

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 14-0166

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

Worksheet S
Parts I-III
Date/Time Prepared:
11/30/2021 9:09 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/30/2021	Time: 9:09 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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 ST MARYS HOSPITAL (14-0166) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(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	204,865	79,007	0	0	1.00
2.00	Subprovider - IPF	0	70,608	0		0	2.00
3.00	Subprovider - IRF	0	1,428	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	276,901	79,007	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: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:09 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1800 EAST LAKE SHORE DRIVE			PO Box:				1.00	
2.00	City: DECATUR			State: IL		Zip Code: 62521		County: MACON 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST MARYS HOSPITAL	140166	19500	1	07/01/1966	N
4.00	Subprovider - IPF			PSYCHIATRY UNIT	14S166	19500	4	07/01/2011	N
5.00	Subprovider - IRF			REHABILITATION UNIT	14T166	19500	5	07/01/2008	N
6.00	Subprovider - (Other)								N
7.00	Swing Beds - SNF			SWING BED UNIT	14U166	19500		12/02/2020	N
8.00	Swing Beds - NF								P
9.00	Hospital-Based SNF								N
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	
							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	N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:09 am	
		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.	1,230	371	0	5	5,931	132	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	45	45	0	0	97		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	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:09 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/30/2021 9:09 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:09 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:09 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
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.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			618,419	4,760,581	2,984,439	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:09 am	
			1.00			2.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y				140.00
			1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEM		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			141.00
142.00	Street: STREET: 4936 LAVERNA ROAD		PO Box:					142.00
143.00	City: SPRINGFIELD		State: IL		Zip Code: 62794			143.00
								1.00
144.00	Are provider based physicians' costs included in Worksheet A?			Y				144.00
			1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
								1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00
			Part A	Part B	Title V	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		155.00
156.00	Subprovider - IPF		N	N	N	N		156.00
157.00	Subprovider - IRF		N	N	N	N		157.00
158.00	SUBPROVIDER							158.00
159.00	SNF		N	N	N	N		159.00
160.00	HOME HEALTH AGENCY		N	N	N	N		160.00
161.00	CMHC			N	N	N		161.00
								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)			9.99				169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:09 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:09 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
					4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/15/2020	Y	10/15/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 9:09 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/30/2021 9:09 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	118	43,070	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)		118	43,070	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,745	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		131	47,815	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	56	20,440		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		207				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:09 am

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)	7,856	814	19,461		1.00
2.00	HMO and other (see instructions)	2,429	6,307			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	186	142			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)	7,856	814	19,461		7.00
8.00	INTENSIVE CARE UNIT	1,533	185	3,297		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		231	1,361		13.00
14.00	Total (see instructions)	9,389	1,230	24,119	0.05	578.56
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	2,533	0	3,547	0.00	14.83
17.00	SUBPROVIDER - IRF	1,391	45	2,141	0.00	11.15
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.05	604.54
28.00	Observation Bed Days		540	2,701		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			345		30.00
31.00	Employee discount days - IRF			55		31.00
32.00	Labor & delivery days (see instructions)	0	132	197		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,928	216	4,696	1.00
2.00 HMO and other (see instructions)			507	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,928	216	4,696	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	137	2	198	16.00
17.00 SUBPROVIDER - IRF	0.00	0	101	3	149	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:09 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	43,835,680	7,783	43,843,463	1,257,473.02	34.87 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		3,113,455	0	3,113,455	29,143.44	106.83 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		3,393,592	45,320	3,438,912	132,518.97	25.95 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,202,674	0	4,202,674	77,928.60	53.93 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		2,836,238	0	2,836,238	18,591.83	152.55 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		9,014,608	0	9,014,608	234,257.31	38.48 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		29,139,238	0	29,139,238		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,219,314	0	4,219,314		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		2,061,774	0	2,061,774		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,470,250	0	3,470,250		
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: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:09 am

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	5,714	0	5,714	160.00	35.71	26.00
27.00	Administrative & General	5.00	4,340,140	-391,505	3,948,635	108,484.76	36.40	27.00
28.00	Administrative & General under contract (see inst.)		358,821	0	358,821	2,040.59	175.84	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,052,029	9,099	1,061,128	39,240.51	27.04	30.00
31.00	Laundry & Linen Service	8.00	25,435	0	25,435	1,602.75	15.87	31.00
32.00	Housekeeping	9.00	889,173	0	889,173	57,802.19	15.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	777,882	-210,364	567,518	33,740.69	16.82	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	210,364	210,364	12,939.00	16.26	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,043,904	17,426	1,061,330	26,686.28	39.77	38.00
39.00	Central Services and Supply	14.00	422,798	10,537	433,335	20,993.70	20.64	39.00
40.00	Pharmacy	15.00	2,051,090	0	2,051,090	42,564.53	48.19	40.00
41.00	Medical Records & Medical Records Library	16.00	-7,783	7,783	0	0.00	0.00	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: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 9:09 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,081,046	7,783	41,088,829	1,230,370.17	33.40	1.00
2.00	Excluded area salaries (see instructions)	3,393,592	45,320	3,438,912	132,518.97	25.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,687,454	-37,537	37,649,917	1,097,851.20	34.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,053,520	0	16,053,520	330,777.74	48.53	4.00
5.00	Subtotal wage-related costs (see inst.)	32,609,488	0	32,609,488	0.00	86.61	5.00
6.00	Total (sum of lines 3 thru 5)	86,350,462	-37,537	86,312,925	1,428,628.94	60.42	6.00
7.00	Total overhead cost (see instructions)	10,959,203	-346,660	10,612,543	346,255.00	30.65	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/30/2021 9:09 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	259,143	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)	24,364,016	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)	6,867,410	8.02
8.03	Health Insurance (Purchased)	1,344,840	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	46,944	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	584,374	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,539,514	17.00
18.00	Medicare Taxes - Employers Portion Only	635,716	18.00
19.00	Unemployment Insurance	-1,254,332	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	32,701	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	35,420,326	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: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/30/2021 9:09 am

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	4,202,674	35,420,326	1.00
2.00	Hospital	4,202,674	35,420,326	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0166

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

Worksheet S-10

Date/Time Prepared:
11/30/2021 9:09 am

				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)		0.200482		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,452,736		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		192,113,553		6.00
7.00	Medicaid cost (line 1 times line 6)		38,515,309		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)		16,062,573		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,062,573		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)	7,451,700	1,631,162	9,082,862	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,493,932	1,631,162	3,125,094	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,493,932	1,631,162	3,125,094	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		8,087,829		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		702,858		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,081,321		27.01
28.00	Non-Medicare bad debt expense (see instructions)		7,006,508		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,783,142		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,908,236		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,970,809		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:

11/30/2021 9:09 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,142,428	7,142,428	-2,302,119	4,840,309	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,782,289	2,782,289	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,714	13,701,458	13,707,172	176,179	13,883,351	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,340,140	53,930,188	58,270,328	-1,110,108	57,160,220	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,052,029	4,097,291	5,149,320	9,099	5,158,419	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,435	635,880	661,315	0	661,315	8.00
9.00	00900	HOUSEKEEPING	889,173	746,449	1,635,622	9,659	1,645,281	9.00
10.00	01000	DIETARY	777,882	701,201	1,479,083	-461,913	1,017,170	10.00
11.00	01100	CAFETERIA	0	0	0	461,913	461,913	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,043,904	125,728	1,169,632	17,426	1,187,058	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	422,798	528,658	951,456	-182,207	769,249	14.00
15.00	01500	PHARMACY	2,051,090	5,998,026	8,049,116	-5,641,073	2,408,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,783	131	-7,652	-33	-7,685	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,131,804	4,301,860	10,433,664	-621,980	9,811,684	30.00
31.00	03100	INTENSIVE CARE UNIT	1,716,377	1,203,110	2,919,487	-208,603	2,710,884	31.00
40.00	04000	SUBPROVIDER - IPF	1,001,695	11,120	1,012,815	1,103	1,013,918	40.00
41.00	04100	SUBPROVIDER - IRF	821,709	210,608	1,032,317	-20,378	1,011,939	41.00
43.00	04300	NURSERY	418,068	484,892	902,960	-6,425	896,535	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,436,177	10,373,300	12,809,477	-9,071,000	3,738,477	50.00
50.02	03330	ENDOSCOPY	313,652	290,749	604,401	-264,640	339,761	50.02
51.00	05100	RECOVERY ROOM	513,560	46,451	560,011	-40,503	519,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,562,560	1,467,518	3,030,078	-209,323	2,820,755	52.00
53.00	05300	ANESTHESIOLOGY	3,373,608	1,561,351	4,934,959	-316,053	4,618,906	53.00
53.01	05301	PAIN CENTER	515,848	183,715	699,563	-176,941	522,622	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,580,935	463,206	2,044,141	-87,837	1,956,304	54.00
56.00	05600	RADIOISOTOPE	131,576	298,568	430,144	-233,868	196,276	56.00
57.00	05700	CT SCAN	550,307	570,094	1,120,401	-144,090	976,311	57.00
58.00	05800	MRI	270,506	118,331	388,837	-38,127	350,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,204,308	4,986,930	6,191,238	-3,444,880	2,746,358	59.00
60.00	06000	LABORATORY	1,674,858	5,498,779	7,173,637	-2,242,529	4,931,108	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	361,209	361,209	-42,169	319,040	62.00
65.00	06500	RESPIRATORY THERAPY	684,683	1,133,442	1,818,125	-94,559	1,723,566	65.00
66.00	06600	PHYSICAL THERAPY	1,852,044	183,135	2,035,179	56,341	2,091,520	66.00
69.00	06900	ELECTROCARDIOLOGY	850,895	652,255	1,503,150	-230,383	1,272,767	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	314,476	59,752	374,228	-50,919	323,309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	13,450,463	13,450,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,214,929	5,214,929	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,378,348	6,378,348	73.00
75.00	07500	ASC (NON-DISTINCT PART)	158,635	5,218	163,853	-1,159	162,694	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	158,365	3,474	161,839	8,899	170,738	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	126,549	29,350	155,899	0	155,899	90.02
90.03	09003	WOUND CLINIC	139,375	132,730	272,105	-20,819	251,286	90.03
90.12	09012	CTPET	18,967	123,103	142,070	-26,153	115,917	90.12
90.13	09013	RADIATION ONCOLOGY	435,994	610,629	1,046,623	-3,128	1,043,495	90.13
91.00	09100	EMERGENCY	2,707,579	4,156,071	6,863,650	-451,083	6,412,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,327,402	7,037,476	8,364,878	-565,594	7,799,284	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		291,697	291,697	-291,697	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,592,894	134,457,561	178,050,455	-35,645	178,014,810	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	5,149	83,286	88,435	0	88,435	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-658	446,895	446,237	0	446,237	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	6,368	82	6,450	30,031	36,481	194.01
194.02	07952	SPORTS MEDICINE REHAB	225,954	1,964	227,918	5,614	233,532	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.04	07953	CANCER CARE	394	35,024	35,418	0	35,418	194.04
194.07	07976	BLUE MOUND	0	8,914	8,914	0	8,914	194.07
194.08	07955	ARTHUR CLINIC	0	49,017	49,017	0	49,017	194.08
194.11	07956	2981 NORTH MAIN	105	13,194	13,299	0	13,299	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	189,701	189,701	0	189,701	194.13
194.15	07959	MT. ZION CLINIC	0	24,048	24,048	0	24,048	194.15
194.16	07960	CERRO GORDO	0	17,423	17,423	0	17,423	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	5,474	152,291	157,765	0	157,765	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	482,424	482,424	0	482,424	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	297	297	0	297	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		TOTAL (SUM OF LINES 118 through 199)	43,835,680	135,962,121	179,797,801	0	179,797,801	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:09 am

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	976,193	5,816,502	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	628,290	3,410,579	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,172,925	7,710,426	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-25,676,075	31,484,145	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	5,158,419	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-406,620	254,695	8.00
9.00	00900	HOUSEKEEPING	0	1,645,281	9.00
10.00	01000	DIETARY	-7,521	1,009,649	10.00
11.00	01100	CAFETERIA	-18,634	443,279	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,187,058	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-900	768,349	14.00
15.00	01500	PHARMACY	0	2,408,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,932,997	1,925,312	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-768,770	9,042,914	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,710,884	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,013,918	40.00
41.00	04100	SUBPROVIDER - IRF	-95,995	915,944	41.00
43.00	04300	NURSERY	-437,415	459,120	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,605	3,736,872	50.00
50.02	03330	ENDOSCOPY	0	339,761	50.02
51.00	05100	RECOVERY ROOM	0	519,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-711,885	2,108,870	52.00
53.00	05300	ANESTHESIOLOGY	-4,287,052	331,854	53.00
53.01	05301	PAIN CENTER	0	522,622	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,972	1,953,332	54.00
56.00	05600	RADIOISOTOPE	0	196,276	56.00
57.00	05700	CT SCAN	-11,012	965,299	57.00
58.00	05800	MRI	0	350,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,264,300	1,482,058	59.00
60.00	06000	LABORATORY	-947,939	3,983,169	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	-50	318,990	62.00
65.00	06500	RESPIRATORY THERAPY	-1,228,212	495,354	65.00
66.00	06600	PHYSICAL THERAPY	-463	2,091,057	66.00
69.00	06900	ELECTROCARDIOLOGY	-42,599	1,230,168	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-288	323,021	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	13,450,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,214,929	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,378,348	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	162,694	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-206	170,532	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	-155,899	0	90.02
90.03	09003	WOUND CLINIC	-49,257	202,029	90.03
90.12	09012	CTPET	0	115,917	90.12
90.13	09013	RADIATION ONCOLOGY	-393	1,043,102	90.13
91.00	09100	EMERGENCY	-3,452,712	2,959,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,513	7,797,771	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-42,205,732	135,809,078	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	88,435	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	446,237	192.00
194.00	07950	SENIOR SERVICES	0	0	194.00
194.01	07951	ADULT DAY CARE	0	36,481	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	233,532	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07953	CANCER CARE	0	35,418	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.07	07976 BLUE MOUND	0	8,914	194.07
194.08	07955 ARTHUR CLINIC	0	49,017	194.08
194.11	07956 2981 NORTH MAIN	0	13,299	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	189,701	194.13
194.15	07959 MT. ZION CLINIC	0	24,048	194.15
194.16	07960 CERRO GORDO	0	17,423	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	157,765	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	482,424	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	297	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	194.40
194.48	07972 MRI BUILDING	0	0	194.48
200.00	TOTAL (SUM OF LINES 118 through 199)	-42,205,732	137,592,069	200.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:09 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,720,737		1.00
	0		0	2,720,737		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	210,364	251,549		1.00
	0		210,364	251,549		
	F - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,635,040		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	0		0	5,635,040		
	G - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	292,012		1.00
2.00		0.00	0	0		2.00
	0		0	292,012		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	13,450,231		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	13,450,231		

