	PURCHASING SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	9	HOURS OF SERVICE	10.00
11.00	CAFETERIA	10	NUMBER OF FTES	11.00
13.00	NURSING ADMINISTRATION	11	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED REQS	14.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	16.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part II
Date/Time Prepared:
8/29/2021 1:08 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	19,506	1,583	21,089	4.00
5.01	00550	DATA PROCESSING	0	45,470	0	45,470	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	90,102	0	90,102	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	76,218	0	76,218	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,364,962	564,367	2,929,329	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,147,013	2,936	1,149,949	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,134	0	24,134	8.00
9.00	00900	HOUSEKEEPING	0	82,520	11,509	94,029	9.00
10.00	01000	DIETARY	0	120,851	27,277	148,128	10.00
11.00	01100	CAFETERIA	0	129,532	602	130,134	11.00
13.00	01300	NURSING ADMINISTRATION	0	131,362	852,503	983,865	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	92,482	44,431	136,913	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,039	21,304	23,343	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	82	82	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,977,414	551,125	2,528,539	30.00
31.00	03100	INTENSIVE CARE UNIT	0	328,405	358,851	687,256	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	48,529	121,080	169,609	35.00
43.00	04300	NURSERY	0	23,846	69,537	93,383	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	901,232	4,297,938	5,199,170	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	72,218	77,800	150,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	253,887	155,142	409,029	52.00
53.00	05300	ANESTHESIOLOGY	0	11,060	71,675	82,735	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	226,694	520,457	747,151	54.00
54.01	03480	ONCOLOGY	0	242,408	1,327,034	1,569,442	54.01
54.02	03440	MAMMOGRAPHY	0	0	441,482	441,482	54.02
56.00	05600	RADIOISOTOPE	0	46,803	57,178	103,981	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	55,928	468,855	524,783	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	346,787	1,706,767	2,053,554	59.00
60.00	06000	LABORATORY	0	230,041	650,650	880,691	60.00
64.00	06400	INTRAVENOUS THERAPY	0	109,660	54,566	164,226	64.00
65.00	06500	RESPIRATORY THERAPY	0	41,103	159,469	200,572	65.00
66.00	06600	PHYSICAL THERAPY	0	40,894	61,777	102,671	66.00
69.00	06900	ELECTROCARDIOLOGY	0	167,053	884,670	1,051,723	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,354	48,207	54,561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	101,502	187,471	288,973	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	6,092	6,092	88.00
91.00	09100	EMERGENCY	0	264,816	354,197	619,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,822,825	14,158,614	23,981,439	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,831	0	58,831	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	175,289	4,557	179,846	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	192.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,056,945	14,163,171	24,220,116	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part II
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	45,470					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	397	90,578				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	865	173	77,533			5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	2,488	24	0	2,933,833		5.04
6.00	00600	MAINTENANCE & REPAIRS	613	0	0	49,441	1,200,203	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	18,787	4,588	8.00
9.00	00900	HOUSEKEEPING	216	23	0	47,173	15,687	9.00
10.00	01000	DIETARY	505	20	0	15,516	22,973	10.00
11.00	01100	CAFETERIA	0	45	0	18,882	24,623	11.00
13.00	01300	NURSING ADMINISTRATION	252	1	0	30,206	24,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	216	0	0	10,262	17,580	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	974	2	0	12,660	388	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21,998	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	19,545	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,810	13,515	3,299	374,385	375,897	30.00
31.00	03100	INTENSIVE CARE UNIT	2,091	6,585	654	104,261	62,429	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	288	4	265	17,622	9,225	35.00
43.00	04300	NURSERY	108	1,051	188	3,939	4,533	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,940	27,469	10,333	249,769	171,321	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	108	82	776	16,461	13,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,822	4,432	1,743	91,865	48,263	52.00
53.00	05300	ANESTHESIOLOGY	36	2,546	1,659	11,393	2,102	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	829	2,819	8,629	78,206	43,094	54.00
54.01	03480	ONCOLOGY	1,118	21	3,373	57,135	46,081	54.01
54.02	03440	MAMMOGRAPHY	1,262	131	733	29,797	0	54.02
56.00	05600	RADIOISOTOPE	252	148	2,003	30,068	8,897	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	72	305	2,162	19,265	10,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,803	17,780	4,939	125,242	65,923	59.00
60.00	06000	LABORATORY	2,272	3,001	8,432	184,357	43,730	60.00
64.00	06400	INTRAVENOUS THERAPY	757	1,795	1,034	32,012	20,846	64.00
65.00	06500	RESPIRATORY THERAPY	361	1,391	984	32,550	7,814	65.00
66.00	06600	PHYSICAL THERAPY	2,200	143	1,443	69,566	7,774	66.00
69.00	06900	ELECTROCARDIOLOGY	793	208	3,503	145,805	31,756	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180	231	84	3,930	1,208	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,110	176,163	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,324	171,156	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,334	1,936	11,295	539,223	19,295	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,695	53	74	24,968	0	88.00
91.00	09100	EMERGENCY	2,813	4,644	3,494	91,524	50,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,470	90,578	77,533	2,925,132	1,155,698	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	761	11,183	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	7,940	33,322	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	45,470	90,578	77,533	2,933,833	1,200,203	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
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Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,532					8.00
9.00	00900	HOUSEKEEPING	0	157,779				9.00
10.00	01000	DIETARY	0	3,072	190,344			10.00
11.00	01100	CAFETERIA	0	3,293	0	177,273		11.00
13.00	01300	NURSING ADMINISTRATION	0	3,339	0	1,605	1,044,522	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,351	0	2,293	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52	0	2,752	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,587	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,502	50,263	154,182	49,075	451,263	30.00
31.00	03100	INTENSIVE CARE UNIT	7,297	8,348	29,222	11,467	104,614	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,733	1,234	6,940	2,293	20,755	35.00
43.00	04300	NURSERY	0	606	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	22,909	0	17,888	163,854	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,836	0	1,605	15,367	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,454	0	11,237	103,556	52.00
53.00	05300	ANESTHESIOLOGY	0	281	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,762	0	8,944	0	54.00
54.01	03480	ONCOLOGY	0	6,162	0	2,523	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	1,190	0	1,147	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,422	0	917	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,815	0	9,403	86,724	59.00
60.00	06000	LABORATORY	0	5,848	0	10,779	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,788	0	3,211	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,045	0	3,899	4,157	65.00
66.00	06600	PHYSICAL THERAPY	0	1,039	0	8,256	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,246	0	3,669	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	162	0	459	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	2,580	0	7,339	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	1,605	0	88.00
91.00	09100	EMERGENCY	0	6,731	0	10,320	94,232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,532	151,828	190,344	177,273	1,044,522	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,495	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,456	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	47,532	157,779	190,344	177,273	1,044,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part II
Date/Time Prepared:
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			8/29/2021 1:08 pm					
Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						14.00	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
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	169,732					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	40,331				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		22,387		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			24,214	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	966	1,697				30.00
31.00	03100	INTENSIVE CARE UNIT	926	336				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	136				35.00
43.00	04300	NURSERY	0	97				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,667	5,314				50.00
50.01	05001	SAME DAY SURGERY	0	0				50.01
51.00	05100	RECOVERY ROOM	0	399				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	600	896				52.00
53.00	05300	ANESTHESIOLOGY	2,495	853				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,861	4,438				54.00
54.01	03480	ONCOLOGY	179	1,735				54.01
54.02	03440	MAMMOGRAPHY	822	377				54.02
56.00	05600	RADIOISOTOPE	0	1,030				56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,112				58.00
59.00	05900	CARDIAC CATHETERIZATION	105,791	2,540				59.00
60.00	06000	LABORATORY	1,578	4,337				60.00
64.00	06400	INTRAVENOUS THERAPY	83	532				64.00
65.00	06500	RESPIRATORY THERAPY	1,912	506				65.00
66.00	06600	PHYSICAL THERAPY	1	742				66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,802				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156	43				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41	2,114				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,195				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6	6,265				73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	125	38				88.00
91.00	09100	EMERGENCY	523	1,797				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	169,732	40,331	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	FAMILY PRACTICE	0	0				192.01
192.02	19202	UNUSED SPACE	0	0				192.02
200.00		Cross Foot Adjustments			0	22,387	24,214	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	169,732	40,331	0	22,387	24,214	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet B
Part II
Date/Time Prepared:
8/29/2021 1:08 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
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,055,819	0	4,055,819	30.00
31.00	03100	INTENSIVE CARE UNIT	1,026,767	0	1,026,767	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	230,330	0	230,330	35.00
43.00	04300	NURSERY	103,905	0	103,905	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,924,165	0	5,924,165	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	200,616	0	200,616	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	682,974	0	682,974	52.00
53.00	05300	ANESTHESIOLOGY	104,298	0	104,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	904,528	0	904,528	54.00
54.01	03480	ONCOLOGY	1,688,059	0	1,688,059	54.01
54.02	03440	MAMMOGRAPHY	474,846	0	474,846	54.02
56.00	05600	RADIOISOTOPE	148,849	0	148,849	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	560,770	0	560,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,483,612	0	2,483,612	59.00
60.00	06000	LABORATORY	1,145,728	0	1,145,728	60.00
64.00	06400	INTRAVENOUS THERAPY	227,680	0	227,680	64.00
65.00	06500	RESPIRATORY THERAPY	255,618	0	255,618	65.00
66.00	06600	PHYSICAL THERAPY	194,722	0	194,722	66.00
69.00	06900	ELECTROCARDIOLOGY	1,243,844	0	1,243,844	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,049	0	61,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	182,428	0	182,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,675	0	174,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	879,184	0	879,184	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	34,755	0	34,755	88.00
91.00	09100	EMERGENCY	886,460	0	886,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,875,681	0	23,875,681	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,270	0	72,270	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	225,564	0	225,564	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	192.02
200.00		Cross Foot Adjustments	46,601	0	46,601	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,220,116	0	24,220,116	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet B-1

