

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/31/2022 10:01 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/31/2022	Time: 10:01 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 (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST. JAMES HEALTH (14-0172) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title	CF0		3
4	Date			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,616,501	-1,885,317	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	88,332	8		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	1,704,833	-1,885,309	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: 14-0172		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:01 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 20201 SOUTH CRAWFORD AVE			PO Box:		Date Certified		Payment System (P, T, O, or N)	
2.00	City: OLYMPIA FIELDS			State: IL		Zip Code: 60461		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
				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		FRANCISCAN ST. JAMES HEALTH	140172	16984	1	07/01/1966	N	P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF		FRANCISCAN ST. JAMES HEALTH REHAB	14T172	16984	5	07/01/1985	N	P O
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA		FRANCISCAN ST. JAMES HEALTH HHA	147267	16974		05/24/1984	N	P N
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
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		

Worksheet S-2
Part I
Date/Time Prepared:
5/31/2022 10:01 am

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:01 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
61.01	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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
			0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/31/2022 10:01 am

	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				
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
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	62.34	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)	FAMILY MEDICINE INTERNAL MEDICINE	1350	0.00	7.69	0.000000			
67.01	INTERNAL MEDICINE	1400	0.00	47.38	0.000000	67.01			
			1.00	2.00	3.00				
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N	70.00		
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:01 am	
			1.00	2.00	3.00
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)	Y	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.	N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
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

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					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.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		0118.01	
						1.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:01 am	
		1.00		2.00			
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		15H014		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: FRANCISCAN HEALTH ALLIANCE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 1513 DRAGON TRAIL	PO Box:				142.00	
143.00	City: MISAWAKA	State: IN		Zip Code: 46546		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:01 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: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/31/2022 10:01 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	05/06/2022
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider 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 programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/11/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/31/2022 10:01 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.	GLENN	JOHNSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6386	GLENN.JOHNSON@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/31/2022 10:01 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.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	133	52,337	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)		133	52,337	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	31	11,315	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		164	63,652	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	14	5,110		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		178				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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/31/2022 10:01 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)	16,232	1,573	38,447			1.00
2.00	HMO and other (see instructions)	10,785	9,332				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	330	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,232	1,573	38,447			7.00
8.00	INTENSIVE CARE UNIT	3,120	0	8,862			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY		756	2,813			13.00
14.00	Total (see instructions)	19,352	2,329	50,122	117.41	1,276.59	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,803	285	2,842	0.00	26.58	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	10,668	0	19,300	0.00	30.29	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				117.41	1,333.46	27.00
28.00	Observation Bed Days		0	10,672			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	319	773			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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/31/2022 10:01 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	3,076	2,817	9,614	1.00
2.00 HMO and other (see instructions)			1,454	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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,076	2,817	9,614	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	162	20	221	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/31/2022 10:01 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	122,809,417	0	122,809,417	3,221,856.00	38.12
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	9,424,541	-73,044	9,351,497	334,237.00	27.98
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		16,288,054	0	16,288,054	448,271.00	36.34
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,205,442	-91,467	7,113,975	81,395.00	87.40
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		569,656	0	569,656	6,533.00	87.20
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		332,246	0	332,246	3,255.00	102.07
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		19,247,252	0	19,247,252	509,082.00	37.81
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,809,333	0	19,809,333		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,234,689	0	1,234,689		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,863,574	0	5,863,574		
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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/31/2022 10:01 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	53,992	0	53,992	17,889.00	3.02	26.00
27.00	Administrative & General	5.00	29,647,630	-447,814	29,199,816	716,797.00	40.74	27.00
28.00	Administrative & General under contract (see inst.)		1,358,707	0	1,358,707	9,968.00	136.31	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,174,060	0	2,174,060	70,525.00	30.83	30.00
31.00	Laundry & Linen Service	8.00	206,085	0	206,085	11,700.00	17.61	31.00
32.00	Housekeeping	9.00	2,569,386	0	2,569,386	134,824.00	19.06	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,687,246	-991,155	696,091	34,202.00	20.35	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	991,155	991,155	48,611.00	20.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,509,000	0	1,509,000	25,484.00	59.21	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,260,330	0	3,260,330	66,508.00	49.02	40.00
41.00	Medical Records & Medical Records Library	16.00	320,695	0	320,695	0.00	0.00	41.00
42.00	Social Service	17.00	0	539,281	539,281	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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/31/2022 10:01 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,455,529	73,044	98,528,573	2,449,316.00	40.23	1.00
2.00	Excluded area salaries (see instructions)	7,205,442	-91,467	7,113,975	81,395.00	87.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,250,087	164,511	91,414,598	2,367,921.00	38.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,149,154	0	20,149,154	518,870.00	38.83	4.00
5.00	Subtotal wage-related costs (see inst.)	25,672,907	0	25,672,907	0.00	28.08	5.00
6.00	Total (sum of lines 3 thru 5)	137,072,148	164,511	137,236,659	2,886,791.00	47.54	6.00
7.00	Total overhead cost (see instructions)	42,787,131	91,467	42,878,598	1,136,508.00	37.73	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/31/2022 10:01 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,069,228	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)	3,816,398	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)	8,801,373	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	549,599	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,807,424	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,044,022	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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/31/2022 10:01 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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	0	0	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	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0172 Component CCN: 14-7267		Period: From 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 5/31/2022 10:01 am		
						Home Health Agency I		PPS		
						1.00				
0.00	County				COOK				0.00	
				Title V	Title XVIII	Title XIX	Other	Total		
				1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA										
1.00	Home Health Aide Hours				0	1,458	0	7	1,465	1.00
2.00	Unduplicated Census Count (see instructions)				0.00	890.00	0.00	243.00	1,123.00	2.00
						Number of Employees (Full Time Equivalent)				
				Enter the number of hours in your normal work week		Staff	Contract	Total		
				0		1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES										
3.00	Administrator and Assistant Administrator(s)				40.00	0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00	
5.00	Other Administrative Personnel					13.20	0.00	13.20	5.00	
6.00	Direct Nursing Service					8.07	0.00	8.07	6.00	
7.00	Nursing Supervisor					1.88	0.00	1.88	7.00	
8.00	Physical Therapy Service					4.61	0.00	4.61	8.00	
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service					1.00	0.00	1.00	10.00	
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service					0.00	0.00	0.00	12.00	
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00	
14.00	Medical Social Service					0.13	0.00	0.13	14.00	
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00	
16.00	Home Health Aide					1.40	0.00	1.40	16.00	
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00	
18.00	Other (specify)					0.00	0.00	0.00	18.00	
								CBSA Data		
								1.00		
HOME HEALTH AGENCY CBSA CODES										
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.							2	19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).							16984	20.00	
20.01								28100	20.01	
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
				Without Outliers	With Outliers					
				1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA										
21.00	Skilled Nursing Visits				881	3,183	201	14	4,279	21.00
22.00	Skilled Nursing Visit Charges				351,519	1,270,017	80,199	5,586	1,707,321	22.00
23.00	Physical Therapy Visits				1,024	2,770	49	23	3,866	23.00
24.00	Physical Therapy Visit Charges				423,936	1,147,194	20,286	9,522	1,600,938	24.00
25.00	Occupational Therapy Visits				691	662	11	8	1,372	25.00
26.00	Occupational Therapy Visit Charges				286,074	274,068	3,726	3,312	567,180	26.00
27.00	Speech Pathology Visits				0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges				0	0	0	0	0	28.00
29.00	Medical Social Service Visits				22	38	1	0	61	29.00
30.00	Medical Social Service Visit Charges				10,560	18,240	480	0	29,280	30.00
31.00	Home Health Aide Visits				294	793	1	2	1,090	31.00
32.00	Home Health Aide Visit Charges				56,742	153,049	193	386	210,370	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)				2,912	7,446	263	47	10,668	33.00
34.00	Other Charges				12,866	99,492	6,144	115	118,617	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)				1,141,697	2,962,060	111,028	18,921	4,233,706	35.00
36.00	Total Number of Episodes (standard/non outlier)				0		0	0	0	36.00
37.00	Total Number of Outlier Episodes					0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges				0	0	0	0	0	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0172