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:09 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,214,929		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
	0			5,214,929		
	J - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	188,158		1.00
	0		0	188,158		
	L - COVID EXPENSES					
1.00	OPERATION OF PLANT	7.00	9,099	0		1.00
2.00	HOUSEKEEPING	9.00	0	9,659		2.00
3.00	NURSING ADMINISTRATION	13.00	17,426	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	10,537	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	12,706	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	1,160	0		6.00
7.00	SUBPROVIDER - IPF	40.00	2,085	0		7.00
8.00	SUBPROVIDER - IRF	41.00	7,352	0		8.00
9.00	NURSERY	43.00	463	0		9.00
10.00	OPERATING ROOM	50.00	42,145	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	5,606	0		11.00
12.00	ANESTHESIOLOGY	53.00	33,250	0		12.00
13.00	PAIN CENTER	53.01	1,951	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	2,718	0		14.00
15.00	MRI	58.00	4,891	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	46,628	0		16.00
17.00	LABORATORY	60.00	7,075	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	30,230		18.00
19.00	RESPIRATORY THERAPY	65.00	9,151	0		19.00
20.00	PHYSICAL THERAPY	66.00	74,598	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	972	0		21.00
22.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	232		22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	743,308		23.00
24.00	ASC (NON-DISTINCT PART)	75.00	1,389	0		24.00
25.00	CARDIAC REHABILITATION	76.97	9,374	0		25.00
26.00	RADIATION ONCOLOGY	90.13	15,159	0		26.00
27.00	EMERGENCY	91.00	39,887	0		27.00
28.00	AMBULANCE SERVICES	95.00	238	0		28.00
29.00	ADULT DAY CARE	194.01	30,031	0		29.00
30.00	SPORTS MEDICINE REHAB	194.02	5,614	0		30.00
	0		391,505	783,429		
	M - TUITION EXPENSE IN DEPT 8711					
1.00	MEDICAL RECORDS & LIBRARY	16.00	7,783	0		1.00
	0		7,783	0		
	N - TO RECLASSIFY AMBULANCE SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	429,478		1.00
	TOTALS		0	429,478		
500.00	Grand Total: Increases		609,652	28,965,563		500.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:09 am

	Decreases						11/30/2021 9:09 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,720,737	9		1.00
	0		0	2,720,737			
	B - CAFETERIA RECLASS						
1.00	DIETARY	10.00	210,364	251,549	0		1.00
	0		210,364	251,549			
	F - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	5,416,010	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	37,105	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	13,496	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	10	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	467	0		5.00
6.00	NURSERY	43.00	0	135	0		6.00
7.00	OPERATING ROOM	50.00	0	42,148	0		7.00
8.00	ENDOSCOPY	50.02	0	7,328	0		8.00
9.00	RECOVERY ROOM	51.00	0	1,102	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,693	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	62,665	0		11.00
12.00	PAIN CENTER	53.01	0	2,048	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	209	0		13.00
14.00	RADIOISOTOPE	56.00	0	183	0		14.00
15.00	CT SCAN	57.00	0	1,377	0		15.00
16.00	MRI	58.00	0	113	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	12,396	0		17.00
18.00	LABORATORY	60.00	0	32	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	1,116	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	87	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.00	0	30	0		21.00
22.00	WOUND CLINIC	90.03	0	266	0		22.00
23.00	RADIATION ONCOLOGY	90.13	0	1,275	0		23.00
24.00	EMERGENCY	91.00	0	24,749	0		24.00
	0		0	5,635,040			
	G - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	315	11		1.00
2.00	INTEREST EXPENSE	113.00	0	291,697	0		2.00
	0		0	292,012			
	H - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	192,744	0		1.00
2.00	PHARMACY	15.00	0	225,063	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	33	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	596,763	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	196,267	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	972	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	27,263	0		7.00
8.00	NURSERY	43.00	0	6,753	0		8.00
9.00	OPERATING ROOM	50.00	0	5,291,972	0		9.00
10.00	ENDOSCOPY	50.02	0	257,312	0		10.00
11.00	RECOVERY ROOM	51.00	0	39,401	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	201,301	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	286,638	0		13.00
14.00	PAIN CENTER	53.01	0	176,844	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	90,346	0		15.00
16.00	RADIOISOTOPE	56.00	0	233,685	0		16.00
17.00	CT SCAN	57.00	0	142,713	0		17.00
18.00	MRI	58.00	0	42,905	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,046,961	0		19.00
20.00	LABORATORY	60.00	0	2,249,572	0		20.00
21.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	72,399	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	102,594	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	18,257	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	231,268	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	50,919	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0	2,518	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	475	0		27.00
28.00	WOUND CLINIC	90.03	0	20,553	0		28.00
29.00	CTPET	90.12	0	26,153	0		29.00
30.00	RADIATION ONCOLOGY	90.13	0	17,012	0		30.00
31.00	EMERGENCY	91.00	0	466,221	0		31.00
32.00	AMBULANCE SERVICES	95.00	0	136,354	0		32.00
	0		0	13,450,231			

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:09 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	I - IMPLANT SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	818	0	1.00
2.00	OPERATING ROOM	50.00	0	3,779,025	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,935	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,432,151	0	4.00
	0		0	5,214,929		
	J - PROPERTY INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	188,158	5	1.00
	0		0	188,158		
	L - COVID EXPENSES					
1.00	ADMINISTRATIVE & GENERAL	5.00	391,505	530,130	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	253,299	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
	0		391,505	783,429		
	M - TUITION EXPENSE IN DEPT 8711					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,783	0	1.00
	0		0	7,783		
	N - TO RECLASSIFY AMBULANCE SERVICES					
1.00	AMBULANCE SERVICES	95.00	0	429,478	0	1.00
	TOTALS		0	429,478		
500.00	Grand Total: Decreases		601,869	28,973,346		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 9:09 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,295,160	0	0	0	0	1.00
2.00	Land Improvements	5,809,092	0	0	0	0	2.00
3.00	Buildings and Fixtures	152,491,657	13,991,781	0	13,991,781	127,032	3.00
4.00	Building Improvements	3,282	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	68,973,145	4,877,843	0	4,877,843	811,574	6.00
7.00	HIT designated Assets	12,265,809	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	242,838,145	18,869,624	0	18,869,624	938,606	8.00
9.00	Reconciling Items	15,841,210	12,464,711	0	12,464,711	0	9.00
10.00	Total (line 8 minus line 9)	226,996,935	6,404,913	0	6,404,913	938,606	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,295,160	0				1.00
2.00	Land Improvements	5,809,092	0				2.00
3.00	Buildings and Fixtures	166,356,406	0				3.00
4.00	Building Improvements	3,282	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	73,039,414	0				6.00
7.00	HIT designated Assets	12,265,809	0				7.00
8.00	Subtotal (sum of lines 1-7)	260,769,163	0				8.00
9.00	Reconciling Items	28,305,921	0				9.00
10.00	Total (line 8 minus line 9)	232,463,242	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 9:09 am

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	7,142,428	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,142,428	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	7,142,428				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,142,428				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/30/2021 9:09 am

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	175,463,940	0	175,463,940	0.672871	126,606	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	85,305,223	0	85,305,223	0.327129	61,552	2.00
3.00	Total (sum of lines 1-2)	260,769,163	0	260,769,163	1.000000	188,158	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	126,606	5,442,776	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	61,552	3,349,027	0	2.00
3.00	Total (sum of lines 1-2)	0	0	188,158	8,791,803	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	247,120	126,606	0	0	5,816,502	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	61,552	0	0	3,410,579	2.00
3.00	Total (sum of lines 1-2)	247,120	188,158	0	0	9,227,081	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:09 am

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	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-44,892	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		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	-9,104,727			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	3,339,702			0	12.00
13.00	Laundry and linen service	B	-5,650	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-13,526	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-900	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00	Sale of drugs to other than patients	B	0	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAID TAX	A	-8,775,644	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	ADVERTISING SPONSORSHIP COSTS	A	-587,767	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	ADVERTISING SPONSORSHIP COSTS	A	-206	CARDIAC REHABILITATION	76.97	0	33.02
33.03	PUBLIC RELATIONS	A	-393	RADIATION ONCOLOGY	90.13	0	33.03
33.04	PHYSICIAN RECRUITMENT	A	-482,162	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	LOBBYING COSTS	A	-30,694	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	SELF INSURED HEALTH PREMIUMS	A	-8,716,601	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	CRNA SALARIES	A	-3,113,455	ANESTHESIOLOGY	53.00	0	33.07
33.08	CRNA BENEFITS	A	-2,061,774	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09	PURCHASED SERVICES HSHS MEDICAL	A	-18,001,165	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	PURCHASED SERVICES HSHS MEDICAL	A	-106,593	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	DEFINED PENSION	A	5,295,469	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	MISC REVENUE	B	-112,761	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	MISC REVENUE	B	-2,972	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	MISC REVENUE	B	-6,824	CARDIAC CATHETERIZATION	59.00	0	33.14
33.15	MISC REVENUE	B	-304,303	RESPIRATORY THERAPY	65.00	0	33.15
33.16	MISC REVENUE	B	-463	PHYSICAL THERAPY	66.00	0	33.16
33.17	MISC REVENUE	B	-155,899	OUTPATIENT PSYCHIATRIC	90.02	0	33.17
33.18	MISC REVENUE	B	-15,960	WOUND CLINIC	90.03	0	33.18
33.19	ADVERTISING SPONSORSHIP COSTS	A	-1,513	AMBULANCE SERVICES	95.00	0	33.19
33.20	MISC REVENUE	B	-753,934	LABORATORY	60.00	0	33.20
33.22	MISC REVENUE	B	-1,605	OPERATING ROOM	50.00	0	33.22
33.23	DUES	A	-25,578	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	CATERED MEALS	A	-7,521	DIETARY	10.00	0	33.24
33.25	CATERED MEALS	A	-5,108	CAFETERIA	11.00	0	33.25
33.26	ASSET RE-LIFING ADJUSTMENT	A	1,021,085	CAP REL COSTS-BLDG & FIXT	1.00	9	33.26
33.27	ASSET RE-LIFING ADJUSTMENT	A	628,290	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.27
33.28	GIFTS	A	-49,506	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	ADVERTISING SPONSORSHIP COSTS	A	-132	DELIVERY ROOM & LABOR ROOM	52.00	0	33.29
33.30	ADVERTISING SPONSORSHIP COSTS	A	-50	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	33.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,205,732				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: 14-0166

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 9:09 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	8,226,644	8,223,924 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	9,854,064	6,266,590 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	3,716,317	1,877,233 3.00
3.01		4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	287,166	873,312 3.01
3.02		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SBO	3,011,994	6,389,532 3.02
3.03		16.00	MEDICAL RECORDS & LIBRARY	CONTRACTED SERVICES - SBO	1,932,997	0 3.03
3.04		8.00	LAUNDRY & LINEN SERVICE	CID LAUNDRY FEE	232,705	633,675 3.04
3.05		5.00	ADMINISTRATIVE & GENERAL	CID ADMIN	1,605,745	1,263,664 3.05
4.00		5.00	ADMINISTRATIVE & GENERAL	RELATED SERVICES	19,956,822	19,956,822 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				48,824,454	45,484,752 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	ST. MARYS HOSPITAL	100.00	HS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0166

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 9:09 am

	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	2,720	0		1.00
2.00	3,587,474	0		2.00
3.00	1,839,084	0		3.00
3.01	-586,146	0		3.01
3.02	-3,377,538	0		3.02
3.03	1,932,997	0		3.03
3.04	-400,970	0		3.04
3.05	342,081	0		3.05
4.00	0	0		4.00
5.00	3,339,702			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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0166