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	384,632					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,639,929				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	746	854	71,322,307			4.00
5.01	00550	DATA PROCESSING	1,739	0	0	1,261		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	3,446	0	266,607	11	13,334,853	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,915	0	936,862	24	25,445	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	90,449	304,432	6,729,488	69	3,599	5.04
6.00	00600	MAINTENANCE & REPAIRS	43,868	1,584	676,300	17	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	923	0	76,634	0	0	8.00
9.00	00900	HOUSEKEEPING	3,156	6,208	2,197,952	6	3,404	9.00
10.00	01000	DIETARY	4,622	14,714	439,715	14	2,901	10.00
11.00	01100	CAFETERIA	4,954	325	999,104	0	6,590	11.00
13.00	01300	NURSING ADMINISTRATION	5,024	459,859	955,549	7	117	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	23,967	394,359	6	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78	11,492	542,168	27	253	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,314,139	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	44	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,627	297,289	15,034,798	272	1,989,621	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	193,572	4,327,294	58	969,312	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	65,313	762,114	8	551	35.00
43.00	04300	NURSERY	912	37,510	0	3	154,733	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	2,318,403	5,171,699	137	4,044,894	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	41,967	797,232	3	12,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	83,687	3,639,687	106	652,467	52.00
53.00	05300	ANESTHESIOLOGY	423	38,663	668,528	1	374,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	280,746	2,684,567	23	415,038	54.00
54.01	03480	ONCOLOGY	9,271	715,832	978,390	31	3,026	54.01
54.02	03440	MAMMOGRAPHY	0	238,145	818,868	35	19,303	54.02
56.00	05600	RADIOISOTOPE	1,790	30,843	450,366	7	21,747	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	252,911	336,224	2	44,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	920,668	3,710,815	50	2,617,344	59.00
60.00	06000	LABORATORY	8,798	350,975	2,374,583	63	441,771	60.00
64.00	06400	INTRAVENOUS THERAPY	4,194	29,434	1,337,051	21	264,275	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	86,021	1,441,009	10	204,784	65.00
66.00	06600	PHYSICAL THERAPY	1,564	33,324	2,996,015	61	21,021	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	477,211	1,145,303	22	30,602	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	26,004	119,753	5	33,974	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	3,882	101,126	3,168,983	37	284,941	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	3,286	354,728	47	7,866	88.00
91.00	09100	EMERGENCY	10,128	191,062	3,475,423	78	683,638	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	375,678	7,637,471	71,322,307	1,261	13,334,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,250	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,704	2,458	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
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)	10,056,945	14,163,171	20,975,679	11,372,016	532,585	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.146927	1.853835	0.294097	9,018.252181	0.039939	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,089	45,470	90,578	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000296	36.058684	0.006793	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet B-1