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

Worksheet S-10

Date/Time Prepared:
5/31/2022 10:01 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)		0.238639	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		26,051,591	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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		220,441,947	6.00
7.00	Medicaid cost (line 1 times line 6)		52,606,046	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)		26,554,455	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)		26,554,455	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	22,366,159	2,193,958	24,560,117
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,337,438	2,193,958	7,531,396
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	5,337,438	2,193,958	7,531,396
			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)		18,004,584	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,272,242	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,957,294	27.01
28.00	Non-Medicare bad debt expense (see instructions)		16,047,290	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,514,561	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,045,957	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		38,600,412	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,217,008	4,217,008	8,974,493	13,191,501
2.00	00200	CAP REL COSTS-MVBLE EQUIP		51,335	51,335	802,044	853,379
3.00	00300	OTHER CAP REL COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	53,992	551,654	605,646	0	605,646
5.00	00500	ADMINISTRATIVE & GENERAL	29,647,630	86,589,863	116,237,493	-1,774,535	114,462,958
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	2,174,060	15,541,300	17,715,360	-500,664	17,214,696
8.00	00800	LAUNDRY & LINEN SERVICE	206,085	849,449	1,055,534	-7	1,055,527
9.00	00900	HOUSEKEEPING	2,569,386	2,189,052	4,758,438	-21,195	4,737,243
10.00	01000	DIETARY	1,687,246	1,943,951	3,631,197	-2,160,861	1,470,336
11.00	01100	CAFETERIA	0	0	0	2,133,109	2,133,109
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,509,000	285,608	1,794,608	-10,292	1,784,316
14.00	01400	CENTRAL SERVICES & SUPPLY	0	321,936	321,936	-308,913	13,023
15.00	01500	PHARMACY	3,260,330	17,414,055	20,674,385	-16,498,607	4,175,778
16.00	01600	MEDICAL RECORDS & LIBRARY	320,695	133,597	454,292	-247	454,045
17.00	01700	SOCIAL SERVICE	0	0	0	680,573	680,573
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,424,541	0	9,424,541	-73,044	9,351,497
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,865,418	6,865,418	61,636	6,927,054
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,725,428	11,174,168	35,899,596	-6,684,669	29,214,927
31.00	03100	INTENSIVE CARE UNIT	9,985,480	4,598,617	14,584,097	-1,336,743	13,247,354
41.00	04100	SUBPROVIDER - IRF	1,850,484	754,313	2,604,797	-161,087	2,443,710
43.00	04300	NURSERY	1,038,718	213,638	1,252,356	1,251,079	2,503,435
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,826,453	13,329,987	17,156,440	-7,843,482	9,312,958
50.01	05001	SURGICENTER	0	912,295	912,295	-375,941	536,354
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	860,837	169,099	1,029,936	-4,365	1,025,571
53.00	05300	ANESTHESIOLOGY	40,578	4,345,562	4,386,140	-325,216	4,060,924
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,330,465	1,544,741	3,875,206	-138,897	3,736,309
54.01	05401	BREAST DIAGNOSIS CENTER	517,067	649,810	1,166,877	-124,758	1,042,119
55.00	05500	RADIOLOGY-THERAPEUTIC	834,419	390,087	1,224,506	-10,518	1,213,988
56.00	05600	RADIOISOTOPE	387,620	792,128	1,179,748	-418,452	761,296
57.00	05700	CT SCAN	979,745	684,293	1,664,038	-252,619	1,411,419
58.00	05800	MRI	582,985	636,476	1,219,461	-67,303	1,152,158
59.00	05900	CARDIAC CATHETERIZATION	1,369,158	5,112,368	6,481,526	-3,654,287	2,827,239
60.00	06000	LABORATORY	0	11,489,828	11,489,828	-1,188,460	10,301,368
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,928,052	1,000,211	2,928,263	-295,180	2,633,083
65.01	06501	SLEEP LAB	332,000	137,823	469,823	-12,966	456,857
66.00	06600	PHYSICAL THERAPY	588,851	3,317,847	3,906,698	-22,123	3,884,575
66.01	06601	OP PHYSICAL THERAPY	136,372	528,454	664,826	-4,813	660,013
66.02	06602	OP THERAPY SERVICES	114,946	1,137,274	1,252,220	-269,679	982,541
67.00	06700	OCCUPATIONAL THERAPY	209,165	423,729	632,894	-11,736	621,158
68.00	06800	SPEECH PATHOLOGY	373,837	80,679	454,516	0	454,516
69.00	06900	ELECTROCARDIOLOGY	1,117,570	425,349	1,542,919	-85,566	1,457,353
69.01	06901	EP LAB	0	0	0	0	0
69.02	03650	VASCULAR SERVICES	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	123,544	90,250	213,794	-26,444	187,350
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,888,353	16,888,353
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,527,450	4,527,450
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,522,265	18,522,265
74.00	07400	RENAL DIALYSIS	0	1,555,755	1,555,755	-22,806	1,532,949
75.00	07500	ASC (NON-DISTINCT PART)	1,165,796	785,964	1,951,760	-450,343	1,501,417
76.00	03951	WOUND CARE	0	0	0	0	0
76.01	03952	OP ONCOLOGY	895,685	414,571	1,310,256	2,041,546	3,351,802
76.02	03950	ANTICOAGULATION	422,243	1,006,585	1,428,828	-913,783	515,045
76.97	07697	CARDIAC REHABILITATION	418,732	137,938	556,670	-3,774	552,896
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	910,351	883,151	1,793,502	-106,088	1,687,414
90.01	09001	URGENT CARE CENTER	873,228	2,631,297	3,504,525	-66,716	3,437,809
91.00	09100	EMERGENCY	7,661,685	5,367,901	13,029,586	-1,546,218	11,483,368
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	1,297,849	1,297,849