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 9:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	9,525	181	9,344	211,500	75	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,033,170	768,770	264,400	211,500	2,988	2.00
3.00	41.00	SUBPROVIDER - IRF	168,375	0	168,375	246,400	611	3.00
4.00	43.00	NURSERY	473,803	406,903	66,900	169,700	446	4.00
5.00	50.00	OPERATING ROOM	291,948	0	291,948	246,400	3,103	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	753,360	0	753,360	237,100	365	6.00
7.00	53.00	ANESTHESIOLOGY	1,173,597	1,173,597	0	239,400	0	7.00
8.00	57.00	CT SCAN	35,402	11,012	24,390	211,500	1,456	8.00
9.00	59.00	CARDIAC CATHETERIZATION	1,281,880	108,360	1,173,520	211,500	240	9.00
10.00	60.00	LABORATORY	194,005	194,005	0	260,300	0	10.00
11.00	65.00	RESPIRATORY THERAPY	944,957	860,357	84,600	211,500	207	11.00
12.00	69.00	ELECTROCARDIOLOGY	191,975	42,599	149,376	211,500	9,598	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	1,000	0	1,000	211,500	7	13.00
14.00	90.03	WOUND CLINIC	33,297	33,297	0	0	0	14.00
15.00	91.00	EMERGENCY	3,463,694	3,446,294	17,400	211,500	108	15.00
200.00			10,049,988	7,045,375	3,004,613		19,204	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	7,626	381	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	303,828	15,191	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	72,380	3,619	0	0	0	3.00
4.00	43.00	NURSERY	36,388	1,819	0	0	0	4.00
5.00	50.00	OPERATING ROOM	367,586	18,379	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	41,607	2,080	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	57.00	CT SCAN	148,050	7,403	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	24,404	1,220	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	21,048	1,052	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	975,950	48,798	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	712	36	0	0	0	13.00
14.00	90.03	WOUND CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	10,982	549	0	0	0	15.00
200.00			2,010,561	100,527	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	7,626	1,718	1,899		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	303,828	0	768,770		2.00
3.00	41.00	SUBPROVIDER - IRF	0	72,380	95,995	95,995		3.00
4.00	43.00	NURSERY	0	36,388	30,512	437,415		4.00
5.00	50.00	OPERATING ROOM	0	367,586	0	0		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	41,607	711,753	711,753		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,173,597		7.00
8.00	57.00	CT SCAN	0	148,050	0	11,012		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	24,404	1,149,116	1,257,476		9.00
10.00	60.00	LABORATORY	0	0	0	194,005		10.00
11.00	65.00	RESPIRATORY THERAPY	0	21,048	63,552	923,909		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	975,950	0	42,599		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	712	288	288		13.00
14.00	90.03	WOUND CLINIC	0	0	0	33,297		14.00
15.00	91.00	EMERGENCY	0	10,982	6,418	3,452,712		15.00
200.00			0	2,010,561	2,059,352	9,104,727		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,816,502	5,816,502			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,410,579		3,410,579		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,710,426	22,306	13,079	7,745,811	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,484,145	756,563	443,620	752,813	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	43,430	25,466	0	6.00
7.00	00700	OPERATION OF PLANT	5,158,419	492,375	288,711	202,415	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	254,695	195,302	114,518	4,852	8.00
9.00	00900	HOUSEKEEPING	1,645,281	70,362	41,258	169,614	9.00
10.00	01000	DIETARY	1,009,649	199,140	116,768	108,257	10.00
11.00	01100	CAFETERIA	443,279	47,355	27,767	40,128	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,187,058	21,937	12,863	202,454	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	768,349	120,326	70,554	82,661	14.00
15.00	01500	PHARMACY	2,408,043	46,974	27,544	391,256	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,925,312	105,291	61,739	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,042,914	1,009,109	591,706	1,172,103	30.00
31.00	03100	INTENSIVE CARE UNIT	2,710,884	73,020	42,816	327,629	31.00
40.00	04000	SUBPROVIDER - IPF	1,013,918	85,840	50,333	191,476	40.00
41.00	04100	SUBPROVIDER - IRF	915,944	141,426	82,927	158,148	41.00
43.00	04300	NURSERY	459,120	28,310	16,600	79,837	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,736,872	216,426	126,904	472,752	50.00
50.02	03330	ENDOSCOPY	339,761	40,834	23,944	59,831	50.02
51.00	05100	RECOVERY ROOM	519,508	27,879	16,347	97,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,108,870	116,389	68,246	299,136	52.00
53.00	05300	ANESTHESIOLOGY	331,854	3,876	2,272	57,832	53.00
53.01	05301	PAIN CENTER	522,622	43,147	25,300	98,773	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,953,332	176,761	103,646	302,090	54.00
56.00	05600	RADIOISOTOPE	196,276	8,157	4,783	25,099	56.00
57.00	05700	CT SCAN	965,299	6,865	4,025	104,974	57.00
58.00	05800	MRI	350,710	10,864	6,370	52,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,482,058	61,356	35,977	238,622	59.00
60.00	06000	LABORATORY	3,983,169	436,716	256,074	320,837	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	318,990	3,346	1,962	0	62.00
65.00	06500	RESPIRATORY THERAPY	495,354	9,314	5,461	132,352	65.00
66.00	06600	PHYSICAL THERAPY	2,091,057	169,071	99,137	367,517	66.00
69.00	06900	ELECTROCARDIOLOGY	1,230,168	46,494	27,262	162,498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	323,021	32,407	19,002	59,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	13,450,463	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,214,929	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,378,348	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	162,694	0	0	30,525	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	170,532	0	0	31,997	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	202,029	0	0	26,586	90.03
90.12	09012	CTPET	115,917	0	0	3,618	90.12
90.13	09013	RADIATION ONCOLOGY	1,043,102	0	0	86,060	90.13
91.00	09100	EMERGENCY	2,959,855	461,839	270,805	524,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,797,771	0	0	253,254	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	135,809,078	5,330,807	3,125,786	7,692,574	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	88,435	6,459	3,787	982	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	446,237	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	36,481	0	0	6,943	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	SPORTS MEDICINE REHAB	233,532	0	0	44,173	277,705	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	412,786	242,042	0	654,828	194.03
194.04	07953	CANCER CARE	35,418	0	0	75	35,493	194.04
194.07	07976	BLUE MOUND	8,914	0	0	0	8,914	194.07
194.08	07955	ARTHUR CLINIC	49,017	0	0	0	49,017	194.08
194.11	07956	2981 NORTH MAIN	13,299	0	0	20	13,319	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	189,701	0	0	0	189,701	194.13
194.15	07959	MT. ZION CLINIC	24,048	0	0	0	24,048	194.15
194.16	07960	CERRO GORDO	17,423	0	0	0	17,423	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	157,765	0	0	1,044	158,809	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	482,424	0	0	0	482,424	194.36
194.38	07969	SCHOOL HEALTH SERVICES	297	0	0	0	297	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	66,450	38,964	0	105,414	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	137,592,069	5,816,502	3,410,579	7,745,811	137,592,069	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,437,141					5.00
6.00	00600	MAINTENANCE & REPAIRS	22,123	91,019				6.00
7.00	00700	OPERATION OF PLANT	1,972,214	8,974	8,123,108			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	182,828	3,559	352,403	1,108,157		8.00
9.00	00900	HOUSEKEEPING	618,617	1,282	126,962	0	2,673,376	9.00
10.00	01000	DIETARY	460,408	3,629	359,329	0	125,674	10.00
11.00	01100	CAFETERIA	179,348	863	85,448	0	29,885	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	457,357	400	39,583	0	13,844	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	334,558	2,193	217,116	0	75,936	14.00
15.00	01500	PHARMACY	922,803	856	84,760	0	29,644	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	671,866	1,919	189,987	0	66,448	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,794,146	18,393	1,820,841	791,482	636,832	30.00
31.00	03100	INTENSIVE CARE UNIT	1,012,884	1,331	131,757	116,028	46,082	31.00
40.00	04000	SUBPROVIDER - IPF	430,787	1,564	154,889	123,924	54,172	40.00
41.00	04100	SUBPROVIDER - IRF	416,940	2,577	255,189	76,723	89,252	41.00
43.00	04300	NURSERY	187,484	516	51,082	0	17,866	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,461,985	3,944	390,520	0	136,583	50.00
50.02	03330	ENDOSCOPY	149,112	744	73,682	0	25,770	50.02
51.00	05100	RECOVERY ROOM	212,476	508	50,305	0	17,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	832,515	2,121	210,012	0	73,451	52.00
53.00	05300	ANESTHESIOLOGY	127,105	71	6,993	0	2,446	53.00
53.01	05301	PAIN CENTER	221,513	786	77,855	0	27,230	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	814,272	3,221	318,947	0	111,551	54.00
56.00	05600	RADIOISOTOPE	75,240	149	14,719	0	5,148	56.00
57.00	05700	CT SCAN	347,169	125	12,388	0	4,333	57.00
58.00	05800	MRI	135,018	198	19,603	0	6,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	583,777	1,118	110,711	0	38,721	59.00
60.00	06000	LABORATORY	1,604,506	7,959	788,011	0	275,604	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	104,134	61	6,038	0	2,112	62.00
65.00	06500	RESPIRATORY THERAPY	206,305	170	16,805	0	5,878	65.00
66.00	06600	PHYSICAL THERAPY	875,589	3,081	305,072	0	106,698	66.00
69.00	06900	ELECTROCARDIOLOGY	470,878	847	83,894	0	29,342	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,495	591	58,475	0	20,451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,319,024	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,674,550	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,048,132	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	62,044	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	65,033	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	73,410	0	0	0	0	90.03
90.12	09012	CTPET	38,384	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	362,582	0	0	0	0	90.13
91.00	09100	EMERGENCY	1,353,977	8,417	833,343	0	291,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,585,240	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,607,828	82,167	7,246,719	1,108,157	2,366,862	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	32,002	118	11,655	0	4,076	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	143,290	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	13,944	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	89,173	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	210,270	7,523	744,832	0	260,503	194.03
194.04	07953	CANCER CARE	11,397	0	0	0	0	194.04
194.07	07976	BLUE MOUND	2,862	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	15,740	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.11	07956	2981 NORTH MAIN	4,277	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	60,914	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	5,595	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	50,995	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	154,910	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	95	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	33,849	1,211	119,902	0	41,935	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	33,437,141	91,019	8,123,108	1,108,157	2,673,376	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,382,854					10.00
11.00	01100	CAFETERIA	0	854,073				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	24,109	0	1,959,605		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,528	0	0	1,690,221	14.00
15.00	01500	PHARMACY	0	37,055	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,701,910	193,230	0	570,479	0	30.00
31.00	03100	INTENSIVE CARE UNIT	249,494	46,239	0	217,821	0	31.00
40.00	04000	SUBPROVIDER - IPF	266,473	27,069	0	95,113	0	40.00
41.00	04100	SUBPROVIDER - IRF	164,977	20,400	0	0	0	41.00
43.00	04300	NURSERY	0	8,167	0	62,512	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	63,911	0	222,067	0	50.00
50.02	03330	ENDOSCOPY	0	7,133	0	39,108	0	50.02
51.00	05100	RECOVERY ROOM	0	11,930	0	74,234	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,290	0	186,937	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,271	0	0	0	53.00
53.01	05301	PAIN CENTER	0	12,090	0	44,140	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,266	0	22,347	0	54.00
56.00	05600	RADIOISOTOPE	0	2,390	0	0	0	56.00
57.00	05700	CT SCAN	0	12,821	0	0	0	57.00
58.00	05800	MRI	0	5,439	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,447	0	90,233	0	59.00
60.00	06000	LABORATORY	0	48,236	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	18,153	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	43,832	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	18,171	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,274	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	1,214,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	475,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,923	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,620	0	23,686	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	2,407	0	0	0	90.03
90.12	09012	CTPET	0	446	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	8,007	0	0	0	90.13
91.00	09100	EMERGENCY	0	72,220	0	286,942	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	5,992	0	23,986	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,382,854	847,066	0	1,959,605	1,690,221	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	178	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	1,480	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	5,171	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	178	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	194.48
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,382,854	854,073	0	1,959,605	1,690,221

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,948,935					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,022,562				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	129,732	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	33,352	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	17,984	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	17,517	0	0	0	41.00
43.00	04300	NURSERY	0	9,578	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	259,924	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	37,219	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	26,056	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,526	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	56,526	0	0	0	53.00
53.01	05301	PAIN CENTER	0	39,942	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	125,477	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	6,726	0	0	0	56.00
57.00	05700	CT SCAN	0	356,501	0	0	0	57.00
58.00	05800	MRI	0	92,197	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	132,811	0	0	0	59.00
60.00	06000	LABORATORY	0	400,881	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	10,207	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	51,853	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	102,454	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	153,790	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,285	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	79,705	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	112,092	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,948,935	364,089	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,528	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,930	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	3,512	0	0	0	90.03
90.12	09012	CTPET	0	5,905	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	25,669	0	0	0	90.13
91.00	09100	EMERGENCY	0	275,237	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	29,357	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,948,935	3,022,562	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	0 194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0 194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0 194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0 194.15
194.16	07960	CERRO GORDO	0	0	0	0	0 194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0 194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0 194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0 194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0 194.40
194.48	07972	MRI BUILDING	0	0	0	0	0 194.48
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)	3,948,935	3,022,562	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	21,472,877	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	5,009,337	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,513,542	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,342,020	0	41.00
43.00	04300	NURSERY	0	0	0	921,072	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	7,091,888	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	797,138	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	1,054,801	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,966,493	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	612,246	0	53.00
53.01	05301	PAIN CENTER	0	0	0	1,113,398	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,970,910	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	338,687	0	56.00
57.00	05700	CT SCAN	0	0	0	1,814,500	0	57.00
58.00	05800	MRI	0	0	0	679,788	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,800,831	0	59.00
60.00	06000	LABORATORY	0	0	0	8,121,993	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	446,850	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	941,645	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,163,508	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,223,344	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	688,989	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	19,063,733	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,477,251	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,739,504	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	260,714	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	298,798	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	307,944	0	90.03
90.12	09012	CTPET	0	0	0	164,270	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	1,525,420	0	90.13
91.00	09100	EMERGENCY	0	0	0	7,338,187	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	10,695,600	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	132,957,278	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	147,692	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	589,527	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	58,848	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES A	SERVICES-OTHE R PRGM COSTS A				
			21.00	22.00		24.00	25.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	372,049	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,877,956	0	194.03
194.04	07953	CANCER CARE	0	0	0	46,890	0	194.04
194.07	07976	BLUE MOUND	0	0	0	11,776	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	64,757	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	17,596	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	250,615	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	24,048	0	194.15
194.16	07960	CERRO GORDO	0	0	0	23,018	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	209,982	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	637,334	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	392	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	302,311	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	137,592,069	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	21,472,877	30.00
31.00	03100	INTENSIVE CARE UNIT	5,009,337	31.00
40.00	04000	SUBPROVIDER - IPF	2,513,542	40.00
41.00	04100	SUBPROVIDER - IRF	2,342,020	41.00
43.00	04300	NURSERY	921,072	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	7,091,888	50.00
50.02	03330	ENDOSCOPY	797,138	50.02
51.00	05100	RECOVERY ROOM	1,054,801	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,966,493	52.00
53.00	05300	ANESTHESIOLOGY	612,246	53.00
53.01	05301	PAIN CENTER	1,113,398	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,970,910	54.00
56.00	05600	RADIOISOTOPE	338,687	56.00
57.00	05700	CT SCAN	1,814,500	57.00
58.00	05800	MRI	679,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,800,831	59.00
60.00	06000	LABORATORY	8,121,993	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	446,850	62.00
65.00	06500	RESPIRATORY THERAPY	941,645	65.00
66.00	06600	PHYSICAL THERAPY	4,163,508	66.00
69.00	06900	ELECTROCARDIOLOGY	2,223,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	688,989	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	19,063,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,477,251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,739,504	73.00
75.00	07500	ASC (NON-DISTINCT PART)	260,714	75.00
76.00	03950	TREATMENT CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	298,798	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09002	OUTPATIENT PSYCHIATRIC	0	90.02
90.03	09003	WOUND CLINIC	307,944	90.03
90.12	09012	CTPET	164,270	90.12
90.13	09013	RADIATION ONCOLOGY	1,525,420	90.13
91.00	09100	EMERGENCY	7,338,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	10,695,600	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	132,957,278	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	147,692	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	589,527	192.00
194.00	07950	SENIOR SERVICES	0	194.00
194.01	07951	ADULT DAY CARE	58,848	194.01
194.02	07952	SPORTS MEDICINE REHAB	372,049	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	1,877,956	194.03
194.04	07953	CANCER CARE	46,890	194.04
194.07	07976	BLUE MOUND	11,776	194.07
194.08	07955	ARTHUR CLINIC	64,757	194.08
194.11	07956	2981 NORTH MAIN	17,596	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

 Worksheet B
 Part I
 Date/Time Prepared:
 11/30/2021 9:09 am

Cost Center Description		Total	
		26.00	
194.13	07957 MEDICAL OFFICE BUILDING 1750	250,615	194.13
194.15	07959 MT. ZION CLINIC	24,048	194.15
194.16	07960 CERRO GORDO	23,018	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	209,982	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	637,334	194.36
194.38	07969 SCHOOL HEALTH SERVICES	392	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	302,311	194.40
194.48	07972 MRI BUILDING	0	194.48
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	137,592,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