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet B-1

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5.03	5A.04	5.04	6.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,109,896,346					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-34,836,176	226,819,869			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	3,822,250	241,469		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,452,412	923	35,077	8.00
9.00	00900	HOUSEKEEPING	0	0	3,646,893	3,156	0	9.00
10.00	01000	DIETARY	0	0	1,199,503	4,622	0	10.00
11.00	01100	CAFETERIA	0	0	1,459,734	4,954	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,335,211	5,024	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	793,337	3,537	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	978,749	78	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,700,623	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,511,034	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,134,323	0	28,943,535	75,627	28,413	30.00
31.00	03100	INTENSIVE CARE UNIT	9,342,724	0	8,060,378	12,560	5,385	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,780,904	0	1,362,376	1,856	1,279	35.00
43.00	04300	NURSERY	2,687,370	0	304,497	912	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	147,607,727	0	19,309,552	34,468	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	11,088,073	0	1,272,602	2,762	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,902,559	0	7,102,078	9,710	0	52.00
53.00	05300	ANESTHESIOLOGY	23,702,058	0	880,790	423	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,265,605	0	6,046,069	8,670	0	54.00
54.01	03480	ONCOLOGY	48,191,734	0	4,417,066	9,271	0	54.01
54.02	03440	MAMMOGRAPHY	10,466,924	0	2,303,619	0	0	54.02
56.00	05600	RADIOISOTOPE	28,613,045	0	2,324,526	1,790	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,892,624	0	1,489,348	2,139	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	70,554,259	0	9,682,428	13,263	0	59.00
60.00	06000	LABORATORY	120,462,219	0	14,252,549	8,798	0	60.00
64.00	06400	INTRAVENOUS THERAPY	14,776,241	0	2,474,799	4,194	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,053,122	0	2,516,410	1,572	0	65.00
66.00	06600	PHYSICAL THERAPY	20,616,277	0	5,378,106	1,564	0	66.00
69.00	06900	ELECTROCARDIOLOGY	50,042,514	0	11,272,117	6,389	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,200,614	0	303,825	243	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,714,912	0	13,619,100	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,205,112	0	13,232,016	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	163,629,630	0	41,693,717	3,882	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,051,165	0	1,930,245	0	0	88.00
91.00	09100	EMERGENCY	49,914,611	0	7,075,710	10,128	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,109,896,346	-34,836,176	226,147,204	232,515	35,077	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	58,831	2,250	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	613,834	6,704	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
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)	5,074,516		34,836,176	4,409,290	1,692,335	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004572		0.153585	18.260274	48.246287	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,533		2,933,833	1,200,203	47,532	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000070		0.012935	4.970423	1.355076	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: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet B-1

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (HOURS OF SERVICE)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	237,390					9.00
10.00	01000	DIETARY	4,622	105,231				10.00
11.00	01100	CAFETERIA	4,954	0	773			11.00
13.00	01300	NURSING ADMINISTRATION	5,024	0	7	1,027,993		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	0	10	0	13,350,089	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78	0	12	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	20	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,627	85,239	214	444,121	75,978	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	16,155	50	102,959	72,870	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	3,837	10	20,427	0	35.00
43.00	04300	NURSERY	912	0	0	0	6	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	0	78	161,261	3,906,489	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	0	7	15,124	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	0	49	101,917	47,188	52.00
53.00	05300	ANESTHESIOLOGY	423	0	0	0	196,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	0	39	0	303,660	54.00
54.01	03480	ONCOLOGY	9,271	0	11	0	14,103	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	64,643	54.02
56.00	05600	RADIOISOTOPE	1,790	0	5	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	0	4	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	0	41	85,352	8,320,968	59.00
60.00	06000	LABORATORY	8,798	0	47	0	124,121	60.00
64.00	06400	INTRAVENOUS THERAPY	4,194	0	14	0	6,499	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	0	17	4,091	150,406	65.00
66.00	06600	PHYSICAL THERAPY	1,564	0	36	0	43	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	0	16	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	0	2	0	12,250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,882	0	32	0	452	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	7	0	9,828	88.00
91.00	09100	EMERGENCY	10,128	0	45	92,741	41,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	228,436	105,231	773	1,027,993	13,350,089	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,250	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,704	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
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)	4,264,630	1,551,161	1,863,385	2,892,732	1,067,416	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.964657	14.740533	2,410.588616	2.813961	0.079956	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	157,779	190,344	177,273	1,044,522	169,732	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.664640	1.808821	229.331177	1.016079	0.012714	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: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet B-1

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			16.00	19.00	21.00	22.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY	1,109,896,346					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		55,480			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			55,480		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,134,323	0	7,183	7,183		30.00
31.00	03100	INTENSIVE CARE UNIT	9,342,724	0	1,207	1,207		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,780,904	0	0	0		35.00
43.00	04300	NURSERY	2,687,370	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	147,607,727	0	1,627	1,627		50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	11,088,073	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,902,559	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	23,702,058	100	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,265,605	0	640	640		54.00
54.01	03480	ONCOLOGY	48,191,734	0	0	0		54.01
54.02	03440	MAMMOGRAPHY	10,466,924	0	0	0		54.02
56.00	05600	RADIOISOTOPE	28,613,045	0	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,892,624	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	70,554,259	0	0	0		59.00
60.00	06000	LABORATORY	120,462,219	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	14,776,241	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	14,053,122	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	20,616,277	0	610	610		66.00
69.00	06900	ELECTROCARDIOLOGY	50,042,514	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,200,614	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,714,912	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,205,112	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	163,629,630	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,051,165	0	6,262	6,262		88.00
91.00	09100	EMERGENCY	49,914,611	0	1,963	1,963		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,109,896,346	100	19,492	19,492		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	FAMILY PRACTICE	0	0	35,988	35,988		192.01
192.02	19202	UNUSED SPACE	0	0	0	0		192.02
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)	1,160,822	0	1,961,813	1,791,318		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001046	0.000000	35.360725	32.287635		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	40,331	0	22,387	24,214		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000036	0.000000	0.403515	0.436446		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet B-1

Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	16.00	19.00	21.00	22.00		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet C
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,576,689		40,576,689	1,921	40,578,610	30.00
31.00	03100	INTENSIVE CARE UNIT	10,677,105		10,677,105	0	10,677,105	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,842,658		1,842,658	0	1,842,658	35.00
43.00	04300	NURSERY	387,111		387,111	0	387,111	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,632,364		24,632,364	9,745	24,642,109	50.00
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,639,138		1,639,138	0	1,639,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,979,325		8,979,325	14,964	8,994,289	52.00
53.00	05300	ANESTHESIOLOGY	1,071,871		1,071,871	0	1,071,871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,535,954		7,535,954	0	7,535,954	54.00
54.01	03480	ONCOLOGY	5,509,355		5,509,355	136,168	5,645,523	54.01
54.02	03440	MAMMOGRAPHY	2,673,537		2,673,537	0	2,673,537	54.02
56.00	05600	RADIOISOTOPE	2,788,363		2,788,363	0	2,788,363	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,837,531		1,837,531	0	1,837,531	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,728,074		12,728,074	39,851	12,767,925	59.00
60.00	06000	LABORATORY	17,009,459		17,009,459	41,803	17,051,262	60.00
64.00	06400	INTRAVENOUS THERAPY	3,056,543		3,056,543	0	3,056,543	64.00
65.00	06500	RESPIRATORY THERAPY	3,039,056	0	3,039,056	3,631	3,042,687	65.00
66.00	06600	PHYSICAL THERAPY	6,369,107	0	6,369,107	0	6,369,107	66.00
69.00	06900	ELECTROCARDIOLOGY	13,325,699		13,325,699	0	13,325,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	366,346		366,346	0	366,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,772,465		15,772,465	0	15,772,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,298,988		15,298,988	0	15,298,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,486,116		48,486,116	0	48,486,116	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,245,462		2,245,462	0	2,245,462	88.00
91.00	09100	EMERGENCY	8,954,263		8,954,263	7,050	8,961,313	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,186,078		5,186,078		5,186,078	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	261,988,657	0	261,988,657	255,133	262,243,790	200.00
201.00		Less Observation Beds	5,186,078		5,186,078		5,186,078	201.00
202.00		Total (see instructions)	256,802,579	0	256,802,579	255,133	257,057,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet C
Part I
Date/Time Prepared:
8/29/2021 1:08 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	37,642,274		37,642,274			30.00	
31.00	03100	INTENSIVE CARE UNIT	9,342,724		9,342,724			31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,780,904		3,780,904			35.00	
43.00	04300	NURSERY	2,687,370		2,687,370			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,203,031	68,462,001	144,665,032	0.170272	0.000000	50.00	
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	4,646,247	5,851,223	10,497,470	0.156146	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,445,571	2,455,224	24,900,795	0.360604	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	12,382,561	10,945,349	23,327,910	0.045948	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,783,802	83,369,382	121,153,184	0.062202	0.000000	54.00	
54.01	03480	ONCOLOGY	247,388	47,328,394	47,575,782	0.115802	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	4,126	10,160,188	10,164,314	0.263032	0.000000	54.02	
56.00	05600	RADIOISOTOPE	2,053,959	27,602,151	29,656,110	0.094023	0.000000	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,480,221	24,045,002	29,525,223	0.062236	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	26,323,123	43,676,153	69,999,276	0.181832	0.000000	59.00	
60.00	06000	LABORATORY	45,873,891	70,992,661	116,866,552	0.145546	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	47,813	14,637,620	14,685,433	0.208134	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	12,624,707	1,407,630	14,032,337	0.216575	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	7,824,283	12,117,057	19,941,340	0.319392	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	13,478,901	34,679,146	48,158,047	0.276708	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	625,598	564,478	1,190,076	0.307834	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,158,881	27,688,663	57,847,544	0.272656	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,305,859	14,465,264	32,771,123	0.466844	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	40,016,747	122,838,342	162,855,089	0.297726	0.000000	73.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	1,051,165	1,051,165			88.00	
91.00	09100	EMERGENCY	12,445,692	36,679,322	49,125,014	0.182275	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,352,793	7,751,305	9,104,098	0.569642	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	423,778,466	668,767,720	1,092,546,186			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	423,778,466	668,767,720	1,092,546,186			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet C
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.170339			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.156146			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.361205			52.00
53.00	05300	ANESTHESIOLOGY	0.045948			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.062202			54.00
54.01	03480	ONCOLOGY	0.118664			54.01
54.02	03440	MAMMOGRAPHY	0.263032			54.02
56.00	05600	RADIOISOTOPE	0.094023			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062236			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182401			59.00
60.00	06000	LABORATORY	0.145904			60.00
64.00	06400	INTRAVENOUS THERAPY	0.208134			64.00
65.00	06500	RESPIRATORY THERAPY	0.216834			65.00
66.00	06600	PHYSICAL THERAPY	0.319392			66.00
69.00	06900	ELECTROCARDIOLOGY	0.276708			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307834			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.272656			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466844			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.297726			73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
91.00	09100	EMERGENCY	0.182419			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.569642			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet C
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,576,689		40,576,689	1,921	40,578,610	30.00
31.00	03100	INTENSIVE CARE UNIT	10,677,105		10,677,105	0	10,677,105	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,842,658		1,842,658	0	1,842,658	35.00
43.00	04300	NURSERY	387,111		387,111	0	387,111	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,632,364		24,632,364	9,745	24,642,109	50.00
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,639,138		1,639,138	0	1,639,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,979,325		8,979,325	14,964	8,994,289	52.00
53.00	05300	ANESTHESIOLOGY	1,071,871		1,071,871	0	1,071,871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,535,954		7,535,954	0	7,535,954	54.00
54.01	03480	ONCOLOGY	5,509,355		5,509,355	136,168	5,645,523	54.01
54.02	03440	MAMMOGRAPHY	2,673,537		2,673,537	0	2,673,537	54.02
56.00	05600	RADIOISOTOPE	2,788,363		2,788,363	0	2,788,363	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,837,531		1,837,531	0	1,837,531	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,728,074		12,728,074	39,851	12,767,925	59.00
60.00	06000	LABORATORY	17,009,459		17,009,459	41,803	17,051,262	60.00
64.00	06400	INTRAVENOUS THERAPY	3,056,543		3,056,543	0	3,056,543	64.00
65.00	06500	RESPIRATORY THERAPY	3,039,056	0	3,039,056	3,631	3,042,687	65.00
66.00	06600	PHYSICAL THERAPY	6,369,107	0	6,369,107	0	6,369,107	66.00
69.00	06900	ELECTROCARDIOLOGY	13,325,699		13,325,699	0	13,325,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	366,346		366,346	0	366,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,772,465		15,772,465	0	15,772,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,298,988		15,298,988	0	15,298,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,486,116		48,486,116	0	48,486,116	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,245,462		2,245,462	0	2,245,462	88.00
91.00	09100	EMERGENCY	8,954,263		8,954,263	7,050	8,961,313	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,186,078		5,186,078		5,186,078	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	261,988,657	0	261,988,657	255,133	262,243,790	200.00
201.00		Less Observation Beds	5,186,078		5,186,078		5,186,078	201.00
202.00		Total (see instructions)	256,802,579	0	256,802,579	255,133	257,057,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet C
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,642,274		37,642,274			30.00
31.00	03100	INTENSIVE CARE UNIT	9,342,724		9,342,724			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,780,904		3,780,904			35.00
43.00	04300	NURSERY	2,687,370		2,687,370			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,203,031	68,462,001	144,665,032	0.170272	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,646,247	5,851,223	10,497,470	0.156146	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,445,571	2,455,224	24,900,795	0.360604	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,382,561	10,945,349	23,327,910	0.045948	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,783,802	83,369,382	121,153,184	0.062202	0.000000	54.00
54.01	03480	ONCOLOGY	247,388	47,328,394	47,575,782	0.115802	0.000000	54.01
54.02	03440	MAMMOGRAPHY	4,126	10,160,188	10,164,314	0.263032	0.000000	54.02
56.00	05600	RADIOISOTOPE	2,053,959	27,602,151	29,656,110	0.094023	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,480,221	24,045,002	29,525,223	0.062236	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,323,123	43,676,153	69,999,276	0.181832	0.000000	59.00
60.00	06000	LABORATORY	45,873,891	70,992,661	116,866,552	0.145546	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	47,813	14,637,620	14,685,433	0.208134	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,624,707	1,407,630	14,032,337	0.216575	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,824,283	12,117,057	19,941,340	0.319392	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	13,478,901	34,679,146	48,158,047	0.276708	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	625,598	564,478	1,190,076	0.307834	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,158,881	27,688,663	57,847,544	0.272656	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,305,859	14,465,264	32,771,123	0.466844	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,016,747	122,838,342	162,855,089	0.297726	0.000000	73.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,051,165	1,051,165	2.136165	0.000000	88.00
91.00	09100	EMERGENCY	12,445,692	36,679,322	49,125,014	0.182275	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,352,793	7,751,305	9,104,098	0.569642	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	423,778,466	668,767,720	1,092,546,186			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	423,778,466	668,767,720	1,092,546,186			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet C