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,770,676	1,173,588	3,944,264	-244,420	3,699,844	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,422,909	7,422,909	-7,422,909	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,225,135	222,272,911	342,498,046	1,739,671	344,237,717	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,229	96,874	177,103	0	177,103	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,504,053	6,445,038	8,949,091	-1,739,671	7,209,420	192.00
193.00	19300	NONPAID WORKERS	0	343	343	0	343	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	122,809,417	228,815,166	351,624,583	0	351,624,583	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:01 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	-11,280,831	1,910,670	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-51,335	802,044	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,047,151	4,652,797	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,786,567	105,676,391	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-375,405	16,839,291	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,055,527	8.00
9.00	00900	HOUSEKEEPING	0	4,737,243	9.00
10.00	01000	DIETARY	-3,814	1,466,522	10.00
11.00	01100	CAFETERIA	-635,173	1,497,936	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,784,316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,023	14.00
15.00	01500	PHARMACY	519,105	4,694,883	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,109,358	2,563,403	16.00
17.00	01700	SOCIAL SERVICE	0	680,573	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,351,497	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,459,425	4,467,629	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,329,495	27,885,432	30.00
31.00	03100	INTENSIVE CARE UNIT	-627,589	12,619,765	31.00
41.00	04100	SUBPROVIDER - IRF	-19,176	2,424,534	41.00
43.00	04300	NURSERY	0	2,503,435	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,548,268	7,764,690	50.00
50.01	05001	SURGICENTER	0	536,354	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	1,025,571	51.00
53.00	05300	ANESTHESIOLOGY	-3,975,846	85,078	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-37,934	3,698,375	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	1,042,119	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,213,988	55.00
56.00	05600	RADIOISOTOPE	0	761,296	56.00
57.00	05700	CT SCAN	0	1,411,419	57.00
58.00	05800	MRI	0	1,152,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,827,239	59.00
60.00	06000	LABORATORY	0	10,301,368	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,633,083	65.00
65.01	06501	SLEEP LAB	0	456,857	65.01
66.00	06600	PHYSICAL THERAPY	0	3,884,575	66.00
66.01	06601	OP PHYSICAL THERAPY	-5,049	654,964	66.01
66.02	06602	OP THERAPY SERVICES	0	982,541	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	621,158	67.00
68.00	06800	SPEECH PATHOLOGY	0	454,516	68.00
69.00	06900	ELECTROCARDIOLOGY	-40,727	1,416,626	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	187,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-895,035	15,993,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,527,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,522,265	73.00
74.00	07400	RENAL DIALYSIS	0	1,532,949	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,501,417	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	3,351,802	76.01
76.02	03950	ANTICOAGULATON	-770	514,275	76.02
76.97	07697	CARDIAC REHABILITATION	-11,875	541,021	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-292,966	1,394,448	90.00
90.01	09001	URGENT CARE CENTER	-2,395,574	1,042,235	90.01
91.00	09100	EMERGENCY	-49,892	11,433,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,297,849	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	3,699,844	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,147,132	316,090,585
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	177,103
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-68,110	7,141,310
193.00	19300	NONPAID WORKERS	0	343
194.00	07950	DEVELOPMENT	0	0
194.01	07951	NON ALLOWABLE HOSPICE	0	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,215,242	323,409,341

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:01 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - LEASES & RENT RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,296,484		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	773,409		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
	TOTALS		0	2,069,893		
	B - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,888,353		1.00
2.00	RADIOISOTOPE	56.00	0	2,868		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
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
	TOTALS		0	16,891,221		
	C - IMPLANT					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,527,450		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	832		2.00
3.00			0	0		3.00
4.00	OPERATING ROOM		0	0		4.00
5.00	RADIOISOTOPE		0	0		5.00
6.00		0.00	0	0		6.00
	0		0	4,528,282		

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:01 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	D - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,535,173	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	
	TOTALS		0	18,535,173		
	E - SOCIAL SERVICES					
1.00	SOCIAL SERVICE	17.00	539,281	141,292	1.00	
			539,281	141,292		
	F - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,422,909	1.00	
			0	7,422,909		
	G - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	991,155	1,141,954	1.00	
			991,155	1,141,954		
	H - HHA RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	91,467	23,964	1.00	
	TOTALS		91,467	23,964		
	I - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	256,082	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,635	2.00	
			0	284,717		
	J - NURSERY COSTS					
1.00	NURSERY	43.00	827,469	425,353	1.00	
			827,469	425,353		
	K - INTERNS & RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	73,044	0	1.00	
2.00	COSTS APPRV	0.00	0	0	2.00	
			73,044	0		
	L - ONCOLOGY COSTS					
1.00	OP ONCOLOGY	76.01	1,566,764	598,076	1.00	
			1,566,764	598,076		
	M - DISTINCT PART OBSERVATION					
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	760,125	537,724	1.00	
	TOTALS		760,125	537,724		
500.00	Grand Total: Increases		4,849,305	52,600,558	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:01 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - LEASES & RENT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	270,337	10		1.00	
2.00	OPERATION OF PLANT	7.00	0	280,789	10		2.00	
3.00	HOUSEKEEPING	9.00	0	20,335	10		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	295,119	10		4.00	
5.00	PHARMACY	15.00	0	626	10		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	31,244	10		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	14,545	10		7.00	
8.00	OPERATING ROOM	50.00	0	103,177	10		8.00	
9.00	SURGICENTER	50.01	0	350,353	10		9.00	
10.00	SLEEP LAB	65.01	0	900	10		10.00	
11.00	PHYSICAL THERAPY	66.00	0	172	10		11.00	
12.00	OP THERAPY SERVICES	66.02	0	258,932	10		12.00	
13.00		0.00	0	0	10		13.00	
14.00	HOME HEALTH AGENCY	101.00	0	58,326	10		14.00	
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	385,038	10		15.00	
	TOTALS		0	2,069,893				
	B - CHARGEABLE SUPPLIES							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	965	9		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	472,254	0		2.00	
3.00	OPERATION OF PLANT	7.00	0	210,374	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	7	0		4.00	
5.00	HOUSEKEEPING	9.00	0	860	0		5.00	
6.00	DIETARY	10.00	0	27,752	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	10,292	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,794	0		8.00	
9.00	PHARMACY	15.00	0	53,423	0		9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	247	0		10.00	
11.00	I&R SERVICES-OTHER PRGM	22.00	0	11,408	0		11.00	
	COSTS APPRV							
12.00	ADULTS & PEDIATRICS	30.00	0	1,837,957	0		12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	1,224,749	0		13.00	
14.00	SUBPROVIDER - IRF	41.00	0	160,686	0		14.00	
15.00	NURSERY	43.00	0	1,743	0		15.00	
16.00	OPERATING ROOM	50.00	0	4,784,533	0		16.00	
17.00	SURGICENTER	50.01	0	25,198	0		17.00	
18.00	RECOVERY ROOM	51.00	0	4,244	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	285,130	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	138,285	0		20.00	
21.00	BREAST DIAGNOSIS CENTER	54.01	0	124,491	0		21.00	
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,435	0		22.00	
24.00	CT SCAN	57.00	0	250,999	0		24.00	
25.00	MRI	58.00	0	66,961	0		25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	2,193,241	0		26.00	
27.00	LABORATORY	60.00	0	1,188,431	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	291,636	0		28.00	
29.00	SLEEP LAB	65.01	0	12,066	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	21,879	0		30.00	
31.00	OP PHYSICAL THERAPY	66.01	0	4,813	0		31.00	
32.00	OP THERAPY SERVICES	66.02	0	10,699	0		32.00	
33.00	OCCUPATIONAL THERAPY	67.00	0	11,736	0		33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	78,024	0		34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,444	0		35.00	
36.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,908	0		36.00	
37.00	RENAL DIALYSIS	74.00	0	16,904	0		37.00	
38.00	ASC (NON-DISTINCT PART)	75.00	0	389,936	0		38.00	
39.00	OP ONCOLOGY	76.01	0	89,505	0		39.00	
40.00	CARDIAC REHABILITATION	76.97	0	3,774	0		40.00	
41.00	CLINIC	90.00	0	15,067	0		41.00	
42.00	URGENT CARE CENTER	90.01	0	66,667	0		42.00	
43.00	EMERGENCY	91.00	0	1,318,684	0		43.00	
44.00	HOME HEALTH AGENCY	101.00	0	70,320	0		44.00	
45.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,351,700	0		45.00	
	TOTALS		0	16,891,221				
	C - IMPLANT							
1.00	OPERATION OF PLANT	7.00	0	9,500	0		1.00	
2.00	OPERATING ROOM	50.00	0	2,902,843	0		2.00	
3.00	RADIOISOTOPE	56.00	0	103,500	0		3.00	
4.00	CARDIAC CATHETERIZATION	59.00	0	1,453,346	0		4.00	
5.00	ELECTROCARDIOLOGY	69.00	0	7,542	0		5.00	
6.00	ASC (NON-DISTINCT PART)	75.00	0	51,551	0		6.00	
	0		0	4,528,282				