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	475	22,306	13,079	35,860	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,660,647	756,563	443,620	3,860,830	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	43,430	25,466	68,896	6.00
7.00	00700	OPERATION OF PLANT	2,500	492,375	288,711	783,586	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,821	195,302	114,518	355,641	8.00
9.00	00900	HOUSEKEEPING	0	70,362	41,258	111,620	9.00
10.00	01000	DIETARY	0	199,140	116,768	315,908	10.00
11.00	01100	CAFETERIA	0	47,355	27,767	75,122	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	21,937	12,863	34,800	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	120,326	70,554	190,880	14.00
15.00	01500	PHARMACY	0	46,974	27,544	74,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,115	105,291	61,739	200,145	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,009,109	591,706	1,600,815	30.00
31.00	03100	INTENSIVE CARE UNIT	0	73,020	42,816	115,836	31.00
40.00	04000	SUBPROVIDER - IPF	0	85,840	50,333	136,173	40.00
41.00	04100	SUBPROVIDER - IRF	0	141,426	82,927	224,353	41.00
43.00	04300	NURSERY	0	28,310	16,600	44,910	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	216,426	126,904	343,330	50.00
50.02	03330	ENDOSCOPY	0	40,834	23,944	64,778	50.02
51.00	05100	RECOVERY ROOM	0	27,879	16,347	44,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	116,389	68,246	184,635	52.00
53.00	05300	ANESTHESIOLOGY	0	3,876	2,272	6,148	53.00
53.01	05301	PAIN CENTER	0	43,147	25,300	68,447	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	176,761	103,646	280,407	54.00
56.00	05600	RADIOISOTOPE	0	8,157	4,783	12,940	56.00
57.00	05700	CT SCAN	0	6,865	4,025	10,890	57.00
58.00	05800	MRI	0	10,864	6,370	17,234	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,356	35,977	97,333	59.00
60.00	06000	LABORATORY	26,304	436,716	256,074	719,094	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	3,346	1,962	5,308	62.00
65.00	06500	RESPIRATORY THERAPY	8,000	9,314	5,461	22,775	65.00
66.00	06600	PHYSICAL THERAPY	0	169,071	99,137	268,208	66.00
69.00	06900	ELECTROCARDIOLOGY	0	46,494	27,262	73,756	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	424	32,407	19,002	51,833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	461,839	270,805	732,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	587,105	0	0	587,105	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,364,391	5,330,807	3,125,786	11,820,984	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	6,459	3,787	10,246	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	241,385	0	0	241,385	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0			2A	4.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	412,786	242,042	654,828	0 194.03
194.04	07953	CANCER CARE	0	0	0	0	0 194.04
194.07	07976	BLUE MOUND	0	0	0	0	0 194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0 194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0 194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	53	0	0	53	0 194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0 194.15
194.16	07960	CERRO GORDO	0	0	0	0	0 194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	5 194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	360	0	0	360	0 194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0 194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	66,450	38,964	105,414	0 194.40
194.48	07972	MRI BUILDING	0	0	0	0	0 194.48
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)	3,606,189	5,816,502	3,410,579	12,833,270	35,860 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,864,315					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,557	71,453				6.00
7.00	00700	OPERATION OF PLANT	227,927	7,045	1,019,495			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,129	2,794	44,228	423,814		8.00
9.00	00900	HOUSEKEEPING	71,493	1,007	15,934	0	200,839	9.00
10.00	01000	DIETARY	53,209	2,849	45,098	0	9,441	10.00
11.00	01100	CAFETERIA	20,727	678	10,724	0	2,245	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	52,856	314	4,968	0	1,040	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,665	1,722	27,249	0	5,705	14.00
15.00	01500	PHARMACY	106,647	672	10,638	0	2,227	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	77,647	1,506	23,844	0	4,992	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	438,486	14,438	228,527	302,701	47,843	30.00
31.00	03100	INTENSIVE CARE UNIT	117,058	1,045	16,536	44,375	3,462	31.00
40.00	04000	SUBPROVIDER - IPF	49,786	1,228	19,439	47,395	4,070	40.00
41.00	04100	SUBPROVIDER - IRF	48,185	2,023	32,028	29,343	6,705	41.00
43.00	04300	NURSERY	21,667	405	6,411	0	1,342	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	168,960	3,096	49,012	0	10,261	50.00
50.02	03330	ENDOSCOPY	17,233	584	9,247	0	1,936	50.02
51.00	05100	RECOVERY ROOM	24,556	399	6,314	0	1,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	96,213	1,665	26,358	0	5,518	52.00
53.00	05300	ANESTHESIOLOGY	14,689	55	878	0	184	53.00
53.01	05301	PAIN CENTER	25,600	617	9,771	0	2,046	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,105	2,529	40,030	0	8,380	54.00
56.00	05600	RADIOISOTOPE	8,695	117	1,847	0	387	56.00
57.00	05700	CT SCAN	40,122	98	1,555	0	325	57.00
58.00	05800	MRI	15,604	155	2,460	0	515	58.00
59.00	05900	CARDIAC CATHETERIZATION	67,466	878	13,895	0	2,909	59.00
60.00	06000	LABORATORY	185,431	6,248	98,900	0	20,705	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	12,035	48	758	0	159	62.00
65.00	06500	RESPIRATORY THERAPY	23,842	133	2,109	0	442	65.00
66.00	06600	PHYSICAL THERAPY	101,191	2,419	38,288	0	8,016	66.00
69.00	06900	ELECTROCARDIOLOGY	54,419	665	10,529	0	2,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,121	464	7,339	0	1,536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	499,164	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,526	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	236,700	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,170	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,516	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	8,484	0	0	0	0	90.03
90.12	09012	CTPET	4,436	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	41,903	0	0	0	0	90.13
91.00	09100	EMERGENCY	156,478	6,608	104,589	0	21,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	298,774	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,768,472	64,504	909,503	423,814	177,813	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	3,698	92	1,463	0	306	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	16,560	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	1,611	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	10,306	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	24,301	5,906	93,481	0	19,570	194.03
194.04	07953	CANCER CARE	1,317	0	0	0	0	194.04
194.07	07976	BLUE MOUND	331	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	1,819	0	0	0	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.11	07956	2981 NORTH MAIN	494	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	7,040	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	647	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	5,893	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	17,903	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	11	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	3,912	951	15,048	0	3,150	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	3,864,315	71,453	1,019,495	423,814	200,839	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	427,006					10.00
11.00	01100	CAFETERIA	0	109,682				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,096	0	98,011		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,379	0	0	266,983	14.00
15.00	01500	PHARMACY	0	4,759	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	304,981	24,813	0	28,535	0	30.00
31.00	03100	INTENSIVE CARE UNIT	44,709	5,938	0	10,894	0	31.00
40.00	04000	SUBPROVIDER - IPF	47,752	3,476	0	4,757	0	40.00
41.00	04100	SUBPROVIDER - IRF	29,564	2,620	0	0	0	41.00
43.00	04300	NURSERY	0	1,049	0	3,126	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,208	0	11,106	0	50.00
50.02	03330	ENDOSCOPY	0	916	0	1,956	0	50.02
51.00	05100	RECOVERY ROOM	0	1,532	0	3,713	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,532	0	9,349	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,989	0	0	0	53.00
53.01	05301	PAIN CENTER	0	1,553	0	2,208	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,043	0	1,118	0	54.00
56.00	05600	RADIOISOTOPE	0	307	0	0	0	56.00
57.00	05700	CT SCAN	0	1,647	0	0	0	57.00
58.00	05800	MRI	0	698	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,268	0	4,513	0	59.00
60.00	06000	LABORATORY	0	6,195	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,331	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,629	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,334	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,063	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	191,846	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	75,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	504	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	465	0	1,185	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	309	0	0	0	90.03
90.12	09012	CTPET	0	57	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	1,028	0	0	0	90.13
91.00	09100	EMERGENCY	0	9,275	0	14,351	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	769	0	1,200	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	427,006	108,782	0	98,011	266,983	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	23	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	190	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	664	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	23	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	194.48
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	427,006	109,682	0	98,011	266,983