Part I
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03480	ONCOLOGY	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet D
Part I
Date/Time Prepared:
8/29/2021 1:08 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	4,055,819	0	4,055,819	30,187	134.36	30.00
31.00	INTENSIVE CARE UNIT	1,026,767		1,026,767	5,385	190.67	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	230,330		230,330	1,279	180.09	35.00
43.00	NURSERY	103,905		103,905	3,270	31.78	43.00
200.00	Total (lines 30 through 199)	5,416,821		5,416,821	40,121		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	11,752	1,578,999				
31.00	INTENSIVE CARE UNIT	2,105	401,360				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	13,857	1,980,359				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet D
Part II
Date/Time Prepared:
8/29/2021 1:08 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	5,924,165	144,665,032	0.040951	38,733,436	1,586,173	50.00
50.01	05001	SAME DAY SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	200,616	10,497,470	0.019111	2,133,916	40,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	682,974	24,900,795	0.027428	18,550	509	52.00
53.00	05300	ANESTHESIOLOGY	104,298	23,327,910	0.004471	4,552,072	20,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	904,528	121,153,184	0.007466	15,505,448	115,764	54.00
54.01	03480	ONCOLOGY	1,688,059	47,575,782	0.035481	104,684	3,714	54.01
54.02	03440	MAMMOGRAPHY	474,846	10,164,314	0.046717	0	0	54.02
56.00	05600	RADIOISOTOPE	148,849	29,656,110	0.005019	995,239	4,995	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	560,770	29,525,223	0.018993	2,110,513	40,085	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,483,612	69,999,276	0.035481	6,326,818	224,482	59.00
60.00	06000	LABORATORY	1,145,728	116,866,552	0.009804	19,312,498	189,340	60.00
64.00	06400	INTRAVENOUS THERAPY	227,680	14,685,433	0.015504	22,587	350	64.00
65.00	06500	RESPIRATORY THERAPY	255,618	14,032,337	0.018216	5,834,468	106,281	65.00
66.00	06600	PHYSICAL THERAPY	194,722	19,941,340	0.009765	4,139,868	40,426	66.00
69.00	06900	ELECTROCARDIOLOGY	1,243,844	48,158,047	0.025828	6,308,976	162,948	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,049	1,190,076	0.051298	221,341	11,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	182,428	57,847,544	0.003154	14,030,948	44,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,675	32,771,123	0.005330	8,890,611	47,387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	879,184	162,855,089	0.005399	17,166,743	92,683	73.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	34,755	1,051,165	0.033063	0	0	88.00
91.00	09100	EMERGENCY	886,460	49,125,014	0.018045	5,080,451	91,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	518,348	9,104,098	0.056936	802,330	45,681	92.00
200.00		Total (lines 50 through 199)	18,977,208	1,039,092,914		152,291,497	2,869,236	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0164		Period: From 04/01/2020 To 03/31/2021		Worksheet D Part III Date/Time Prepared: 8/29/2021 1:08 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	30,187	0.00	11,752	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	5,385	0.00	2,105	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	1,279	0.00	0	35.00		
43.00	04300	NURSERY		0	3,270	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	40,121		13,857	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
					9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0						35.00
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30 through 199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet D
Part IV
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03480	ONCOLOGY	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet D
Part IV
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	144,665,032	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	10,497,470	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,900,795	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	23,327,910	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	121,153,184	0.000000	54.00
54.01	03480	ONCOLOGY	0	0	0	47,575,782	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	10,164,314	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	29,656,110	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	29,525,223	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	69,999,276	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	116,866,552	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	14,685,433	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,032,337	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,941,340	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	48,158,047	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,190,076	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,847,544	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,771,123	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162,855,089	0.000000	73.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	1,051,165	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	49,125,014	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,104,098	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,039,092,914		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet D
Part IV
Date/Time Prepared:
8/29/2021 1:08 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	38,733,436	0	25,847,235	0	50.00	
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	2,133,916	0	4,705,131	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	18,550	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	4,552,072	0	3,190,218	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	15,505,448	0	23,981,937	0	54.00	
54.01	03480	ONCOLOGY	0.000000	104,684	0	20,239,541	0	54.01	
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	54.02	
56.00	05600	RADIOISOTOPE	0.000000	995,239	0	14,008,560	0	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,110,513	0	7,093,209	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,326,818	0	16,853,853	0	59.00	
60.00	06000	LABORATORY	0.000000	19,312,498	0	14,164,779	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	22,587	0	6,309,101	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	5,834,468	0	544,955	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	4,139,868	0	89,162	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,308,976	0	7,541,139	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	221,341	0	103,312	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	14,030,948	0	11,237,843	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,890,611	0	7,455,565	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	17,166,743	0	57,017,997	0	73.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
91.00	09100	EMERGENCY	0.000000	5,080,451	0	7,555,528	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	802,330	0	2,915,733	0	92.00	
200.00		Total (lines 50 through 199)		152,291,497	0	230,854,798	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0164		Period: From 04/01/2020 To 03/31/2021	Worksheet D Part IV Date/Time Prepared: 8/29/2021 1:08 pm
			Title XVIII		Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
50.01	05001	SAME DAY SURGERY	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03480	ONCOLOGY	0	0	54.01	
54.02	03440	MAMMOGRAPHY	0	0	54.02	
56.00	05600	RADIOISOTOPE	0	0	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	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	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet D
Part V
Date/Time Prepared:
8/29/2021 1:08 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	0.170272	25,847,235	0	0	4,401,060	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.156146	4,705,131	0	0	734,687	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360604	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.045948	3,190,218	0	0	146,584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.062202	23,981,937	0	0	1,491,724	54.00
54.01	03480	ONCOLOGY	0.115802	20,239,541	0	0	2,343,779	54.01
54.02	03440	MAMMOGRAPHY	0.263032	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.094023	14,008,560	0	0	1,317,127	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062236	7,093,209	0	0	441,453	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.181832	16,853,853	0	0	3,064,570	59.00
60.00	06000	LABORATORY	0.145546	14,164,779	24,100	0	2,061,627	60.00
64.00	06400	INTRAVENOUS THERAPY	0.208134	6,309,101	0	0	1,313,138	64.00
65.00	06500	RESPIRATORY THERAPY	0.216575	544,955	0	0	118,024	65.00
66.00	06600	PHYSICAL THERAPY	0.319392	89,162	0	0	28,478	66.00
69.00	06900	ELECTROCARDIOLOGY	0.276708	7,541,139	0	0	2,086,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307834	103,312	0	0	31,803	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.272656	11,237,843	0	0	3,064,065	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466844	7,455,565	0	0	3,480,586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.297726	57,017,997	0	64,535	16,975,740	73.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
91.00	09100	EMERGENCY	0.182275	7,555,528	0	0	1,377,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.569642	2,915,733	0	0	1,660,924	92.00
200.00		Subtotal (see instructions)		230,854,798	24,100	64,535	46,139,246	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		230,854,798	24,100	64,535	46,139,246	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0164		Period: From 04/01/2020 To 03/31/2021		Worksheet D Part V Date/Time Prepared: 8/29/2021 1:08 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	SAME DAY SURGERY	0	0					50.01
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03480	ONCOLOGY	0	0					54.01
54.02	03440	MAMMOGRAPHY	0	0					54.02
56.00	05600	RADIOISOTOPE	0	0					56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	3,508	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
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,214					73.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	3,508	19,214					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	3,508	19,214					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet D-1 Date/Time Prepared: 8/29/2021 1:08 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)			30,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			30,187	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)			26,329	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)			11,752	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)			40,578,610	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)			40,578,610	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)			40,578,610	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)			1,344.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			15,797,508	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)			15,797,508	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet D-1