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:01 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	D - DRUGS SOLD TO PATIENTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	17	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	182,917	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1	0		3.00
4.00	PHARMACY	15.00	0	16,444,558	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	99,957	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	97,449	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	401	0		7.00
8.00	OPERATING ROOM	50.00	0	52,929	0		8.00
9.00	SURGICENTER	50.01	0	390	0		9.00
10.00	RECOVERY ROOM	51.00	0	121	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	40,086	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	612	0		12.00
13.00	BREAST DIAGNOSIS CENTER	54.01	0	267	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	83	0		14.00
15.00	RADIOISOTOPE	56.00	0	317,820	0		15.00
16.00	CT SCAN	57.00	0	1,620	0		16.00
17.00	MRI	58.00	0	342	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	7,700	0		18.00
19.00	LABORATORY	60.00	0	29	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	3,544	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	72	0		21.00
22.00	OP THERAPY SERVICES	66.02	0	48	0		22.00
23.00	ANTICOAGULATON	76.02	0	913,783	0		23.00
24.00	RENAL DIALYSIS	74.00	0	5,902	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	8,856	0		25.00
26.00	OP ONCOLOGY	76.01	0	33,789	0		26.00
27.00	CLINIC	90.00	0	91,021	0		27.00
28.00	URGENT CARE CENTER	90.01	0	49	0		28.00
29.00	EMERGENCY	91.00	0	227,534	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	343	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,933	0		31.00
	TOTALS		0	18,535,173			
	E - SOCIAL SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	539,281	141,292	0		1.00
			539,281	141,292			
	F - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	7,422,909	9		1.00
			0	7,422,909			
	G - CAFETERIA COSTS						
1.00	DIETARY	10.00	991,155	1,141,954	0		1.00
			991,155	1,141,954			
	H - HHA RECLASS						
1.00	HOME HEALTH AGENCY	101.00	91,467	23,964	0		1.00
	TOTALS		91,467	23,964			
	I - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	284,717	12		1.00
2.00		0.00	0	0	12		2.00
			0	284,717			
	J - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	827,469	425,353	0		1.00
			827,469	425,353			
	K - INTERNS & RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	73,044	0	12		1.00
2.00		0.00	0	0	12		2.00
			73,044	0			
	L - ONCOLOGY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,566,764	598,076	0		1.00
			1,566,764	598,076			
	M - DISTINCT PART OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	760,125	537,724	0		1.00
	TOTALS		760,125	537,724			
500.00	Grand Total: Decreases		4,849,305	52,600,558			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/31/2022 10:01 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	5,252,979	0	0	0	0	1.00	
2.00	Land Improvements	4,363,313	243,868	0	243,868	1,146,162	2.00	
3.00	Buildings and Fixtures	194,770,080	6,685,948	0	6,685,948	826,749	3.00	
4.00	Building Improvements	1,075,647	0	0	0	0	4.00	
5.00	Fixed Equipment	99,998,456	765,581	0	765,581	4,726,073	5.00	
6.00	Movable Equipment	68,413,014	5,297,115	0	5,297,115	1,067,620	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	373,873,489	12,992,512	0	12,992,512	7,766,604	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	373,873,489	12,992,512	0	12,992,512	7,766,604	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,252,979	0				1.00	
2.00	Land Improvements	3,461,019	0				2.00	
3.00	Buildings and Fixtures	200,629,279	0				3.00	
4.00	Building Improvements	1,075,647	0				4.00	
5.00	Fixed Equipment	96,037,964	0				5.00	
6.00	Movable Equipment	72,642,509	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	379,099,397	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	379,099,397	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/31/2022 10:01 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	4,217,008	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	51,335	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,268,343	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,217,008				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	51,335				2.00
3.00	Total (sum of lines 1-2)	0	4,268,343				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/31/2022 10:01 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	205,165,944	0	205,165,944	0.548797	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	168,680,473	0	168,680,473	0.451203	0	2.00
3.00	Total (sum of lines 1-2)	373,846,417	0	373,846,417	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,315,117	-556,597	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	773,409	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,315,117	216,812	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-6,103,932	256,082	0	0	1,910,670	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	28,635	0	0	802,044	2.00
3.00	Total (sum of lines 1-2)	-6,103,932	284,717	0	0	2,712,714	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0172

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

Worksheet A-8

Date/Time Prepared:
5/31/2022 10:01 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	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	0		0.00	9	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	-11,595,988			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	-2,239,228			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-619,981	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	0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-15,192	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-479,865	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0172