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	201,272					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	308,134				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	13,235	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,403	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	1,835	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	1,787	0			41.00
43.00	04300	NURSERY	0	977	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	26,517	0			50.00
50.02	03330	ENDOSCOPY	0	3,797	0			50.02
51.00	05100	RECOVERY ROOM	0	2,658	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,420	0			52.00
53.00	05300	ANESTHESIOLOGY	0	5,767	0			53.00
53.01	05301	PAIN CENTER	0	4,075	0			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,801	0			54.00
56.00	05600	RADIOISOTOPE	0	686	0			56.00
57.00	05700	CT SCAN	0	36,370	0			57.00
58.00	05800	MRI	0	9,406	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,549	0			59.00
60.00	06000	LABORATORY	0	40,675	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,041	0			62.00
65.00	06500	RESPIRATORY THERAPY	0	5,290	0			65.00
66.00	06600	PHYSICAL THERAPY	0	10,452	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	15,689	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,784	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	8,131	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,435	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	201,272	37,144	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	156	0			75.00
76.00	03950	TREATMENT CENTER	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	401	0			76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0			90.02
90.03	09003	WOUND CLINIC	0	358	0			90.03
90.12	09012	CTPET	0	602	0			90.12
90.13	09013	RADIATION ONCOLOGY	0	2,619	0			90.13
91.00	09100	EMERGENCY	0	28,079	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,995	0			95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	201,272	308,134	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0			190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
194.00	07950	SENIOR SERVICES	0	0	0			194.00
194.01	07951	ADULT DAY CARE	0	0	0			194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0			194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
194.04	07953	CANCER CARE	0	0	0			194.04
194.07	07976	BLUE MOUND	0	0	0			194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.08	07955	ARTHUR CLINIC	0	0	0		194.08
194.11	07956	2981 NORTH MAIN	0	0	0		194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0		194.13
194.15	07959	MT. ZION CLINIC	0	0	0		194.15
194.16	07960	CERRO GORDO	0	0	0		194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0		194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0		194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0		194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0		194.40
194.48	07972	MRI BUILDING	0	0	0		194.48
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	201,272	308,134	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				3,009,806	0	30.00
31.00	03100	INTENSIVE CARE UNIT				364,773	0	31.00
40.00	04000	SUBPROVIDER - IPF				316,797	0	40.00
41.00	04100	SUBPROVIDER - IRF				377,340	0	41.00
43.00	04300	NURSERY				80,257	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				622,678	0	50.00
50.02	03330	ENDOSCOPY				100,724	0	50.02
51.00	05100	RECOVERY ROOM				85,173	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				333,075	0	52.00
53.00	05300	ANESTHESIOLOGY				30,978	0	53.00
53.01	05301	PAIN CENTER				114,774	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				445,811	0	54.00
56.00	05600	RADIOISOTOPE				25,095	0	56.00
57.00	05700	CT SCAN				91,493	0	57.00
58.00	05800	MRI				46,315	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				204,916	0	59.00
60.00	06000	LABORATORY				1,078,733	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD				19,349	0	62.00
65.00	06500	RESPIRATORY THERAPY				57,535	0	65.00
66.00	06600	PHYSICAL THERAPY				435,904	0	66.00
69.00	06900	ELECTROCARDIOLOGY				160,348	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				81,418	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT				699,141	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				280,098	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				475,116	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)				7,971	0	75.00
76.00	03950	TREATMENT CENTER				0	0	76.00
76.97	07697	CARDIAC REHABILITATION				9,715	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC				0	0	90.02
90.03	09003	WOUND CLINIC				9,274	0	90.03
90.12	09012	CTPET				5,112	0	90.12
90.13	09013	RADIATION ONCOLOGY				45,948	0	90.13
91.00	09100	EMERGENCY				1,076,346	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				892,015	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	11,584,028	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN				15,833	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				257,945	0	192.00
194.00	07950	SENIOR SERVICES				0	0	194.00
194.01	07951	ADULT DAY CARE				1,833	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALA RY & FRINGES A	SERVICES-OTHE R PRGM COSTS A				
			21.00	22.00		24.00	25.00	
194.02	07952	SPORTS MEDICINE REHAB				11,174	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS				798,086	0	194.03
194.04	07953	CANCER CARE				1,317	0	194.04
194.07	07976	BLUE MOUND				331	0	194.07
194.08	07955	ARTHUR CLINIC				1,819	0	194.08
194.11	07956	2981 NORTH MAIN				494	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750				7,093	0	194.13
194.15	07959	MT. ZION CLINIC				0	0	194.15
194.16	07960	CERRO GORDO				647	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE				5,921	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD				18,263	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES				11	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR				128,475	0	194.40
194.48	07972	MRI BUILDING				0	0	194.48
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	12,833,270	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	3,009,806	30.00
31.00	03100	INTENSIVE CARE UNIT	364,773	31.00
40.00	04000	SUBPROVIDER - IPF	316,797	40.00
41.00	04100	SUBPROVIDER - IRF	377,340	41.00
43.00	04300	NURSERY	80,257	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	622,678	50.00
50.02	03330	ENDOSCOPY	100,724	50.02
51.00	05100	RECOVERY ROOM	85,173	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	333,075	52.00
53.00	05300	ANESTHESIOLOGY	30,978	53.00
53.01	05301	PAIN CENTER	114,774	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	445,811	54.00
56.00	05600	RADIOISOTOPE	25,095	56.00
57.00	05700	CT SCAN	91,493	57.00
58.00	05800	MRI	46,315	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,916	59.00
60.00	06000	LABORATORY	1,078,733	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	19,349	62.00
65.00	06500	RESPIRATORY THERAPY	57,535	65.00
66.00	06600	PHYSICAL THERAPY	435,904	66.00
69.00	06900	ELECTROCARDIOLOGY	160,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	699,141	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	280,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	475,116	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,971	75.00
76.00	03950	TREATMENT CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,715	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09002	OUTPATIENT PSYCHIATRIC	0	90.02
90.03	09003	WOUND CLINIC	9,274	90.03
90.12	09012	CTPET	5,112	90.12
90.13	09013	RADIATION ONCOLOGY	45,948	90.13
91.00	09100	EMERGENCY	1,076,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	892,015	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,584,028	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	15,833	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	257,945	192.00
194.00	07950	SENIOR SERVICES	0	194.00
194.01	07951	ADULT DAY CARE	1,833	194.01
194.02	07952	SPORTS MEDICINE REHAB	11,174	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	798,086	194.03
194.04	07953	CANCER CARE	1,317	194.04
194.07	07976	BLUE MOUND	331	194.07
194.08	07955	ARTHUR CLINIC	1,819	194.08
194.11	07956	2981 NORTH MAIN	494	194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			Total	
			26.00	
194.13	07957	MEDICAL OFFICE BUILDING 1750	7,093	194.13
194.15	07959	MT. ZION CLINIC	0	194.15
194.16	07960	CERRO GORDO	647	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	5,921	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	18,263	194.36
194.38	07969	SCHOOL HEALTH SERVICES	11	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	128,475	194.40
194.48	07972	MRI BUILDING	0	194.48
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,833,270	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MOVABLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	472,762					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		472,762				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	40,606,030			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,493	61,493	3,946,492	-33,437,141	104,130,880	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,530	3,530	0	0	68,896	6.00
7.00	00700	OPERATION OF PLANT	40,020	40,020	1,061,128	0	6,141,920	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	25,435	0	569,367	8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	889,173	0	1,926,515	9.00
10.00	01000	DIETARY	16,186	16,186	567,518	0	1,433,814	10.00
11.00	01100	CAFETERIA	3,849	3,849	210,364	0	558,529	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	1,061,330	0	1,424,312	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	433,335	0	1,041,890	14.00
15.00	01500	PHARMACY	3,818	3,818	2,051,090	0	2,873,817	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	0	0	2,092,342	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,020	82,020	6,144,510	0	11,815,832	30.00
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	1,717,537	0	3,154,349	31.00
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	1,003,780	0	1,341,567	40.00
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	829,061	0	1,298,445	41.00
43.00	04300	NURSERY	2,301	2,301	418,531	0	583,867	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,591	17,591	2,478,322	0	4,552,954	50.00
50.02	03330	ENDOSCOPY	3,319	3,319	313,652	0	464,370	50.02
51.00	05100	RECOVERY ROOM	2,266	2,266	513,560	0	661,698	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,568,166	0	2,592,641	52.00
53.00	05300	ANESTHESIOLOGY	315	315	303,173	0	395,834	53.00
53.01	05301	PAIN CENTER	3,507	3,507	517,799	0	689,842	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,583,653	0	2,535,829	54.00
56.00	05600	RADIOISOTOPE	663	663	131,576	0	234,315	56.00
57.00	05700	CT SCAN	558	558	550,307	0	1,081,163	57.00
58.00	05800	MRI	883	883	275,397	0	420,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	1,250,936	0	1,818,013	59.00
60.00	06000	LABORATORY	35,496	35,496	1,681,933	0	4,996,796	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	0	324,298	62.00
65.00	06500	RESPIRATORY THERAPY	757	757	693,834	0	642,481	65.00
66.00	06600	PHYSICAL THERAPY	13,742	13,742	1,926,642	0	2,726,782	66.00
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	851,867	0	1,466,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	314,476	0	434,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	13,450,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,214,929	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,378,348	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	160,024	0	193,219	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	167,739	0	202,529	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	139,375	0	228,615	90.03
90.12	09012	CTPET	0	0	18,967	0	119,535	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	451,153	0	1,129,162	90.13
91.00	09100	EMERGENCY	37,538	37,538	2,747,466	0	4,216,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,327,640	0	8,051,025	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	433,285	433,285	40,326,941	-33,437,141	101,548,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	5,149	0	99,663	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	446,237	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	36,399	0	43,424	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	231,568	0	277,705	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	0	654,828	194.03
194.04	07953	CANCER CARE	0	0	394	0	35,493	194.04
194.07	07976	BLUE MOUND	0	0	0	0	8,914	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	49,017	194.08
194.11	07956	2981 NORTH MAIN	0	0	105	0	13,319	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	189,701	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	-24,048	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	17,423	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	5,474	0	158,809	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	482,424	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	297	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	5,401	5,401	0	0	105,414	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	5,816,502	3,410,579	7,745,811		33,437,141	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.303235	7.214156	0.190755		0.321107	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			35,860		3,864,315	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000883		0.037110	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	405,926				6.00
7.00	00700	OPERATION OF PLANT	40,020	365,906			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,874	15,874	31,718		8.00
9.00	00900	HOUSEKEEPING	5,719	5,719	0	344,313	9.00
10.00	01000	DIETARY	16,186	16,186	0	16,186	31,718 10.00
11.00	01100	CAFETERIA	3,849	3,849	0	3,849	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	1,783	1,783	0	1,783	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	0	9,780	0 14.00
15.00	01500	PHARMACY	3,818	3,818	0	3,818	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	0	8,558	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,020	82,020	22,654	82,020	22,654 30.00
31.00	03100	INTENSIVE CARE UNIT	5,935	5,935	3,321	5,935	3,321 31.00
40.00	04000	SUBPROVIDER - IPF	6,977	6,977	3,547	6,977	3,547 40.00
41.00	04100	SUBPROVIDER - IRF	11,495	11,495	2,196	11,495	2,196 41.00
43.00	04300	NURSERY	2,301	2,301	0	2,301	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,591	17,591	0	17,591	0 50.00
50.02	03330	ENDOSCOPY	3,319	3,319	0	3,319	0 50.02
51.00	05100	RECOVERY ROOM	2,266	2,266	0	2,266	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	0	9,460	0 52.00
53.00	05300	ANESTHESIOLOGY	315	315	0	315	0 53.00
53.01	05301	PAIN CENTER	3,507	3,507	0	3,507	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	0	14,367	0 54.00
56.00	05600	RADIOISOTOPE	663	663	0	663	0 56.00
57.00	05700	CT SCAN	558	558	0	558	0 57.00
58.00	05800	MRI	883	883	0	883	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,987	4,987	0	4,987	0 59.00
60.00	06000	LABORATORY	35,496	35,496	0	35,496	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	272	0 62.00
65.00	06500	RESPIRATORY THERAPY	757	757	0	757	0 65.00
66.00	06600	PHYSICAL THERAPY	13,742	13,742	0	13,742	0 66.00
69.00	06900	ELECTROCARDIOLOGY	3,779	3,779	0	3,779	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	0	2,634	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0 90.02
90.03	09003	WOUND CLINIC	0	0	0	0	0 90.03
90.12	09012	CTPET	0	0	0	0	0 90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	0 90.13
91.00	09100	EMERGENCY	37,538	37,538	0	37,538	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	366,449	326,429	31,718	304,836	31,718 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	0	525	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0 194.00
194.01	07951	ADULT DAY CARE	0	0	0	0	0 194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0 194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	33,551	0 194.03
194.04	07953	CANCER CARE	0	0	0	0	0 194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
194.07	07976 BLUE MOUND	0	0	0	0	0	194.07
194.08	07955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	0	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	5,401	5,401	0	5,401	0	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
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)	91,019	8,123,108	1,108,157	2,673,376	2,382,854	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.224226	22.199986	34.937796	7.764377	75.126237	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	71,453	1,019,495	423,814	200,839	427,006	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.176025	2.786221	13.361940	0.583304	13.462576	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	47,895					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,352	0	13,074,469			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,039	0	0	18,530,045		14.00
15.00	01500	PHARMACY	2,078	0	0	0	100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,836	0	3,806,218	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,593	0	1,453,305	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,518	0	634,597	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,144	0	0	0	0	41.00
43.00	04300	NURSERY	458	0	417,081	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,584	0	1,481,635	0	0	50.00
50.02	03330	ENDOSCOPY	400	0	260,927	0	0	50.02
51.00	05100	RECOVERY ROOM	669	0	495,288	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,979	0	1,247,242	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,305	0	0	0	0	53.00
53.01	05301	PAIN CENTER	678	0	294,500	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,202	0	149,097	0	0	54.00
56.00	05600	RADIOISOTOPE	134	0	0	0	0	56.00
57.00	05700	CT SCAN	719	0	0	0	0	57.00
58.00	05800	MRI	305	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,427	0	602,032	0	0	59.00
60.00	06000	LABORATORY	2,705	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,018	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,458	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,019	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	464	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	13,315,116	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,214,929	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
75.00	07500	ASC (NON-DISTINCT PART)	220	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	203	0	158,030	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	135	0	0	0	0	90.03
90.12	09012	CTPET	25	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	449	0	0	0	0	90.13
91.00	09100	EMERGENCY	4,050	0	1,914,481	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	336	0	160,036	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,502	0	13,074,469	18,530,045	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	10	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	83	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	290	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	10	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
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)	854,073	0	1,959,605	1,690,221	3,948,935	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.832195	0.000000	0.149880	0.091215	39,489.350000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	109,682	0	98,011	266,983	201,272	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.290051	0.000000	0.007496	0.014408	2,012.720000	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES A (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	663,187,449					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,462,569	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,317,263	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,945,496	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,843,237	0	0	0	0	41.00
43.00	04300	NURSERY	2,101,345	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,025,874	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	8,165,647	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	5,716,646	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,355,522	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,401,482	0	0	0	0	53.00
53.01	05301	PAIN CENTER	8,762,948	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,529,028	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	1,475,685	0	0	0	0	56.00
57.00	05700	CT SCAN	78,214,291	0	0	0	0	57.00
58.00	05800	MRI	20,227,619	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,137,982	0	0	0	0	59.00
60.00	06000	LABORATORY	88,005,085	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	2,239,366	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,376,231	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	22,477,880	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	33,740,652	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,986,082	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	17,486,819	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,592,470	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,879,122	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	335,179	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	862,137	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	770,477	0	0	0	0	90.03
90.12	09012	CTPET	1,295,615	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	5,631,542	0	0	0	0	90.13
91.00	09100	EMERGENCY	60,385,397	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,440,752	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	663,187,440	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	9	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES A (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	0	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,022,562	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004558	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	308,134	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000465	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHE R PRGM COSTS		
			A (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	50.02
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
53.01	05301	PAIN CENTER	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
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 PAT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	90.03
90.12	09012	CTPET	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	90.13
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	SENIOR SERVICES	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet B-1
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-OTHE R PRGM COSTS A		
			(ASSIGNED TIME)		
			22.00	23.00	
194.02	07952	SPORTS MEDICINE REHAB	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07953	CANCER CARE	0	0	194.04
194.07	07976	BLUE MOUND	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	194.15
194.16	07960	CERRO GORDO	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	194.40
194.48	07972	MRI BUILDING	0	0	194.48
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:09 am

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total 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	21,472,877		21,472,877	0	21,472,877
31.00	03100	INTENSIVE CARE UNIT	5,009,337		5,009,337	0	5,009,337
40.00	04000	SUBPROVIDER - IPF	2,513,542		2,513,542	0	2,513,542
41.00	04100	SUBPROVIDER - IRF	2,342,020		2,342,020	95,995	2,438,015
43.00	04300	NURSERY	921,072		921,072	30,512	951,584
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,091,888		7,091,888	0	7,091,888
50.02	03330	ENDOSCOPY	797,138		797,138	0	797,138
51.00	05100	RECOVERY ROOM	1,054,801		1,054,801	0	1,054,801
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,966,493		3,966,493	711,753	4,678,246
53.00	05300	ANESTHESIOLOGY	612,246		612,246	0	612,246
53.01	05301	PAIN CENTER	1,113,398		1,113,398	0	1,113,398
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,970,910		3,970,910	0	3,970,910
56.00	05600	RADIOISOTOPE	338,687		338,687	0	338,687
57.00	05700	CT SCAN	1,814,500		1,814,500	0	1,814,500
58.00	05800	MRI	679,788		679,788	0	679,788
59.00	05900	CARDIAC CATHETERIZATION	2,800,831		2,800,831	1,149,116	3,949,947
60.00	06000	LABORATORY	8,121,993		8,121,993	0	8,121,993
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	446,850		446,850	0	446,850
65.00	06500	RESPIRATORY THERAPY	941,645	0	941,645	63,552	1,005,197
66.00	06600	PHYSICAL THERAPY	4,163,508	0	4,163,508	0	4,163,508
69.00	06900	ELECTROCARDIOLOGY	2,223,344		2,223,344	0	2,223,344
70.00	07000	ELECTROENCEPHALOGRAPHY	688,989		688,989	288	689,277
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	19,063,733		19,063,733	0	19,063,733
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,477,251		7,477,251	0	7,477,251
73.00	07300	DRUGS CHARGED TO PATIENTS	12,739,504		12,739,504	0	12,739,504
75.00	07500	ASC (NON-DISTINCT PART)	260,714		260,714	0	260,714
76.00	03950	TREATMENT CENTER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	298,798		298,798	0	298,798
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0		0	0	0
90.03	09003	WOUND CLINIC	307,944		307,944	0	307,944
90.12	09012	CTPET	164,270		164,270	0	164,270
90.13	09013	RADIATION ONCOLOGY	1,525,420		1,525,420	0	1,525,420
91.00	09100	EMERGENCY	7,338,187		7,338,187	6,418	7,344,605
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,617,026		2,617,026		2,617,026
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	10,695,600		10,695,600	0	10,695,600
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	135,574,304	0	135,574,304	2,057,634	137,631,938
201.00		Less Observation Beds	2,617,026		2,617,026		2,617,026
202.00		Total (see instructions)	132,957,278	0	132,957,278	2,057,634	135,014,912