Date/Time Prepared:
8/29/2021 1:08 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,677,105	5,385	1,982.75	2,105	4,173,689
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	1,842,658	1,279	1,440.70	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,197,363
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,168,560
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,980,359
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,869,236
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,849,595
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,318,965
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					3,858
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,344.24
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,186,078

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet D-1

Date/Time Prepared:
8/29/2021 1:08 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	4,055,819	40,578,610	0.099950	5,186,078	518,348	90.00
91.00	Nursing School cost	0	40,578,610	0.000000	5,186,078	0	91.00
92.00	Allied health cost	0	40,578,610	0.000000	5,186,078	0	92.00
93.00	All other Medical Education	0	40,578,610	0.000000	5,186,078	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet D-3 Date/Time Prepared: 8/29/2021 1:08 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		15,269,605		30.00
31.00	03100	INTENSIVE CARE UNIT		3,466,125		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.170339	38,733,436	6,597,815	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.156146	2,133,916	333,202	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.361205	18,550	6,700	52.00
53.00	05300	ANESTHESIOLOGY	0.045948	4,552,072	209,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.062202	15,505,448	964,470	54.00
54.01	03480	ONCOLOGY	0.118664	104,684	12,422	54.01
54.02	03440	MAMMOGRAPHY	0.263032	0	0	54.02
56.00	05600	RADIOISOTOPE	0.094023	995,239	93,575	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062236	2,110,513	131,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182401	6,326,818	1,154,018	59.00
60.00	06000	LABORATORY	0.145904	19,312,498	2,817,771	60.00
64.00	06400	INTRAVENOUS THERAPY	0.208134	22,587	4,701	64.00
65.00	06500	RESPIRATORY THERAPY	0.216834	5,834,468	1,265,111	65.00
66.00	06600	PHYSICAL THERAPY	0.319392	4,139,868	1,322,241	66.00
69.00	06900	ELECTROCARDIOLOGY	0.276708	6,308,976	1,745,744	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307834	221,341	68,136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.272656	14,030,948	3,825,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466844	8,890,611	4,150,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.297726	17,166,743	5,110,986	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.182419	5,080,451	926,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.569642	802,330	457,041	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		152,291,497	31,197,363	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)		152,291,497		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet E Part A Date/Time Prepared: 8/29/2021 1:08 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)		14,811,166	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		16,443,396	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)		951,461	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		585,074	2.04
3.00	Managed Care Simulated Payments		7,227,140	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		172.14	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)		5.17	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		5.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.39	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)		5.17	12.00
13.00	Total allowable FTE count for the prior year.		5.17	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.		5.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.17	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		5.17	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.030034	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.031939	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030034	21.00
22.00	IME payment adjustment (see instructions)		508,731	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		117,636	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).		7.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		12.22	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)		7.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.040665	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010741	27.00
28.00	IME add-on adjustment amount (see instructions)		335,705	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		77,627	28.01
29.00	Total IME payment (sum of lines 22 and 28)		844,436	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		195,263	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.42	31.00
32.00	Sum of lines 30 and 31		35.84	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.78	33.00
34.00	Disproportionate share adjustment (see instructions)		1,467,402	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet E Part A Date/Time Prepared: 8/29/2021 1:08 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,701,013	2,005,222		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	850,507	999,864		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,850,371			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	36,953,306			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)		37,148,569	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,879,964	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).		353,651	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		0	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		40,382,184	59.00	
60.00	Primary payer payments		7,769	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,374,415	61.00	
62.00	Deductibles billed to program beneficiaries		3,058,525	62.00	
63.00	Coinsurance billed to program beneficiaries		69,562	63.00	
64.00	Allowable bad debts (see instructions)		1,310,119	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		851,577	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		829,247	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,097,905	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)		-80,111	70.93	
70.94	HRR adjustment amount (see instructions)		-562,804	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet E Part A Date/Time Prepared: 8/29/2021 1:08 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,454,990	71.00	
71.01	Sequestration adjustment (see instructions)		59,928	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		36,927,526	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		467,536	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		371,980	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet DSH

Date/Time Prepared:
8/29/2021 1:08 pm

		Title XVIII		Hospital		PPS	
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.42	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	30.42	0.00			30.42	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	35.84	0.00			30.42	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	172.14	0.00			172.14	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	18.78	0.00			14.31	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.42	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,491	0			1,491	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	73	0			73	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	9,054	0			9,054	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,047	0			1,047	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	11,665	0			11,665	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	36,263	0			36,263	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,084	0			2,084	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	38,347	0			38,347	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	30.42	0.00			30.42	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 14-0164		Period: From 04/01/2020 To 03/31/2021		Worksheet DSH Date/Time Prepared: 8/29/2021 1:08 pm	
			Title XVIII		Hospital		PPS	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	18.78		0.00	True	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00	
30.00	Line 28 or 29 as applicable		18.78		0.00		30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		18.78		0.00		31.00	
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00	
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00	
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00	
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00	
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00	

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet DSH Date/Time Prepared: 8/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	14.31	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00	
30.00	Line 28 or 29 as applicable	14.31	30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	14.31	31.00	