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

Worksheet A-8

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	33.00
33.01	ADMINISTRATIVE FEE	B	-8,885	ADMINISTRATIVE & GENERAL		5.00	0	33.01
33.02	CONTRACT REVENUE	B	-5,049	OP PHYSICAL THERAPY		66.01	0	33.02
33.03	PROPERTY TAX	A	1,133,873	ADMINISTRATIVE & GENERAL		5.00	0	33.03
33.04	PROPERTY TAX	A	-2,589,954	CAP REL COSTS-BLDG & FIXT		1.00	9	33.04
33.05	DISCOUNTS EARNED/REBATES	B	-154,024	ADMINISTRATIVE & GENERAL		5.00	0	33.05
33.06	DISCOUNTS EARNED/REBATES	B	-3,814	DIETARY		10.00	0	33.06
33.07	DISCOUNTS EARNED/REBATES	B	-895,035	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	33.07
33.08	DISCOUNTS EARNED/REBATES	B	-13,682	PHARMACY		15.00	0	33.08
33.09	DUES REVENUE	B	-4,000	ADMINISTRATIVE & GENERAL		5.00	0	33.09
33.10	EDUCATION	B	-18,613	ADMINISTRATIVE & GENERAL		5.00	0	33.10
33.11	EMPLOYEE BADGES	B	-139	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.11
33.12	NON PATIENT BILLING	B	-7,322	ADMINISTRATIVE & GENERAL		5.00	0	33.12
33.13	OTHER OPERATING	B	13,725	CAP REL COSTS-BLDG & FIXT		1.00	10	33.13
33.14	OTHER OPERATING	B	1,619,309	ADMINISTRATIVE & GENERAL		5.00	0	33.14
33.15	OTHER OPERATING	B	-690	OPERATION OF PLANT		7.00	0	33.15
33.16	OTHER OPERATING	B	-523	INTENSIVE CARE UNIT		31.00	0	33.16
33.17	OTHER OPERATING	B	-4,390	RADIOLOGY-DIAGNOSTIC		54.00	9	33.17
33.18	MEDICAL RECORDS	B	-3,276	ADMINISTRATIVE & GENERAL		5.00	0	33.18
33.19	HAF	A	-12,863,790	ADMINISTRATIVE & GENERAL		5.00	0	33.19
33.20	PENSION	A	4,047,290	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.20
33.21	OTHER OPERATING	B	-226,674	URGENT CARE CENTER		90.01	0	33.21
33.22	PROGRAM FEES	B	0	ADMINISTRATIVE & GENERAL		5.00	0	33.22
33.23	PROGRAM FEES	B	-1,030,072	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0	33.23
33.24	PROPERTY RENTAL	B	-59,967	CAP REL COSTS-BLDG & FIXT		1.00	10	33.24
33.25	PROPERTY RENTAL	B	-12,996	OPERATION OF PLANT		7.00	0	33.25
33.26	RENTAL INCOME	B	-1,806,839	CAP REL COSTS-BLDG & FIXT		1.00	10	33.26
33.27	RENTAL INCOME	B	-7,732	ADMINISTRATIVE & GENERAL		5.00	0	33.27
33.28	RENTAL INCOME	B	-361,719	OPERATION OF PLANT		7.00	0	33.28
33.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.29
33.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.30
33.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.31
33.45	1500 FEES	A	0	ADMINISTRATIVE & GENERAL		5.00	0	33.45
33.46	PHYSICIAN SUBSIDIES	A	0	ADMINISTRATIVE & GENERAL		5.00	0	33.46
33.61	MARKETING COSTS	A	0	ADMINISTRATIVE & GENERAL		5.00	0	33.61
33.87	NON-ALLOWABLE ADMIN EXPENSES	A	0	ADMINISTRATIVE & GENERAL		5.00	0	33.87
33.95	EMPLOYEE BADGES	B	0	ADMINISTRATIVE & GENERAL		5.00	0	33.95
34.00	PROGRAM FEES	B	0	ADMINISTRATIVE & GENERAL		5.00	0	34.00
34.01	DONATIONS/CONTRIBUTIONS	B	0	NURSING ADMINISTRATION		13.00	0	34.01
34.02	DONATIONS/CONTRIBUTIONS	B	0	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0	34.02
34.03	DONATIONS/CONTRIBUTIONS	B	0	ADULTS & PEDIATRICS		30.00	0	34.03
34.04	DONATIONS/CONTRIBUTIONS	B	0	INTENSIVE CARE UNIT		31.00	0	34.04
34.05	DONATIONS/CONTRIBUTIONS	B	0	SUBPROVIDER - IRF		41.00	0	34.05
34.06	DONATIONS/CONTRIBUTIONS	B	0	LABORATORY		60.00	0	34.06
34.07	DONATIONS/CONTRIBUTIONS	B	0	RESPIRATORY THERAPY		65.00	0	34.07
34.08	MISC REVENUE	B	0	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	9	34.08
34.09	MISC REVENUE	B	0	ADMINISTRATIVE & GENERAL		5.00	0	34.09
34.10	DONATIONS/CONTRIBUTIONS	B	0	IMPL. DEV. CHARGED TO PATIENTS		72.00	0	34.10
34.11	DISCOUNTS EARNED/REBATES	B	0	DRUGS CHARGED TO PATIENTS		73.00	0	34.11
34.12	MISC REVENUE	B	0	URGENT CARE CENTER		90.01	0	34.12
34.13	EMERGENCY MEDICAL EDUCATION	B	0	EMERGENCY		91.00	0	34.13
35.00	DIABETES COSTS	B	0	ADMINISTRATIVE & GENERAL		5.00	0	35.00
35.15	MISC REVENUE	B	0	CARDIAC CATHETERIZATION		59.00	0	35.15
35.16	OTHER	B	0	ADMINISTRATIVE & GENERAL		5.00	0	35.16
35.17	NON ALLOWABLE DUES	A	0	ADMINISTRATIVE & GENERAL		5.00	0	35.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,215,242					50.00

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

(2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0172

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

Worksheet A-8

Date/Time Prepared:
5/31/2022 10:01 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	2.00	3.00	4.00	5.00	

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: 14-0172

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2022 10:01 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	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,232,976	2,486,975	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	34,619,389	33,091,496	2.00
3.00	15.00	PHARMACY	COEP / PHARMACY	532,787	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	2,109,358	0	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	1,234,030	7,337,962	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	ALLOWABLE NEW CAPITAL COSTS	0	51,335	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			40,728,540	42,967,768	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	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

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

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

6.00	B		0.00	FRANCISCAN HEAL	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: 14-0172

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2022 10:01 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	-253,999	9		1.00
2.00	1,527,893	0		2.00
3.00	532,787	0		3.00
4.00	2,109,358	0		4.00
4.01	-6,103,932	11		4.01
4.02	-51,335	9		4.02
5.00	-2,239,228			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: 14-0172