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:09 am

			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	23,950,946		23,950,946		30.00
31.00	03100	INTENSIVE CARE UNIT	7,317,263		7,317,263		31.00
40.00	04000	SUBPROVIDER - IPF	3,945,496		3,945,496		40.00
41.00	04100	SUBPROVIDER - IRF	3,843,237		3,843,237		41.00
43.00	04300	NURSERY	2,101,345		2,101,345		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,032,909	39,992,965	57,025,874	0.124363	0.000000
50.02	03330	ENDOSCOPY	719,177	7,446,470	8,165,647	0.097621	0.000000
51.00	05100	RECOVERY ROOM	1,348,258	4,368,388	5,716,646	0.184514	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,642,568	1,712,954	7,355,522	0.539254	0.000000
53.00	05300	ANESTHESIOLOGY	3,400,557	9,000,925	12,401,482	0.049369	0.000000
53.01	05301	PAIN CENTER	28,354	8,734,594	8,762,948	0.127057	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,627,333	20,901,695	27,529,028	0.144244	0.000000
56.00	05600	RADIOISOTOPE	356,394	1,119,291	1,475,685	0.229512	0.000000
57.00	05700	CT SCAN	20,097,293	58,116,998	78,214,291	0.023199	0.000000
58.00	05800	MRI	3,975,134	16,252,485	20,227,619	0.033607	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,925,418	19,212,564	29,137,982	0.096123	0.000000
60.00	06000	LABORATORY	31,726,304	56,278,781	88,005,085	0.092290	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,485,633	753,733	2,239,366	0.199543	0.000000
65.00	06500	RESPIRATORY THERAPY	8,499,578	2,876,653	11,376,231	0.082773	0.000000
66.00	06600	PHYSICAL THERAPY	8,970,437	13,507,443	22,477,880	0.185227	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,279,822	28,460,830	33,740,652	0.065895	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	373,829	5,612,253	5,986,082	0.115098	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,997,271	10,489,548	17,486,819	1.090177	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,400,195	15,192,275	24,592,470	0.304046	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	41,847,844	38,031,278	79,879,122	0.159485	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	2,376	332,803	335,179	0.777835	0.000000
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	1,380	860,757	862,137	0.346578	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0.000000	0.000000
90.03	09003	WOUND CLINIC	221,867	548,610	770,477	0.399680	0.000000
90.12	09012	CTPET	0	1,295,615	1,295,615	0.126789	0.000000
90.13	09013	RADIATION ONCOLOGY	18,487	5,613,055	5,631,542	0.270871	0.000000
91.00	09100	EMERGENCY	14,574,632	45,810,765	60,385,397	0.121523	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,550,211	2,961,412	4,511,623	0.580063	0.000000
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	6,440,752	6,440,752	1.660614	0.000000
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	241,261,548	421,925,892	663,187,440		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	241,261,548	421,925,892	663,187,440		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.124363			50.00
50.02	03330	ENDOSCOPY	0.097621			50.02
51.00	05100	RECOVERY ROOM	0.184514			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.636018			52.00
53.00	05300	ANESTHESIOLOGY	0.049369			53.00
53.01	05301	PAIN CENTER	0.127057			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144244			54.00
56.00	05600	RADIOISOTOPE	0.229512			56.00
57.00	05700	CT SCAN	0.023199			57.00
58.00	05800	MRI	0.033607			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135560			59.00
60.00	06000	LABORATORY	0.092290			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.199543			62.00
65.00	06500	RESPIRATORY THERAPY	0.088359			65.00
66.00	06600	PHYSICAL THERAPY	0.185227			66.00
69.00	06900	ELECTROCARDIOLOGY	0.065895			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115147			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.090177			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304046			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159485			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.777835			75.00
76.00	03950	TREATMENT CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.346578			76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000			90.02
90.03	09003	WOUND CLINIC	0.399680			90.03
90.12	09012	CTPET	0.126789			90.12
90.13	09013	RADIATION ONCOLOGY	0.270871			90.13
91.00	09100	EMERGENCY	0.121629			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.580063			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1.660614			95.00
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: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:09 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total 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	21,472,877		21,472,877	0	21,472,877
31.00	03100	INTENSIVE CARE UNIT	5,009,337		5,009,337	0	5,009,337
40.00	04000	SUBPROVIDER - IPF	2,513,542		2,513,542	0	2,513,542
41.00	04100	SUBPROVIDER - IRF	2,342,020		2,342,020	95,995	2,438,015
43.00	04300	NURSERY	921,072		921,072	30,512	951,584
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,091,888		7,091,888	0	7,091,888
50.02	03330	ENDOSCOPY	797,138		797,138	0	797,138
51.00	05100	RECOVERY ROOM	1,054,801		1,054,801	0	1,054,801
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,966,493		3,966,493	711,753	4,678,246
53.00	05300	ANESTHESIOLOGY	612,246		612,246	0	612,246
53.01	05301	PAIN CENTER	1,113,398		1,113,398	0	1,113,398
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,970,910		3,970,910	0	3,970,910
56.00	05600	RADIOISOTOPE	338,687		338,687	0	338,687
57.00	05700	CT SCAN	1,814,500		1,814,500	0	1,814,500
58.00	05800	MRI	679,788		679,788	0	679,788
59.00	05900	CARDIAC CATHETERIZATION	2,800,831		2,800,831	1,149,116	3,949,947
60.00	06000	LABORATORY	8,121,993		8,121,993	0	8,121,993
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	446,850		446,850	0	446,850
65.00	06500	RESPIRATORY THERAPY	941,645	0	941,645	63,552	1,005,197
66.00	06600	PHYSICAL THERAPY	4,163,508	0	4,163,508	0	4,163,508
69.00	06900	ELECTROCARDIOLOGY	2,223,344		2,223,344	0	2,223,344
70.00	07000	ELECTROENCEPHALOGRAPHY	688,989		688,989	288	689,277
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	19,063,733		19,063,733	0	19,063,733
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,477,251		7,477,251	0	7,477,251
73.00	07300	DRUGS CHARGED TO PATIENTS	12,739,504		12,739,504	0	12,739,504
75.00	07500	ASC (NON-DISTINCT PART)	260,714		260,714	0	260,714
76.00	03950	TREATMENT CENTER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	298,798		298,798	0	298,798
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0		0	0	0
90.03	09003	WOUND CLINIC	307,944		307,944	0	307,944
90.12	09012	CTPET	164,270		164,270	0	164,270
90.13	09013	RADIATION ONCOLOGY	1,525,420		1,525,420	0	1,525,420
91.00	09100	EMERGENCY	7,338,187		7,338,187	6,418	7,344,605
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,617,026		2,617,026		2,617,026
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	10,695,600		10,695,600	0	10,695,600
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	135,574,304	0	135,574,304	2,057,634	137,631,938
201.00		Less Observation Beds	2,617,026		2,617,026		2,617,026
202.00		Total (see instructions)	132,957,278	0	132,957,278	2,057,634	135,014,912

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:09 am

			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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,950,946		23,950,946		30.00
31.00	03100	INTENSIVE CARE UNIT	7,317,263		7,317,263		31.00
40.00	04000	SUBPROVIDER - IPF	3,945,496		3,945,496		40.00
41.00	04100	SUBPROVIDER - IRF	3,843,237		3,843,237		41.00
43.00	04300	NURSERY	2,101,345		2,101,345		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,032,909	39,992,965	57,025,874	0.124363	0.000000
50.02	03330	ENDOSCOPY	719,177	7,446,470	8,165,647	0.097621	0.000000
51.00	05100	RECOVERY ROOM	1,348,258	4,368,388	5,716,646	0.184514	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,642,568	1,712,954	7,355,522	0.539254	0.000000
53.00	05300	ANESTHESIOLOGY	3,400,557	9,000,925	12,401,482	0.049369	0.000000
53.01	05301	PAIN CENTER	28,354	8,734,594	8,762,948	0.127057	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,627,333	20,901,695	27,529,028	0.144244	0.000000
56.00	05600	RADIOISOTOPE	356,394	1,119,291	1,475,685	0.229512	0.000000
57.00	05700	CT SCAN	20,097,293	58,116,998	78,214,291	0.023199	0.000000
58.00	05800	MRI	3,975,134	16,252,485	20,227,619	0.033607	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,925,418	19,212,564	29,137,982	0.096123	0.000000
60.00	06000	LABORATORY	31,726,304	56,278,781	88,005,085	0.092290	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,485,633	753,733	2,239,366	0.199543	0.000000
65.00	06500	RESPIRATORY THERAPY	8,499,578	2,876,653	11,376,231	0.082773	0.000000
66.00	06600	PHYSICAL THERAPY	8,970,437	13,507,443	22,477,880	0.185227	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,279,822	28,460,830	33,740,652	0.065895	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	373,829	5,612,253	5,986,082	0.115098	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,997,271	10,489,548	17,486,819	1.090177	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,400,195	15,192,275	24,592,470	0.304046	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	41,847,844	38,031,278	79,879,122	0.159485	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	2,376	332,803	335,179	0.777835	0.000000
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	1,380	860,757	862,137	0.346578	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0.000000	0.000000
90.03	09003	WOUND CLINIC	221,867	548,610	770,477	0.399680	0.000000
90.12	09012	CTPET	0	1,295,615	1,295,615	0.126789	0.000000
90.13	09013	RADIATION ONCOLOGY	18,487	5,613,055	5,631,542	0.270871	0.000000
91.00	09100	EMERGENCY	14,574,632	45,810,765	60,385,397	0.121523	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,550,211	2,961,412	4,511,623	0.580063	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,440,752	6,440,752	1.660614	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	241,261,548	421,925,892	663,187,440		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	241,261,548	421,925,892	663,187,440		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.02	03330	ENDOSCOPY	0.000000			50.02
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
53.01	05301	PAIN CENTER	0.000000			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
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 PAT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	TREATMENT CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000			90.02
90.03	09003	WOUND CLINIC	0.000000			90.03
90.12	09012	CTPET	0.000000			90.12
90.13	09013	RADIATION ONCOLOGY	0.000000			90.13
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/30/2021 9:09 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,009,806	0	3,009,806	22,162	135.81	30.00
31.00	INTENSIVE CARE UNIT	364,773		364,773	3,297	110.64	31.00
40.00	SUBPROVIDER - IPF	316,797	0	316,797	3,547	89.31	40.00
41.00	SUBPROVIDER - IRF	377,340	0	377,340	2,141	176.24	41.00
43.00	NURSERY	80,257		80,257	1,361	58.97	43.00
200.00	Total (lines 30 through 199)	4,148,973		4,148,973	32,508		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,856	1,066,923				
31.00	INTENSIVE CARE UNIT	1,533	169,611				
40.00	SUBPROVIDER - IPF	2,533	226,222				
41.00	SUBPROVIDER - IRF	1,391	245,150				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	13,313	1,707,906				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/30/2021 9:09 am		
				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	622,678	57,025,874	0.010919	7,178,770	78,385	50.00
50.02	03330	ENDOSCOPY	100,724	8,165,647	0.012335	436,714	5,387	50.02
51.00	05100	RECOVERY ROOM	85,173	5,716,646	0.014899	642,902	9,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	333,075	7,355,522	0.045282	27,700	1,254	52.00
53.00	05300	ANESTHESIOLOGY	30,978	12,401,482	0.002498	1,285,245	3,211	53.00
53.01	05301	PAIN CENTER	114,774	8,762,948	0.013098	14,808	194	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	445,811	27,529,028	0.016194	3,566,498	57,756	54.00
56.00	05600	RADIOISOTOPE	25,095	1,475,685	0.017006	216,297	3,678	56.00
57.00	05700	CT SCAN	91,493	78,214,291	0.001170	10,506,796	12,293	57.00
58.00	05800	MRI	46,315	20,227,619	0.002290	1,836,628	4,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,916	29,137,982	0.007033	4,925,578	34,642	59.00
60.00	06000	LABORATORY	1,078,733	88,005,085	0.012258	14,772,170	181,077	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	19,349	2,239,366	0.008640	575,314	4,971	62.00
65.00	06500	RESPIRATORY THERAPY	57,535	11,376,231	0.005057	4,637,760	23,453	65.00
66.00	06600	PHYSICAL THERAPY	435,904	22,477,880	0.019393	2,321,791	45,026	66.00
69.00	06900	ELECTROCARDIOLOGY	160,348	33,740,652	0.004752	2,803,988	13,325	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,418	5,986,082	0.013601	179,885	2,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	699,141	17,486,819	0.039981	3,459,407	138,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	280,098	24,592,470	0.011390	4,051,635	46,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	475,116	79,879,122	0.005948	18,945,465	112,688	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,971	335,179	0.023781	141	3	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,715	862,137	0.011269	1,104	12	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0.000000	0	0	90.02
90.03	09003	WOUND CLINIC	9,274	770,477	0.012037	93,610	1,127	90.03
90.12	09012	CTPET	5,112	1,295,615	0.003946	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	45,948	5,631,542	0.008159	14,508	118	90.13
91.00	09100	EMERGENCY	1,076,346	60,385,397	0.017825	6,875,908	122,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	366,823	4,511,623	0.081306	851,497	69,232	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,909,863	615,588,401		90,222,119	971,086	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/30/2021 9:09 am	
					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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	22,162	0.00	7,856	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,297	0.00	1,533	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	3,547	0.00	2,533	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,141	0.00	1,391	41.00		
43.00	04300	NURSERY	0	0	1,361	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	32,508		13,313	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	57,025,874	0.000000	50.00
50.02	03330	ENDOSCOPY		0	0	0	8,165,647	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	5,716,646	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,355,522	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	12,401,482	0.000000	53.00
53.01	05301	PAIN CENTER		0	0	0	8,762,948	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	27,529,028	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,475,685	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	78,214,291	0.000000	57.00
58.00	05800	MRI		0	0	0	20,227,619	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	29,137,982	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	88,005,085	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	2,239,366	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,376,231	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	22,477,880	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	33,740,652	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,986,082	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	17,486,819	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	24,592,470	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	79,879,122	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	335,179	0.000000	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	862,137	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0.000000	90.02
90.03	09003	WOUND CLINIC		0	0	0	770,477	0.000000	90.03
90.12	09012	CTPET		0	0	0	1,295,615	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	5,631,542	0.000000	90.13
91.00	09100	EMERGENCY		0	0	0	60,385,397	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	4,511,623	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	615,588,401		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				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	7,178,770	0	12,698,390	0	50.00
50.02	03330	ENDOSCOPY		0.000000	436,714	0	2,495,585	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	642,902	0	1,341,128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	27,700	0	8,169	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,285,245	0	2,947,068	0	53.00
53.01	05301	PAIN CENTER		0.000000	14,808	0	3,737,780	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	3,566,498	0	5,783,124	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	216,297	0	108,273	0	56.00
57.00	05700	CT SCAN		0.000000	10,506,796	0	17,773,479	0	57.00
58.00	05800	MRI		0.000000	1,836,628	0	5,082,883	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	4,925,578	0	10,450,773	0	59.00
60.00	06000	LABORATORY		0.000000	14,772,170	0	7,833,852	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0.000000	575,314	0	76,701	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	4,637,760	0	1,089,066	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,321,791	0	138,263	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	2,803,988	0	13,770,190	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	179,885	0	1,932,379	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	3,459,407	0	4,143,646	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,051,635	0	8,162,295	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	18,945,465	0	15,091,453	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	141	0	233,523	0	75.00
76.00	03950	TREATMENT CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	1,104	0	561,556	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0.000000	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0.000000	93,610	0	168,117	0	90.03
90.12	09012	CTPET		0.000000	0	0	619,090	0	90.12
90.13	09013	RADIATION ONCOLOGY		0.000000	14,508	0	2,318,655	0	90.13
91.00	09100	EMERGENCY		0.000000	6,875,908	0	8,595,540	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	851,497	0	1,077,287	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			90,222,119	0	128,238,265	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 9:09 am

			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	0.124363	12,698,390	0	0	1,579,210	50.00
50.02	03330 ENDOSCOPY	0.097621	2,495,585	0	0	243,622	50.02
51.00	05100 RECOVERY ROOM	0.184514	1,341,128	0	0	247,457	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.539254	8,169	0	0	4,405	52.00
53.00	05300 ANESTHESIOLOGY	0.049369	2,947,068	0	0	145,494	53.00
53.01	05301 PAIN CENTER	0.127057	3,737,780	0	0	474,911	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.144244	5,783,124	0	0	834,181	54.00
56.00	05600 RADIOISOTOPE	0.229512	108,273	0	0	24,850	56.00
57.00	05700 CT SCAN	0.023199	17,773,479	0	0	412,327	57.00
58.00	05800 MRI	0.033607	5,082,883	0	0	170,820	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.096123	10,450,773	0	0	1,004,560	59.00
60.00	06000 LABORATORY	0.092290	7,833,852	8,005	0	722,986	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.199543	76,701	0	0	15,305	62.00
65.00	06500 RESPIRATORY THERAPY	0.082773	1,089,066	0	0	90,145	65.00
66.00	06600 PHYSICAL THERAPY	0.185227	138,263	0	0	25,610	66.00
69.00	06900 ELECTROCARDIOLOGY	0.065895	13,770,190	0	0	907,387	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115098	1,932,379	0	0	222,413	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1.090177	4,143,646	0	0	4,517,308	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.304046	8,162,295	0	0	2,481,713	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159485	15,091,453	0	31,700	2,406,860	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.777835	233,523	0	0	181,642	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.346578	561,556	0	0	194,623	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000	0	0	0	0	90.02
90.03	09003 WOUND CLINIC	0.399680	168,117	0	0	67,193	90.03
90.12	09012 CTPET	0.126789	619,090	0	0	78,494	90.12
90.13	09013 RADIATION ONCOLOGY	0.270871	2,318,655	0	0	628,056	90.13
91.00	09100 EMERGENCY	0.121523	8,595,540	0	0	1,044,556	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.580063	1,077,287	0	0	624,894	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1.660614		0			95.00
200.00	Subtotal (see instructions)		128,238,265	8,005	31,700	19,351,022	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		128,238,265	8,005	31,700	19,351,022	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/30/2021 9:09 am