Health Financial Systems		MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet E Part B Date/Time Prepared: 8/29/2021 1:08 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		22,722	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		46,139,246	2.00	
3.00	OPPS payments		39,141,016	3.00	
4.00	Outlier payment (see instructions)		411,524	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.872	5.00	
6.00	Line 2 times line 5		40,233,423	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		98.31	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,722	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		88,635	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)		88,635	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)		88,635	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		65,913	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)		22,722	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)		39,552,540	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)		6,589,569	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)		32,985,693	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		320,153	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)		33,305,846	30.00	
31.00	Primary payer payments		382	31.00	
32.00	Subtotal (line 30 minus line 31)		33,305,464	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		1,649,279	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		1,072,031	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,004,178	36.00	
37.00	Subtotal (see instructions)		34,377,495	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		34,377,495	40.00	
40.01	Sequestration adjustment (see instructions)		55,004	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03	
41.00	Interim payments		34,268,473	41.00	
41.01	Interim payments-PARHM		0	41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00	
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01	
43.00	Balance due provider/program (see instructions)		54,018	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet E
Part B
Date/Time Prepared:
8/29/2021 1:08 pm

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 Override of Ancillary service charges (line 12)

0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet E-1
Part I
Date/Time Prepared:
8/29/2021 1:08 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		36,627,366		34,182,022	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02		12/30/2020	300,160	12/30/2020	86,451	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)		300,160		86,451	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)		36,927,526		34,268,473	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		467,536		54,018	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		37,395,062		34,322,491	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: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet E-1 Part II Date/Time Prepared: 8/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0164		Period: From 04/01/2020 To 03/31/2021		Worksheet E-4 Date/Time Prepared: 8/29/2021 1:08 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.					15.80	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)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					15.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					17.39	6.00
7.00	Enter the lesser of line 5 or line 6					15.80	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.	15.80		0.00		15.80	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.	14.36		0.00		14.36	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	14.36		0.00			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.80		0.00			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	15.79		0.00			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	15.32		0.00			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	15.32		0.00			17.00
18.00	Per resident amount	88,989.60		0.00			18.00
19.00	Approved amount for resident costs	1,363,321		0		1,363,321	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)					1.59	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)					1,363,321	25.00
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						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)	13,880		2,616		987	26.00
27.00	Total Inpatient Days (see instructions)	35,077		35,077		35,077	27.00
28.00	Ratio of inpatient days to total inpatient days	0.395701		0.074579		0.028138	28.00
29.00	Program direct GME amount	539,467		101,675		38,361	29.00
29.01	Percent reduction for MA DGME			4.07		4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage			4,138		1,561	30.00
31.00	Net Program direct GME amount					673,804	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet E-4 Date/Time Prepared: 8/29/2021 1:08 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		51,168,560		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)		7,769		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		51,160,791		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		46,315,148		42.00
43.00	Primary payer payments (see instructions)		425		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		46,314,723		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		97,475,514		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.524858		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.475142		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		673,804		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		353,651		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		320,153		50.00

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

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet G

Date/Time Prepared:
8/29/2021 1:08 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	7,422,179	0	22,544	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	193,104,896	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-143,014,163	0	0	0	6.00
7.00	Inventory	11,956,102	0	0	0	7.00
8.00	Prepaid expenses	841,690	0	0	0	8.00
9.00	Other current assets	390,525	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)	70,701,229	0	22,544	0	11.00
FIXED ASSETS						
12.00	Land	10,414,531	0	0	0	12.00
13.00	Land improvements	7,777,932	0	0	0	13.00
14.00	Accumulated depreciation	-4,556,455	0	0	0	14.00
15.00	Buildings	226,726,997	0	0	0	15.00
16.00	Accumulated depreciation	-105,813,332	0	0	0	16.00
17.00	Leasehold improvements	140,233	0	0	0	17.00
18.00	Accumulated depreciation	-132,765	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	637,734	0	0	0	21.00
22.00	Accumulated depreciation	-544,078	0	0	0	22.00
23.00	Major movable equipment	86,396,613	0	0	0	23.00
24.00	Accumulated depreciation	-57,151,175	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	163,896,235	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,094,197	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	270,852	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,365,049	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	238,962,513	0	22,544	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,827,837	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	9,530,728	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,008,850	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	47,157,948	0	0	0	43.00
44.00	Other current liabilities	2,798,015	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	73,323,378	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	139,376,206	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	8,647,898	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	148,024,104	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	221,347,482	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	17,615,031	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	22,544	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	17,615,031	0	22,544	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	238,962,513	0	22,544	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet G-1

Date/Time Prepared:
8/29/2021 1:08 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		47,330,624		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-29,715,384				2.00
3.00	Total (sum of line 1 and line 2)		17,615,240		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	RESTRICTED GRANTS	0		0		919,150	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)		17,615,240		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	ROUNDING	209		0		0	14.00
15.00		0		0		0	15.00
16.00	GRANT TRANSACTIONS	0		0		917,131	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		209		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		17,615,031		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	20,525		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)	20,525		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	RESTRICTED GRANTS		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)	919,150		0			10.00
11.00	Subtotal (line 3 plus line 10)	939,675		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00	ROUNDING		0				14.00
15.00			0				15.00
16.00	GRANT TRANSACTIONS		0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	917,131		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	22,544		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
8/29/2021 1:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	42,778,505		42,778,505	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,778,505		42,778,505	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,342,724		9,342,724	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	NEONATAL INTENSIVE CARE UNIT	3,780,904		3,780,904	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,123,628		13,123,628	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	55,902,133		55,902,133	17.00
18.00	Ancillary services	369,906,627	683,036,421	1,052,943,048	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	1,051,165	1,051,165	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	425,808,760	684,087,586	1,109,896,346	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		260,841,206		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		260,841,206		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2020
To 03/31/2021

Worksheet G-3

Date/Time Prepared:
8/29/2021 1:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,109,896,346	1.00
2.00	Less contractual allowances and discounts on patients' accounts	789,059,342	2.00
3.00	Net patient revenues (line 1 minus line 2)	320,837,004	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	260,841,206	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,995,798	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	859,866	6.00
7.00	Income from investments	4,240,525	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	31,295	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	820,277	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	732	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	47,798	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	11,559	21.00
22.00	Rental of hospital space	2,701,915	22.00
23.00	Governmental appropriations	692,624	23.00
24.00	DEPARTMENTAL, MISC, ASSET TR	1,457,277	24.00
24.50	COVID-19 PHE Funding	23,672,646	24.50
25.00	Total other income (sum of lines 6-24)	34,536,514	25.00
26.00	Total (line 5 plus line 25)	94,532,312	26.00
27.00	CORP ALLOC, CONTR, LOSS ON EQ	124,247,696	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	124,247,696	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-29,715,384	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet L Parts I-III Date/Time Prepared: 8/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,381,792	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		232,364	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)		96.10	3.00
4.00	Number of interns & residents (see instructions)		12.17	4.00
5.00	Indirect medical education percentage (see instructions)		3.63	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)		86,459	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.42	8.00
9.00	Sum of lines 7 and 8		35.84	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.53	10.00
11.00	Disproportionate share adjustment (see instructions)		179,349	11.00
12.00	Total prospective capital payments (see instructions)		2,879,964	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2020
To 03/31/2021Date/Time Prepared:
8/29/2021 1:08 pm