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2022 10:01 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,429,353	1,429,353	0	197,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,363,256	1,327,631	35,625	246,400	285	2.00
3.00	31.00	INTENSIVE CARE UNIT	627,066	627,066	0	197,500	0	3.00
4.00	41.00	SUBPROVIDER - IRF	30,001	15,813	14,188	197,500	114	4.00
5.00	50.00	OPERATING ROOM	1,578,083	1,538,837	39,246	197,500	314	5.00
6.00	53.00	ANESTHESIOLOGY	3,999,679	3,968,366	31,313	197,500	251	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	47,787	29,037	18,750	197,500	150	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	44,430	39,617	4,813	197,500	39	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	76.02	ANTICOAGULATON	770	770	0	197,500	0	11.00
12.00	76.97	CARDIAC REHABILITATION	11,875	11,875	0	197,500	0	12.00
13.00	90.00	CLINIC	292,966	292,966	0	197,500	0	13.00
14.00	90.01	URGENT CARE CENTER	2,168,900	2,168,900	0	197,500	0	14.00
15.00	91.00	EMERGENCY	50,747	49,622	1,125	197,500	9	15.00
16.00	192.00	PHYSICIANS' PRIVATE OFFICES	68,110	68,110	0	0	0	16.00
200.00			11,713,023	11,567,963	145,060		1,162	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	33,761	1,688	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	10,825	541	0	0	0	4.00
5.00	50.00	OPERATING ROOM	29,815	1,491	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	23,833	1,192	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	14,243	712	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	3,703	185	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	76.02	ANTICOAGULATON	0	0	0	0	0	11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	12.00
13.00	90.00	CLINIC	0	0	0	0	0	13.00
14.00	90.01	URGENT CARE CENTER	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	855	43	0	0	0	15.00
16.00	192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	16.00
200.00			117,035	5,852	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,429,353		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	33,761	1,864	1,329,495		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	627,066		3.00
4.00	41.00	SUBPROVIDER - IRF	0	10,825	3,363	19,176		4.00
5.00	50.00	OPERATING ROOM	0	29,815	9,431	1,548,268		5.00
6.00	53.00	ANESTHESIOLOGY	0	23,833	7,480	3,975,846		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,243	4,507	33,544		7.00
8.00	0.00		0	0	0	0		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	3,703	1,110	40,727		9.00
10.00	0.00		0	0	0	0		10.00
11.00	76.02	ANTICOAGULATON	0	0	0	770		11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	11,875		12.00
13.00	90.00	CLINIC	0	0	0	292,966		13.00
14.00	90.01	URGENT CARE CENTER	0	0	0	2,168,900		14.00
15.00	91.00	EMERGENCY	0	855	270	49,892		15.00
16.00	192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	68,110		16.00
200.00			0	117,035	28,025	11,595,988		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 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	1,910,670	1,910,670			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	802,044		802,044		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,652,797	5,606	2,353	4,660,756	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	105,676,391	212,380	89,151	1,108,639	107,086,561
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	16,839,291	298,970	125,501	82,545	17,346,307
8.00	00800	LAUNDRY & LINEN SERVICE	1,055,527	8,323	3,494	7,825	1,075,169
9.00	00900	HOUSEKEEPING	4,737,243	40,068	16,820	97,554	4,891,685
10.00	01000	DIETARY	1,466,522	14,187	5,955	26,429	1,513,093
11.00	01100	CAFETERIA	1,497,936	50,891	21,362	37,632	1,607,821
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,784,316	3,754	1,576	57,294	1,846,940
14.00	01400	CENTRAL SERVICES & SUPPLY	13,023	74,391	31,227	0	118,641
15.00	01500	PHARMACY	4,694,883	14,010	5,881	123,788	4,838,562
16.00	01600	MEDICAL RECORDS & LIBRARY	2,563,403	10,880	4,567	12,176	2,591,026
17.00	01700	SOCIAL SERVICE	680,573	1,083	454	20,475	702,585
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,351,497	15,145	6,358	355,058	9,728,058
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,467,629	0	0	2,773	4,470,402
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,885,432	268,671	112,780	819,010	29,085,893
31.00	03100	INTENSIVE CARE UNIT	12,619,765	74,071	31,093	379,129	13,104,058
41.00	04100	SUBPROVIDER - IRF	2,424,534	20,305	8,524	70,259	2,523,622
43.00	04300	NURSERY	2,503,435	11,359	4,768	70,855	2,590,417
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,764,690	133,975	56,239	145,283	8,100,187
50.01	05001	SURGICENTER	536,354	0	0	0	536,354
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	1,025,571	8,590	3,606	32,684	1,070,451
53.00	05300	ANESTHESIOLOGY	85,078	15,107	6,342	1,541	108,068
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,698,375	81,886	34,373	88,483	3,903,117
54.01	05401	BREAST DIAGNOSIS CENTER	1,042,119	13,193	5,538	19,632	1,080,482
55.00	05500	RADIOLOGY-THERAPEUTIC	1,213,988	16,174	6,789	31,681	1,268,632
56.00	05600	RADIOISOTOPE	761,296	5,585	2,344	14,717	783,942
57.00	05700	CT SCAN	1,411,419	3,792	1,592	37,199	1,454,002
58.00	05800	MRI	1,152,158	9,658	4,054	22,135	1,188,005
59.00	05900	CARDIAC CATHETERIZATION	2,827,239	23,287	9,775	51,984	2,912,285
60.00	06000	LABORATORY	10,301,368	54,001	22,668	0	10,378,037
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,633,083	7,509	3,152	73,204	2,716,948
65.01	06501	SLEEP LAB	456,857	1,807	759	12,605	472,028
66.00	06600	PHYSICAL THERAPY	3,884,575	32,816	13,775	22,357	3,953,523
66.01	06601	OP PHYSICAL THERAPY	654,964	904	379	5,178	661,425
66.02	06602	OP THERAPY SERVICES	982,541	0	0	4,364	986,905
67.00	06700	OCCUPATIONAL THERAPY	621,158	11,981	5,029	7,942	646,110
68.00	06800	SPEECH PATHOLOGY	454,516	1,887	792	14,194	471,389
69.00	06900	ELECTROCARDIOLOGY	1,416,626	53,150	22,311	42,432	1,534,519
69.01	06901	EP LAB	0	0	0	0	0
69.02	03650	VASCULAR SERVICES	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	187,350	1,892	794	4,691	194,727
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,993,318	0	0	0	15,993,318
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,527,450	0	0	0	4,527,450
73.00	07300	DRUGS CHARGED TO PATIENTS	18,522,265	0	0	0	18,522,265
74.00	07400	RENAL DIALYSIS	1,532,949	1,892	794	0	1,535,635
75.00	07500	ASC (NON-DISTINCT PART)	1,501,417	49,333	20,708	44,263	1,615,721
76.00	03951	WOUND CARE	0	0	0	0	0
76.01	03952	OP ONCOLOGY	3,351,802	6,725	2,823	93,494	3,454,844
76.02	03950	ANTICOAGULATON	514,275	0	0	16,032	530,307
76.97	07697	CARDIAC REHABILITATION	541,021	0	0	15,898	556,919
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,394,448	4,518	1,897	34,564	1,435,427
90.01	09001	URGENT CARE CENTER	1,042,235	0	0	33,155	1,075,390
91.00	09100	EMERGENCY	11,433,476	69,345	29,109	290,899	11,822,829