			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
50.02	03330	ENDOSCOPY	0	0		50.02
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
53.01	05301	PAIN CENTER	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	739	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
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 PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,056		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	TREATMENT CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0		90.02
90.03	09003	WOUND CLINIC	0	0		90.03
90.12	09012	CTPET	0	0		90.12
90.13	09013	RADIATION ONCOLOGY	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	739	5,056		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	739	5,056		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN:14-0166

Period:

Worksheet D

Component CCN:14-S166

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/30/2021 9:09 am

Title XVIII				Subprovider - IPF	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	622,678	57,025,874	0.010919	4,021	44
50.02	03330 ENDOSCOPY	100,724	8,165,647	0.012335	0	0
51.00	05100 RECOVERY ROOM	85,173	5,716,646	0.014899	1,052	16
52.00	05200 DELIVERY ROOM & LABOR ROOM	333,075	7,355,522	0.045282	0	0
53.00	05300 ANESTHESIOLOGY	30,978	12,401,482	0.002498	1,513	4
53.01	05301 PAIN CENTER	114,774	8,762,948	0.013098	195	3
54.00	05400 RADIOLOGY-DIAGNOSTIC	445,811	27,529,028	0.016194	55,205	894
56.00	05600 RADIOISOTOPE	25,095	1,475,685	0.017006	918	16
57.00	05700 CT SCAN	91,493	78,214,291	0.001170	176,743	207
58.00	05800 MRI	46,315	20,227,619	0.002290	30,552	70
59.00	05900 CARDIAC CATHETERIZATION	204,916	29,137,982	0.007033	981	7
60.00	06000 LABORATORY	1,078,733	88,005,085	0.012258	549,276	6,733
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	19,349	2,239,366	0.008640	970	8
65.00	06500 RESPIRATORY THERAPY	57,535	11,376,231	0.005057	26,561	134
66.00	06600 PHYSICAL THERAPY	435,904	22,477,880	0.019393	273,716	5,308
69.00	06900 ELECTROCARDIOLOGY	160,348	33,740,652	0.004752	34,806	165
70.00	07000 ELECTROENCEPHALOGRAPHY	81,418	5,986,082	0.013601	1,746	24
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	699,141	17,486,819	0.039981	20,620	824
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	280,098	24,592,470	0.011390	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	475,116	79,879,122	0.005948	996,146	5,925
75.00	07500 ASC (NON-DISTINCT PART)	7,971	335,179	0.023781	0	0
76.00	03950 TREATMENT CENTER	0	0	0.000000	0	0
76.97	07697 CARDIAC REHABILITATION	9,715	862,137	0.011269	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0.000000	0	0
90.03	09003 WOUND CLINIC	9,274	770,477	0.012037	1,321	16
90.12	09012 CTPET	5,112	1,295,615	0.003946	0	0
90.13	09013 RADIATION ONCOLOGY	45,948	5,631,542	0.008159	0	0
91.00	09100 EMERGENCY	1,076,346	60,385,397	0.017825	230,698	4,112
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	4,511,623	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					
200.00	Total (lines 50 through 199)	6,543,040	615,588,401		2,407,040	24,510

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
53.01	05301	PAIN CENTER		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0	0	0	0	0	90.03
90.12	09012	CTPET		0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	0	0	90.13
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	57,025,874	0.000000	50.00
50.02	03330	ENDOSCOPY		0	0	0	8,165,647	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	5,716,646	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,355,522	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	12,401,482	0.000000	53.00
53.01	05301	PAIN CENTER		0	0	0	8,762,948	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	27,529,028	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,475,685	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	78,214,291	0.000000	57.00
58.00	05800	MRI		0	0	0	20,227,619	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	29,137,982	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	88,005,085	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	2,239,366	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,376,231	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	22,477,880	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	33,740,652	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,986,082	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	17,486,819	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	24,592,470	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	79,879,122	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	335,179	0.000000	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	862,137	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0.000000	90.02
90.03	09003	WOUND CLINIC		0	0	0	770,477	0.000000	90.03
90.12	09012	CTPET		0	0	0	1,295,615	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	5,631,542	0.000000	90.13
91.00	09100	EMERGENCY		0	0	0	60,385,397	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	4,511,623	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	615,588,401		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IPF		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	4,021	0	0	0	50.00
50.02	03330	ENDOSCOPY		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	1,052	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,513	0	0	0	53.00
53.01	05301	PAIN CENTER		0.000000	195	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	55,205	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	918	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	176,743	0	0	0	57.00
58.00	05800	MRI		0.000000	30,552	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	981	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	549,276	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0.000000	970	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	26,561	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	273,716	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	34,806	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,746	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	20,620	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	996,146	0	242	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0.000000	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0.000000	1,321	0	0	0	90.03
90.12	09012	CTPET		0.000000	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY		0.000000	230,698	0	228	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			2,407,040	0	470	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0166 Component CCN:14-S166	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII	Subprovider - IPF	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	0.124363	0	0	0	50.00
50.02	03330	ENDOSCOPY	0.097621	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.184514	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.539254	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049369	0	0	0	53.00
53.01	05301	PAIN CENTER	0.127057	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144244	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.229512	0	0	0	56.00
57.00	05700	CT SCAN	0.023199	0	0	0	57.00
58.00	05800	MRI	0.033607	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096123	0	0	0	59.00
60.00	06000	LABORATORY	0.092290	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.199543	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.082773	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.185227	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.065895	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115098	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.090177	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304046	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159485	242	0	1,007	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.777835	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.346578	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.399680	0	0	0	90.03
90.12	09012	CTPET	0.126789	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.270871	0	0	0	90.13
91.00	09100	EMERGENCY	0.121523	228	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.580063	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1.660614		0		95.00
200.00		Subtotal (see instructions)		470	0	1,007	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		470	0	1,007	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0166 Component CCN:14-S166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 9:09 am		
			Title XVIII		Subprovider - IPF		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
50.02	03330	ENDOSCOPY	0	0					50.02
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
53.01	05301	PAIN CENTER	0	0					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0					62.00
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 PAT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161					73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03950	TREATMENT CENTER	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0					90.02
90.03	09003	WOUND CLINIC	0	0					90.03
90.12	09012	CTPET	0	0					90.12
90.13	09013	RADIATION ONCOLOGY	0	0					90.13
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	161					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	161					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/30/2021 9:09 am		
				Component CCN: 14-T166				
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	622,678	57,025,874	0.010919	55,232	603	50.00
50.02	03330	ENDOSCOPY	100,724	8,165,647	0.012335	0	0	50.02
51.00	05100	RECOVERY ROOM	85,173	5,716,646	0.014899	5,705	85	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	333,075	7,355,522	0.045282	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,978	12,401,482	0.002498	9,268	23	53.00
53.01	05301	PAIN CENTER	114,774	8,762,948	0.013098	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	445,811	27,529,028	0.016194	44,162	715	54.00
56.00	05600	RADIOISOTOPE	25,095	1,475,685	0.017006	2,666	45	56.00
57.00	05700	CT SCAN	91,493	78,214,291	0.001170	37,685	44	57.00
58.00	05800	MRI	46,315	20,227,619	0.002290	4,778	11	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,916	29,137,982	0.007033	15,000	105	59.00
60.00	06000	LABORATORY	1,078,733	88,005,085	0.012258	267,739	3,282	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	19,349	2,239,366	0.008640	2,066	18	62.00
65.00	06500	RESPIRATORY THERAPY	57,535	11,376,231	0.005057	175,101	885	65.00
66.00	06600	PHYSICAL THERAPY	435,904	22,477,880	0.019393	3,134,147	60,781	66.00
69.00	06900	ELECTROCARDIOLOGY	160,348	33,740,652	0.004752	16,078	76	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,418	5,986,082	0.013601	2,526	34	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	699,141	17,486,819	0.039981	52,955	2,117	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	280,098	24,592,470	0.011390	20,700	236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	475,116	79,879,122	0.005948	744,300	4,427	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,971	335,179	0.023781	2,070	49	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,715	862,137	0.011269	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0.000000	0	0	90.02
90.03	09003	WOUND CLINIC	9,274	770,477	0.012037	0	0	90.03
90.12	09012	CTPET	5,112	1,295,615	0.003946	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	45,948	5,631,542	0.008159	0	0	90.13
91.00	09100	EMERGENCY	1,076,346	60,385,397	0.017825	1,664	30	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	4,511,623	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,543,040	615,588,401		4,593,842	73,566	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
53.01	05301	PAIN CENTER		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC		0	0	0	0	0	90.03
90.12	09012	CTPET		0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	0	0	90.13
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	57,025,874	0.000000	50.00
50.02	03330	ENDOSCOPY		0	0	0	8,165,647	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	5,716,646	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,355,522	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	12,401,482	0.000000	53.00
53.01	05301	PAIN CENTER		0	0	0	8,762,948	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	27,529,028	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,475,685	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	78,214,291	0.000000	57.00
58.00	05800	MRI		0	0	0	20,227,619	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	29,137,982	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	88,005,085	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD		0	0	0	2,239,366	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,376,231	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	22,477,880	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	33,740,652	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,986,082	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	17,486,819	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	24,592,470	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	79,879,122	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	335,179	0.000000	75.00
76.00	03950	TREATMENT CENTER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	862,137	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC		0	0	0	0	0.000000	90.02
90.03	09003	WOUND CLINIC		0	0	0	770,477	0.000000	90.03
90.12	09012	CTPET		0	0	0	1,295,615	0.000000	90.12
90.13	09013	RADIATION ONCOLOGY		0	0	0	5,631,542	0.000000	90.13
91.00	09100	EMERGENCY		0	0	0	60,385,397	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	4,511,623	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	615,588,401		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		55,232	0	0	0	50.00
50.02	03330	ENDOSCOPY	0.000000		0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000		5,705	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		9,268	0	0	0	53.00
53.01	05301	PAIN CENTER	0.000000		0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		44,162	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		2,666	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		37,685	0	0	0	57.00
58.00	05800	MRI	0.000000		4,778	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		15,000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		267,739	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000		2,066	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		175,101	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		3,134,147	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		16,078	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		2,526	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		52,955	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		20,700	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		744,300	0	48	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		2,070	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000		0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0.000000		0	0	0	0	90.03
90.12	09012	CTPET	0.000000		0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.000000		0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000		1,664	0	46	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			4,593,842	0	94	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0166 Component CCN:14-T166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.124363	0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0.097621	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.184514	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.539254	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049369	0	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0.127057	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144244	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.229512	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.023199	0	0	0	0	0	57.00
58.00	05800	MRI	0.033607	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096123	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.092290	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.199543	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.082773	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.185227	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.065895	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115098	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.090177	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304046	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159485	48	0	201	8	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.777835	0	0	0	0	75.00	
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.346578	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	0	0	0	90.02	
90.03	09003	WOUND CLINIC	0.399680	0	0	0	0	90.03	
90.12	09012	CTPET	0.126789	0	0	0	0	90.12	
90.13	09013	RADIATION ONCOLOGY	0.270871	0	0	0	0	90.13	
91.00	09100	EMERGENCY	0.121523	46	0	0	6	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.580063	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1.660614		0			95.00	
200.00		Subtotal (see instructions)		94	0	201	14	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		94	0	201	14	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0166 Component CCN:14-T166		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 9:09 am		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.02	03330	ENDOSCOPY	0	0					50.02
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
53.01	05301	PAIN CENTER	0	0					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0					62.00
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 PAT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32					73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03950	TREATMENT CENTER	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0					90.02
90.03	09003	WOUND CLINIC	0	0					90.03
90.12	09012	CTPET	0	0					90.12
90.13	09013	RADIATION ONCOLOGY	0	0					90.13
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	32					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	32					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:09 am
		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)		22,162	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,162	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)		19,461	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		7,856	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)		21,472,877	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)		21,472,877	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)		21,472,877	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)		968.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,611,757	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)		7,611,757	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 9:09 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,009,337	3,297	1,519.36	1,533	2,329,179	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,594,537	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,535,473	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,236,534	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					971,086	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,207,620	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,327,853	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,701	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					968.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,617,026	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0166