		RHC I		Cost		
	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS						
1.00 Physician	0	0	0	0	0	1.00
2.00 Physician Assistant	0	0	0	0	0	2.00
3.00 Nurse Practitioner	0	0	0	0	0	3.00
4.00 Visiting Nurse	113,085	0	113,085	0	113,085	4.00
5.00 Other Nurse	0	0	0	0	0	5.00
6.00 Clinical Psychologist	0	0	0	0	0	6.00
7.00 Clinical Social Worker	0	0	0	0	0	7.00
8.00 Laboratory Technician	0	0	0	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00 Subtotal (sum of lines 1 through 9)	113,085	0	113,085	0	113,085	10.00
11.00 Physician Services Under Agreement	402,179	0	402,179	0	402,179	11.00
12.00 Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00 Other Costs Under Agreement	234,410	0	234,410	0	234,410	13.00
14.00 Subtotal (sum of lines 11 through 13)	636,589	0	636,589	0	636,589	14.00
15.00 Medical Supplies	0	79,755	79,755	-9,828	69,927	15.00
16.00 Transportation (Health Care Staff)	0	1,294	1,294	0	1,294	16.00
17.00 Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00 Professional Liability Insurance	0	0	0	0	0	18.00
19.00 Other Health Care Costs	0	0	0	0	0	19.00
20.00 Allowable GME Costs	0	0	0	0	0	20.00
21.00 Subtotal (sum of lines 15 through 20)	0	81,049	81,049	-9,828	71,221	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	749,674	81,049	830,723	-9,828	820,895	22.00
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00 Pharmacy	0	0	0	0	0	23.00
24.00 Dental	0	0	0	0	0	24.00
25.00 Optometry	0	0	0	0	0	25.00
25.01 Telehealth	132,626	0	132,626	0	132,626	25.01
25.02 Chronic Care Management	0	0	0	0	0	25.02
26.00 All other nonreimbursable costs	0	0	0	0	0	26.00
27.00 Nonallowable GME costs	0	0	0	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	132,626	0	132,626	0	132,626	28.00
FACILITY OVERHEAD						
29.00 Facility Costs	0	183,480	183,480	0	183,480	29.00
30.00 Administrative Costs	241,643	13,228	254,871	0	254,871	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	241,643	196,708	438,351	0	438,351	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	1,123,943	277,757	1,401,700	-9,828	1,391,872	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2020
To 03/31/2021Date/Time Prepared:
8/29/2021 1:08 pm

				RHC I	Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	0	0	1.00	
2.00	Physician Assistant	0	0	2.00	
3.00	Nurse Practitioner	0	0	3.00	
4.00	Visiting Nurse	0	113,085	4.00	
5.00	Other Nurse	0	0	5.00	
6.00	Clinical Psychologist	0	0	6.00	
7.00	Clinical Social Worker	0	0	7.00	
8.00	Laboratory Technician	0	0	8.00	
9.00	Other Facility Health Care Staff Costs	0	0	9.00	
10.00	Subtotal (sum of lines 1 through 9)	0	113,085	10.00	
11.00	Physician Services Under Agreement	0	402,179	11.00	
12.00	Physician Supervision Under Agreement	0	0	12.00	
13.00	Other Costs Under Agreement	0	234,410	13.00	
14.00	Subtotal (sum of lines 11 through 13)	0	636,589	14.00	
15.00	Medical Supplies	0	69,927	15.00	
16.00	Transportation (Health Care Staff)	0	1,294	16.00	
17.00	Depreciation-Medical Equipment	0	0	17.00	
18.00	Professional Liability Insurance	0	0	18.00	
19.00	Other Health Care Costs	0	0	19.00	
20.00	Allowable GME Costs			20.00	
21.00	Subtotal (sum of lines 15 through 20)	0	71,221	21.00	
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	820,895	22.00	
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0	23.00	
24.00	Dental	0	0	24.00	
25.00	Optometry	0	0	25.00	
25.01	Telehealth	0	132,626	25.01	
25.02	Chronic Care Management	0	0	25.02	
26.00	All other nonreimbursable costs	0	0	26.00	
27.00	Nonallowable GME costs			27.00	
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	132,626	28.00	
FACILITY OVERHEAD					
29.00	Facility Costs	0	183,480	29.00	
30.00	Administrative Costs	-1,021	253,850	30.00	
31.00	Total Facility Overhead (sum of lines 29 and 30)	-1,021	437,330	31.00	
32.00	Total facility costs (sum of lines 22, 28 and 31)	-1,021	1,390,851	32.00	

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0164

Period:

Worksheet M-2

Component CCN: 14-3454

From 04/01/2020
To 03/31/2021Date/Time Prepared:
8/29/2021 1:08 pm

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.00	0	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.00	0		0	0	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.00	0			0	8.00
9.00	Physician Services Under Agreements		5,704			5,704	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					820,895	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					132,626	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					953,521	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.860909	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					437,330	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					854,611	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,291,941	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,291,941	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,112,244	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,933,139	20.00

Health Financial Systems		MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0164	Period: From 04/01/2020 To 03/31/2021	Worksheet M-3	
		Component CCN: 14-3454		Date/Time Prepared: 8/29/2021 1:08 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			1,933,139	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			84,436	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			1,848,703	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			0	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			5,704	5.00
6.00	Total adjusted visits (line 4 plus line 5)			5,704	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			324.11	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		86.31	87.52	8.00
9.00	Rate for Program covered visits (see instructions)		86.31	87.52	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		1,286	482	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		110,995	42,185	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	153,180	16.00
16.01	Total program charges (see instructions)(from contractor's records)			221,103	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			6,233	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			4,318	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			92,919	16.04
16.05	Total program cost (see instructions)		0	97,237	16.05
17.00	Primary payer amounts			43	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			32,713	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			37,656	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			97,194	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			36,161	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			133,355	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			133,355	26.00
26.01	Sequestration adjustment (see instructions)			213	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			95,369	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			37,773	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2020 To 03/31/2021	Worksheet M-4 Date/Time Prepared: 8/29/2021 1:08 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		113,085	113,085	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.002291	0.016658	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		259	1,884	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		23,443	10,269	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		23,702	12,153	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		820,895	820,895	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,112,244	1,112,244	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.028873	0.014805	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		32,114	16,467	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		55,816	28,620	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		48	349	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		1,162.83	82.01	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		22	129	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		25,582	10,579	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			84,436	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			36,161	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2020 To 03/31/2021	Worksheet M-5 Date/Time Prepared: 8/29/2021 1:08 pm	
		RHC I	Cost		
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		95,369	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			0		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		95,369		4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01			0		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50			0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		37,773		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		133,142		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00