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,297,849	0	0	28,860	1,326,709	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,699,844	0	0	101,724	3,801,568	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	316,090,585	1,733,101	727,506	4,562,636	315,740,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	177,103	11,348	4,764	3,046	196,261	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,141,310	137,647	57,780	95,074	7,431,811	192.00
193.00	19300	NONPAID WORKERS	343	12,436	5,220	0	17,999	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	16,138	6,774	0	22,912	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	323,409,341	1,910,670	802,044	4,660,756	323,409,341	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 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	107,086,561					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	8,586,960	0	25,933,267			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	532,242	0	154,863	1,762,274		8.00
9.00	00900	HOUSEKEEPING	2,421,536	0	745,563	0	8,058,784	9.00
10.00	01000	DIETARY	749,028	0	263,990	0	84,986	10.00
11.00	01100	CAFETERIA	795,921	0	946,935	0	304,845	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	914,293	0	69,848	0	22,486	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	58,731	0	1,384,217	0	445,619	14.00
15.00	01500	PHARMACY	2,395,238	0	260,695	0	83,925	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,282,638	0	202,449	0	65,174	16.00
17.00	01700	SOCIAL SERVICE	347,801	0	20,144	0	6,485	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,815,690	0	281,814	0	90,724	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,212,988	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,398,501	0	4,999,237	1,351,003	1,609,399	30.00
31.00	03100	INTENSIVE CARE UNIT	6,486,915	0	1,378,265	311,405	443,703	31.00
41.00	04100	SUBPROVIDER - IRF	1,249,271	0	377,826	99,866	121,633	41.00
43.00	04300	NURSERY	1,282,337	0	211,360	0	68,043	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,009,844	0	2,492,909	0	802,538	50.00
50.01	05001	SURGICENTER	265,512	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	529,906	0	159,840	0	51,457	51.00
53.00	05300	ANESTHESIOLOGY	53,497	0	281,108	0	90,497	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,932,164	0	1,523,678	0	490,515	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	534,872	0	245,494	0	79,032	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	628,012	0	300,949	0	96,884	55.00
56.00	05600	RADIOISOTOPE	388,076	0	103,915	0	33,453	56.00
57.00	05700	CT SCAN	719,776	0	70,554	0	22,713	57.00
58.00	05800	MRI	588,099	0	179,715	0	57,855	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,441,671	0	433,314	0	139,496	59.00
60.00	06000	LABORATORY	5,137,450	0	1,004,811	0	323,477	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,344,973	0	139,730	0	44,983	65.00
65.01	06501	SLEEP LAB	233,668	0	33,629	0	10,826	65.01
66.00	06600	PHYSICAL THERAPY	1,957,116	0	610,608	0	196,572	66.00
66.01	06601	OP PHYSICAL THERAPY	327,426	0	16,815	0	5,413	66.01
66.02	06602	OP THERAPY SERVICES	488,549	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	319,844	0	222,929	0	71,767	67.00
68.00	06800	SPEECH PATHOLOGY	233,352	0	35,109	0	11,303	68.00
69.00	06900	ELECTROCARDIOLOGY	759,634	0	988,972	0	318,378	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	96,396	0	35,210	0	11,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,917,188	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,241,228	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,169,095	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	760,187	0	35,210	0	11,335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	799,832	0	917,947	0	295,513	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	1,710,255	0	125,135	0	40,284	76.01
76.02	03950	ANTICOAGULATON	262,518	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	275,692	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	710,581	0	84,073	0	27,066	90.00
90.01	09001	URGENT CARE CENTER	532,351	0	0	0	0	90.01
91.00	09100	EMERGENCY	5,852,667	0	1,290,324	0	415,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	656,762	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,881,894	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 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	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	103,290,177	0	22,629,184	1,762,274	6,995,106
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	97,155	0	211,159	0	67,978
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,678,977	0	2,561,244	0	824,537
193.00	19300	NONPAID WORKERS	8,910	0	231,404	0	74,495
194.00	07950	DEVELOPMENT	0	0	0	0	0
194.01	07951	NON ALLOWABLE HOSPICE	11,342	0	300,276	0	96,668
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	107,086,561	0	25,933,267	1,762,274	8,058,784