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

Worksheet D-1

Date/Time Prepared:
11/30/2021 9:09 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,009,806	21,472,877	0.140168	2,617,026	366,823	90.00
91.00 Nursing School cost	0	21,472,877	0.000000	2,617,026	0	91.00
92.00 Allied health cost	0	21,472,877	0.000000	2,617,026	0	92.00
93.00 All other Medical Education	0	21,472,877	0.000000	2,617,026	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:09 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,547	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,547	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,547	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)		2,533	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)		2,513,542	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)		2,513,542	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)		2,513,542	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)		708.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,794,985	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,794,985	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:09 am	
				Title XVIII		Subprovider - IPF	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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					330,594	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,125,579	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					226,222	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,510	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					250,732	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,874,847	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 9:09 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	316,797	2,513,542	0.126036	0	0	90.00
91.00	Nursing School cost	0	2,513,542	0.000000	0	0	91.00
92.00	Allied health cost	0	2,513,542	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,513,542	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:09 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,141	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,141	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,141	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,391	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)		2,438,015	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)		2,438,015	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)		2,438,015	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)		1,138.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,583,973	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,583,973	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1		
				Component CCN: 14-T166		Date/Time Prepared: 11/30/2021 9:09 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						825,444	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,409,417	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						245,150	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						73,566	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						318,716	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,090,701	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:09 am	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	377,340	2,438,015	0.154773	0	0	90.00
91.00 Nursing School cost	0	2,438,015	0.000000	0	0	91.00
92.00 Allied health cost	0	2,438,015	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,438,015	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:09 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,548,585	30.00
31.00	03100	INTENSIVE CARE UNIT		3,824,648	31.00
40.00	04000	SUBPROVIDER - IPF		450,669	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.124363	7,178,770	892,773 50.00
50.02	03330	ENDOSCOPY	0.097621	436,714	42,632 50.02
51.00	05100	RECOVERY ROOM	0.184514	642,902	118,624 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.636018	27,700	17,618 52.00
53.00	05300	ANESTHESIOLOGY	0.049369	1,285,245	63,451 53.00
53.01	05301	PAIN CENTER	0.127057	14,808	1,881 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144244	3,566,498	514,446 54.00
56.00	05600	RADIOISOTOPE	0.229512	216,297	49,643 56.00
57.00	05700	CT SCAN	0.023199	10,506,796	243,747 57.00
58.00	05800	MRI	0.033607	1,836,628	61,724 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135560	4,925,578	667,711 59.00
60.00	06000	LABORATORY	0.092290	14,772,170	1,363,324 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.199543	575,314	114,800 62.00
65.00	06500	RESPIRATORY THERAPY	0.088359	4,637,760	409,788 65.00
66.00	06600	PHYSICAL THERAPY	0.185227	2,321,791	430,058 66.00
69.00	06900	ELECTROCARDIOLOGY	0.065895	2,803,988	184,769 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115147	179,885	20,713 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.090177	3,459,407	3,771,366 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304046	4,051,635	1,231,883 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159485	18,945,465	3,021,517 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.777835	141	110 75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.346578	1,104	383 76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	0 90.02
90.03	09003	WOUND CLINIC	0.399680	93,610	37,414 90.03
90.12	09012	CTPET	0.126789	0	0 90.12
90.13	09013	RADIATION ONCOLOGY	0.270871	14,508	3,930 90.13
91.00	09100	EMERGENCY	0.121629	6,875,908	836,310 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.580063	851,497	493,922 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		90,222,119	14,594,537 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		90,222,119	14,594,537 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:09 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF		2,807,227		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.124363	4,021	500	50.00
50.02	03330 ENDOSCOPY	0.097621	0	0	50.02
51.00	05100 RECOVERY ROOM	0.184514	1,052	194	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.636018	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049369	1,513	75	53.00
53.01	05301 PAIN CENTER	0.127057	195	25	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.144244	55,205	7,963	54.00
56.00	05600 RADIOISOTOPE	0.229512	918	211	56.00
57.00	05700 CT SCAN	0.023199	176,743	4,100	57.00
58.00	05800 MRI	0.033607	30,552	1,027	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.135560	981	133	59.00
60.00	06000 LABORATORY	0.092290	549,276	50,693	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.199543	970	194	62.00
65.00	06500 RESPIRATORY THERAPY	0.088359	26,561	2,347	65.00
66.00	06600 PHYSICAL THERAPY	0.185227	273,716	50,700	66.00
69.00	06900 ELECTROCARDIOLOGY	0.065895	34,806	2,294	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115147	1,746	201	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1.090177	20,620	22,479	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.304046	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159485	996,146	158,870	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.777835	0	0	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.346578	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000	0	0	90.02
90.03	09003 WOUND CLINIC	0.399680	1,321	528	90.03
90.12	09012 CTPET	0.126789	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0.270871	0	0	90.13
91.00	09100 EMERGENCY	0.121629	230,698	28,060	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.580063	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,407,040	330,594	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)		2,407,040		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:09 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		2,568,075	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.124363	55,232	50.00
50.02	03330	ENDOSCOPY	0.097621	0	50.02
51.00	05100	RECOVERY ROOM	0.184514	5,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.636018	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049369	9,268	53.00
53.01	05301	PAIN CENTER	0.127057	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144244	44,162	54.00
56.00	05600	RADIOISOTOPE	0.229512	2,666	56.00
57.00	05700	CT SCAN	0.023199	37,685	57.00
58.00	05800	MRI	0.033607	4,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135560	15,000	59.00
60.00	06000	LABORATORY	0.092290	267,739	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.199543	2,066	62.00
65.00	06500	RESPIRATORY THERAPY	0.088359	175,101	65.00
66.00	06600	PHYSICAL THERAPY	0.185227	3,134,147	66.00
69.00	06900	ELECTROCARDIOLOGY	0.065895	16,078	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115147	2,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.090177	52,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304046	20,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159485	744,300	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.777835	2,070	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.346578	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0.000000	0	90.02
90.03	09003	WOUND CLINIC	0.399680	0	90.03
90.12	09012	CTPET	0.126789	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.270871	0	90.13
91.00	09100	EMERGENCY	0.121629	1,664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.580063	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,593,842	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)		4,593,842	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:09 am
		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)		4,210,579	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,641,847	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)		85,619	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		130,056	2.04
3.00	Managed Care Simulated Payments		4,808,908	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		123.60	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)		4.38	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)		3.20	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)		1.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.05	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.05	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.09	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.05	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000405	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000817	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000405	21.00
22.00	IME payment adjustment (see instructions)		3,945	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,063	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.13	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		3,945	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,063	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.10	31.00
32.00	Sum of lines 30 and 31		37.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.51	33.00
34.00	Disproportionate share adjustment (see instructions)		915,384	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:09 am	
		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)	666,067	590,694		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	167,427	441,807		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	609,234			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)	19,596,664			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)		19,597,727		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,493,681		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,498		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		198,698		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)		21,291,604		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,291,604		61.00
62.00	Deductibles billed to program beneficiaries		1,967,668		62.00
63.00	Coinsurance billed to program beneficiaries		44,969		63.00
64.00	Allowable bad debts (see instructions)		444,745		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		289,084		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		364,012		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,568,051		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)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		3,124		70.93
70.94	HRR adjustment amount (see instructions)		-359,650		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:09 am	
		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)		19,211,525	71.00	
71.01	Sequestration adjustment (see instructions)		0	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		19,006,660	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)		204,865	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		881,121	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:09 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,210,579	0	4,210,579		4,210,579
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,641,847	0		13,641,847	13,641,847
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	85,619	0	85,619		85,619
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	130,056	0		130,056	130,056
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	4,808,908	0	0	4,808,908	4,808,908
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000405	0.000405	0.000405	0.000405	
6.00	IME payment adjustment (see instructions)	22.00	3,945	0	931	3,014	3,945
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,063	0	0	1,063	1,063
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,945	0	931	3,014	3,945
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,063	0	0	1,063	1,063
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2051	0.2051	0.2051	0.2051	
11.00	Disproportionate share adjustment (see instructions)	34.00	915,384	0	215,898	699,486	915,384
11.01	Uncompensated care payments	36.00	609,234	0	167,427	441,807	609,234
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	19,596,664	0	4,680,454	14,916,210	19,596,664
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,597,727	0	4,680,454	14,917,273	19,597,727

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:09 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,493,681	0	366,727	1,126,954	1,493,681
17.00	Special add-on payments for new technologies	54.00	198,698	0	0	198,698	198,698
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	5,047,181	16,242,925	21,290,106
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,355,932	0	329,925	1,026,007	1,355,932
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	29,275	0	10,408	18,867	29,275
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0002	0.0002	0.0002	0.0002	
23.00	Indirect medical education adjustment (see instructions)	6.00	271	0	66	205	271
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0798	0.0798	0.0798	0.0798	
25.00	Disproportionate share adjustment (see instructions)	11.00	108,203	0	26,328	81,875	108,203
26.00	Total prospective capital payments (see instructions)	12.00	1,493,681	0	366,727	1,126,954	1,493,681
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 9:09 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,210,579	4,210,579		4,210,579	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,641,847		13,641,847	13,641,847	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	85,619	85,619		85,619	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	130,056		130,056	130,056	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,808,908	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000405	0.000405	0.000405		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,945	931	3,014	3,945	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,063	0	1,063	1,063	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,945	931	3,014	3,945	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,063	0	1,063	1,063	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2051	0.2051	0.2051		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	915,384	215,898	699,486	915,384	11.00
11.01	Uncompensated care payments	36.00	609,234	167,427	441,807	609,234	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,596,664	4,680,454	14,916,210	19,596,664	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,597,727	4,680,454	14,917,273	19,597,727	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,493,681	366,727	1,126,954	1,493,681	16.00
17.00	Special add-on payments for new technologies	54.00	198,698	0	198,698	198,698	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,047,181	16,242,925	21,290,106	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0166		Period: From 07/01/2020 To 06/30/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2021 9:09 am	
			Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,355,932	329,925	1,026,007	1,355,932	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	29,275	10,408	18,867	29,275	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0002	0.0002	0.0002		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	271	66	205	271	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0798	0.0798	0.0798		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	108,203	26,328	81,875	108,203	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,493,681	366,727	1,126,954	1,493,681	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	3,124	25,766	-22,642	3,124	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-359,650	-55,158	-304,492	-359,650	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:09 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,795	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,351,022	2.00
3.00	OPPS payments		17,862,679	3.00
4.00	Outlier payment (see instructions)		25,451	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,795	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39,705	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)		39,705	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)		39,705	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,910	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		5,795	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)		17,888,130	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)		3,195,048	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)		14,698,877	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		997	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)		14,699,874	30.00
31.00	Primary payer payments		3,218	31.00
32.00	Subtotal (line 30 minus line 31)		14,696,656	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)		527,948	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		343,166	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		430,180	36.00
37.00	Subtotal (see instructions)		15,039,822	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)		15,039,822	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		14,960,815	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)		79,007	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:14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:09 am
		Component CCN:14-S166		
		Title XVIII	Subprovider - IPF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		161	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		67	2.00
3.00	OPPS payments		174	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		161	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,007	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)		1,007	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)		1,007	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		846	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)		161	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)		174	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		335	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		335	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		335	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		335	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		335	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		335	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:09 am
		Component CCN: 14-T166		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14	2.00
3.00	OPPS payments		35	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		32	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		201	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)		201	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		201	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		169	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)		32	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)		35	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		67	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		67	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		67	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		67	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		67	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		67	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 9:09 am

		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		19,006,660		14,960,815	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		19,006,660		14,960,815	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		204,865		79,007	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,211,525		15,039,822	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2020 To 06/30/2021		Worksheet E-1 Part I Date/Time Prepared: 11/30/2021 9:09 am	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,094,579		335		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,094,579		335		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		70,608		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		2,165,187		335		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2020 To 06/30/2021		Worksheet E-1 Part I Date/Time Prepared: 11/30/2021 9:09 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,948,464		67		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,948,464		67		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		1,428		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,949,892		67		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/30/2021 9:09 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/30/2021 9:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,248,959 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			9.717808 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,248,959 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,248,959 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,248,959 18.00
19.00	Deductibles			147,340 19.00
20.00	Subtotal (line 18 minus line 19)			2,101,619 20.00
21.00	Coinsurance			7,040 21.00
22.00	Subtotal (line 20 minus line 21)			2,094,579 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			108,628 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			70,608 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			104,596 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,165,187 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,165,187 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,094,579 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			70,608 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/30/2021 9:09 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,748,504 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0245 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			58,750 3.00
4.00	Outlier Payments			184,582 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			5.865753 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,991,836 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,991,836 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,991,836 19.00
20.00	Deductibles			28,920 20.00
21.00	Subtotal (line 19 minus line 20)			1,962,916 21.00
22.00	Coinsurance			13,024 22.00
23.00	Subtotal (line 21 minus line 22)			1,949,892 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,949,892 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,949,892 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,948,464 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			1,428 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			184,582 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 9:09 am	
		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.			6.19	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			4.17	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)			2.02	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.05	6.00
7.00	Enter the lesser of line 5 or line 6			0.05	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.	0.05	0.00	0.05	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.	0.05	0.00	0.05	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	0.05	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.09	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.05	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	0.05	0.00		17.00
18.00	Per resident amount	90,347.29	90,347.29		18.00
19.00	Approved amount for resident costs	4,517	0	4,517	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,517	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
		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)	13,313	1,102	1,513	26.00
27.00	Total Inpatient Days (see instructions)	28,643	28,643	28,643	27.00
28.00	Ratio of inpatient days to total inpatient days	0.464791	0.038474	0.052823	28.00
29.00	Program direct GME amount	2,099	174	239	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		7	10	30.00
31.00	Net Program direct GME amount			2,495	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 9:09 am	
		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)			29,070,469	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)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			29,070,469	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			19,357,091	42.00
43.00	Primary payer payments (see instructions)			3,218	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			19,353,873	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			48,424,342	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.600328	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.399672	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,495	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,498	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			997	50.00

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

Provider CCN: 14-0166

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

Worksheet G

Date/Time Prepared:
11/30/2021 9:09 am

		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	-1,911,167	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	51,562,927	0	0	0	4.00
5.00	Other receivable	1,498,046	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-32,366,581	0	0	0	6.00
7.00	Inventory	3,776,573	0	0	0	7.00
8.00	Prepaid expenses	1,845,267	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	7,518,778	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,923,843	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,295,160	0	0	0	12.00
13.00	Land improvements	5,809,092	0	0	0	13.00
14.00	Accumulated depreciation	-4,877,658	0	0	0	14.00
15.00	Buildings	119,394,498	0	0	0	15.00
16.00	Accumulated depreciation	-52,028,150	0	0	0	16.00
17.00	Leasehold improvements	569,901	0	0	0	17.00
18.00	Accumulated depreciation	-1,048	0	0	0	18.00
19.00	Fixed equipment	43,484,491	0	0	0	19.00
20.00	Accumulated depreciation	-32,251,926	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	88,041,289	0	0	0	23.00
24.00	Accumulated depreciation	-73,316,892	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)	98,118,757	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	718,046	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	6,279,237	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,997,283	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	137,039,883	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,982,275	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,482,545	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,088,197	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	417,161	0	0	0	43.00
44.00	Other current liabilities	30,537,607	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,507,785	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	148,909,131	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	148,909,131	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	198,416,916	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-61,377,033				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-61,377,033	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	137,039,883	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0166

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

Worksheet G-1

Date/Time Prepared:
11/30/2021 9:09 am

		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		-59,565,846		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		10,691,686				2.00
3.00	Total (sum of line 1 and line 2)		-48,874,160		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-48,874,160		0		11.00
12.00	TRANSFERS	12,502,873		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		12,502,873		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-61,377,033		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0166

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 9:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,425,312		26,425,312	1.00
2.00	SUBPROVIDER - IPF	3,945,496		3,945,496	2.00
3.00	SUBPROVIDER - IRF	3,942,732		3,942,732	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)	34,313,540		34,313,540	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,371,547		7,371,547	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,371,547		7,371,547	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	41,685,087		41,685,087	17.00
18.00	Ancillary services	186,576,343	370,936,248	557,512,591	18.00
19.00	Outpatient services	16,519,654	57,371,614	73,891,268	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	6,440,752	6,440,752	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL SERVICES	5,265,741	9,618,803	14,884,544	27.00
27.01	ADULT DAY CARE & SUPPORT MED REHAB	0	9	9	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	250,046,825	444,367,426	694,414,251	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		179,797,801		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)		179,797,801		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0166

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

Worksheet G-3

Date/Time Prepared:
11/30/2021 9:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	694,414,251	1.00
2.00	Less contractual allowances and discounts on patients' accounts	533,141,170	2.00
3.00	Net patient revenues (line 1 minus line 2)	161,273,081	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	179,797,801	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,524,720	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	5,650	13.00
14.00	Revenue from meals sold to employees and guests	13,271	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	54,003	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,666,401	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	681,617	24.00
24.01	INVESTMENT INCOME NON-OP	391,873	24.01
24.02	SWAP PYMTS	0	24.02
24.03	PENSION ADJUSTMENTS	18,433,875	24.03
24.50	COVID-19 PHE Funding	7,989,181	24.50
25.00	Total other income (sum of lines 6-24)	29,235,871	25.00
26.00	Total (line 5 plus line 25)	10,711,151	26.00
27.00	GAIN/LOSS DISPOSAL FIXED ASSETS	2,524	27.00
27.01	BANK CHARGES	275	27.01
27.02	SWAP PYMTS	16,666	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	19,465	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,691,686	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0166	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 9:09 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,355,932	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		29,275	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)		63.84	3.00
4.00	Number of interns & residents (see instructions)		0.05	4.00
5.00	Indirect medical education percentage (see instructions)		0.02	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)		271	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.10	8.00
9.00	Sum of lines 7 and 8		37.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.98	10.00
11.00	Disproportionate share adjustment (see instructions)		108,203	11.00
12.00	Total prospective capital payments (see instructions)		1,493,681	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