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,611,097					10.00
11.00	01100	CAFETERIA	0	3,655,522				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	42,590	0	2,896,157		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,007,208	14.00
15.00	01500	PHARMACY	0	111,151	0	0	5,258	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,856	0	0	24	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	802	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	557,923	0	0	1,123	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,001,732	1,093,554	0	1,414,014	180,903	30.00
31.00	03100	INTENSIVE CARE UNIT	461,397	294,110	0	380,298	120,547	31.00
41.00	04100	SUBPROVIDER - IRF	147,968	92,388	0	119,462	172	41.00
43.00	04300	NURSERY	0	36,218	0	46,831	15,816	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	183,718	0	237,556	756,643	50.00
50.01	05001	SURGICENTER	0	0	0	0	2,480	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	28,112	0	36,350	418	51.00
53.00	05300	ANESTHESIOLOGY	0	3,466	0	0	28,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118,016	0	0	13,611	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	24,382	0	0	12,253	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,956	0	0	1,027	55.00
56.00	05600	RADIOISOTOPE	0	14,314	0	0	9,905	56.00
57.00	05700	CT SCAN	0	39,400	0	0	24,705	57.00
58.00	05800	MRI	0	21,646	0	0	6,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,426	0	0	358,919	59.00
60.00	06000	LABORATORY	0	0	0	0	116,973	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	71,954	0	0	0	65.00
65.01	06501	SLEEP LAB	0	14,752	0	0	1,188	65.01
66.00	06600	PHYSICAL THERAPY	0	28,060	0	0	2,153	66.00
66.01	06601	OP PHYSICAL THERAPY	0	7,094	0	0	474	66.01
66.02	06602	OP THERAPY SERVICES	0	4,832	0	0	1,053	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	8,151	0	0	1,155	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,572	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,641	0	56,430	8,422	69.00
69.01	06901	EP LAB	0	0	0	0	2,603	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,143	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,358	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	13,527	0	0	1,270	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,664	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	49,265	0	63,702	43,454	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	34,621	0	44,767	8,810	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	17,226	0	22,273	371	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	28,167	0	36,421	1,483	90.00
90.01	09001	URGENT CARE CENTER	0	44,363	0	57,364	6,562	90.01
91.00	09100	EMERGENCY	0	294,413	0	380,689	129,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	105,285	0	0	6,921	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,611,097	3,553,094	0	2,896,157	1,874,166	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,908	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	97,520	0	0	133,042	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	2,611,097	3,655,522	0	2,896,157	2,007,208	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			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	7,694,829					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,155,167				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,077,015			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,919	471,152	825,667	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	40,867	131,919	190,315	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	168	26,266	61,033	0	0	41.00
43.00	04300	NURSERY	0	40,563	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,197	249,080	0	0	0	50.00
50.01	05001	SURGICENTER	164	2,819	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	51	42,244	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	16,811	89,826	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	257	193,939	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	112	33,862	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	35	66,692	0	0	0	55.00
56.00	05600	RADIOISOTOPE	133,283	35,709	0	0	0	56.00
57.00	05700	CT SCAN	679	401,761	0	0	0	57.00
58.00	05800	MRI	143	77,975	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,229	122,742	0	0	0	59.00
60.00	06000	LABORATORY	12	441,289	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	108,970	0	0	0	65.00
65.01	06501	SLEEP LAB	0	14,881	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	30	60,390	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	27,007	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	20	35,083	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	28,696	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,115	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	105,267	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,777	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	178,218	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,169	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,279,507	532,505	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,475	20,385	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,714	15,968	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	14,170	34,010	0	0	0	76.01
76.02	03950	ANTICOAGULATON	0	1,698	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,448	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,171	23,989	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	21	11,034	0	0	0	90.01
91.00	09100	EMERGENCY	95,420	426,407	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	144	26,312	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,693,599	4,155,167	1,077,015	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,230	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,694,829	4,155,167	1,077,015	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
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 PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,917,088					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		7,242,436				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,917,088	7,242,436	0	0	79,632,498	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	23,343,799	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,819,675	41.00
43.00	04300	NURSERY	0	0	0	0	4,291,585	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	16,854,672	50.00
50.01	05001	SURGICENTER	0	0	0	0	807,329	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	1,918,829	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	671,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,175,297	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	2,010,489	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,396,187	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,502,597	56.00
57.00	05700	CT SCAN	0	0	0	0	2,733,590	57.00
58.00	05800	MRI	0	0	0	0	2,120,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,468,082	59.00
60.00	06000	LABORATORY	0	0	0	0	17,402,049	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,427,558	65.00
65.01	06501	SLEEP LAB	0	0	0	0	780,972	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,808,452	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	1,045,654	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	1,516,442	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,298,652	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	778,840	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,815,263	69.00
69.01	06901	EP LAB	0	0	0	0	2,603	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	352,588	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	24,090,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,817,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	35,518,169	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,366,891	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	3,805,116	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	5,466,896	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	794,523	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	878,929	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	2,385,378	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	1,727,085	90.01
91.00	09100	EMERGENCY	0	0	0	0	20,707,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,983,471	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,822,124	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,917,088	7,242,436	0	0	307,339,513	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	577,461	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,728,361	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	332,808	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	431,198	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	14,917,088	7,242,436	0	0	323,409,341	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	RADIOLOGY PARAMEDICAL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-22,159,524	57,472,974	30.00
31.00	03100	INTENSIVE CARE UNIT	0	23,343,799	31.00
41.00	04100	SUBPROVIDER - IRF	0	4,819,675	41.00
43.00	04300	NURSERY	0	4,291,585	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	16,854,672	50.00
50.01	05001	SURGICENTER	0	807,329	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	1,918,829	51.00
53.00	05300	ANESTHESIOLOGY	0	671,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,175,297	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	2,010,489	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,396,187	55.00
56.00	05600	RADIOISOTOPE	0	1,502,597	56.00
57.00	05700	CT SCAN	0	2,733,590	57.00
58.00	05800	MRI	0	2,120,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,468,082	59.00
60.00	06000	LABORATORY	0	17,402,049	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,427,558	65.00
65.01	06501	SLEEP LAB	0	780,972	65.01
66.00	06600	PHYSICAL THERAPY	0	6,808,452	66.00
66.01	06601	OP PHYSICAL THERAPY	0	1,045,654	66.01
66.02	06602	OP THERAPY SERVICES	0	1,516,442	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,298,652	67.00
68.00	06800	SPEECH PATHOLOGY	0	778,840	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,815,263	69.00
69.01	06901	EP LAB	0	2,603	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	352,588	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,090,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,817,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,518,169	73.00
74.00	07400	RENAL DIALYSIS	0	2,366,891	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,805,116	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	5,466,896	76.01
76.02	03950	ANTICOAGULATON	0	794,523	76.02
76.97	07697	CARDIAC REHABILITATION	0	878,929	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	2,385,378	90.00
90.01	09001	URGENT CARE CENTER	0	1,727,085	90.01
91.00	09100	EMERGENCY	0	20,707,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,983,471	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	5,822,124	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-22,159,524	285,179,989	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	577,461	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,728,361	192.00
193.00	19300	NONPAID WORKERS	0	332,808	193.00
194.00	07950	DEVELOPMENT	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	431,198	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-22,159,524	301,249,817	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 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	0	5,606	2,353	7,959	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	212,380	89,151	301,531	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	298,970	125,501	424,471	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,323	3,494	11,817	8.00
9.00	00900	HOUSEKEEPING	0	40,068	16,820	56,888	9.00
10.00	01000	DIETARY	0	14,187	5,955	20,142	10.00
11.00	01100	CAFETERIA	0	50,891	21,362	72,253	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,754	1,576	5,330	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	74,391	31,227	105,618	14.00
15.00	01500	PHARMACY	0	14,010	5,881	19,891	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,880	4,567	15,447	16.00
17.00	01700	SOCIAL SERVICE	0	1,083	454	1,537	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,145	6,358	21,503	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	268,671	112,780	381,451	30.00
31.00	03100	INTENSIVE CARE UNIT	0	74,071	31,093	105,164	31.00
41.00	04100	SUBPROVIDER - IRF	0	20,305	8,524	28,829	41.00
43.00	04300	NURSERY	0	11,359	4,768	16,127	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	133,975	56,239	190,214	50.00
50.01	05001	SURGICENTER	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	8,590	3,606	12,196	51.00
53.00	05300	ANESTHESIOLOGY	0	15,107	6,342	21,449	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81,886	34,373	116,259	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	13,193	5,538	18,731	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,174	6,789	22,963	55.00
56.00	05600	RADIOISOTOPE	0	5,585	2,344	7,929	56.00
57.00	05700	CT SCAN	0	3,792	1,592	5,384	57.00
58.00	05800	MRI	0	9,658	4,054	13,712	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,287	9,775	33,062	59.00
60.00	06000	LABORATORY	0	54,001	22,668	76,669	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,509	3,152	10,661	65.00
65.01	06501	SLEEP LAB	0	1,807	759	2,566	65.01
66.00	06600	PHYSICAL THERAPY	0	32,816	13,775	46,591	66.00
66.01	06601	OP PHYSICAL THERAPY	0	904	379	1,283	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	11,981	5,029	17,010	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,887	792	2,679	68.00
69.00	06900	ELECTROCARDIOLOGY	0	53,150	22,311	75,461	69.00
69.01	06901	EP LAB	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,892	794	2,686	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,892	794	2,686	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	49,333	20,708	70,041	75.00
76.00	03951	WOUND CARE	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	6,725	2,823	9,548	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	4,518	1,897	6,415	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	69,345	29,109	98,454	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	49	92.01
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	174	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,733,101	727,506	2,460,607	7,791	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,348	4,764	16,112	5	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	137,647	57,780	195,427	163	192.00
193.00	19300	NONPAID WORKERS	0	12,436	5,220	17,656	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	16,138	6,774	22,912	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,910,670	802,044	2,712,714	7,959	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 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	303,411					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	24,337	0	448,949			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,508	0	2,681	16,019		8.00
9.00	00900	HOUSEKEEPING	6,863	0	12,907	0	76,825	9.00
10.00	01000	DIETARY	2,123	0	4,570	0	810	10.00
11.00	01100	CAFETERIA	2,256	0	16,393	0	2,906	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,591	0	1,209	0	214	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	166	0	23,963	0	4,248	14.00
15.00	01500	PHARMACY	6,789	0	4,513	0	800	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,635	0	3,505	0	621	16.00
17.00	01700	SOCIAL SERVICE	986	0	349	0	62	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	13,648	0	4,879	0	865	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,272	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,718	0	86,547	12,280	15,340	30.00
31.00	03100	INTENSIVE CARE UNIT	18,385	0	23,860	2,831	4,230	31.00
41.00	04100	SUBPROVIDER - IRF	3,541	0	6,541	908	1,160	41.00
43.00	04300	NURSERY	3,634	0	3,659	0	649	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,365	0	43,156	0	7,651	50.00
50.01	05001	SURGICENTER	753	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,502	0	2,767	0	491	51.00
53.00	05300	ANESTHESIOLOGY	152	0	4,866	0	863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,476	0	26,377	0	4,676	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	1,516	0	4,250	0	753	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,780	0	5,210	0	924	55.00
56.00	05600	RADIOISOTOPE	1,100	0	1,799	0	319	56.00
57.00	05700	CT SCAN	2,040	0	1,221	0	217	57.00
58.00	05800	MRI	1,667	0	3,111	0	552	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,086	0	7,501	0	1,330	59.00
60.00	06000	LABORATORY	14,560	0	17,395	0	3,084	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,812	0	2,419	0	429	65.00
65.01	06501	SLEEP LAB	662	0	582	0	103	65.01
66.00	06600	PHYSICAL THERAPY	5,547	0	10,571	0	1,874	66.00
66.01	06601	OP PHYSICAL THERAPY	928	0	291	0	52	66.01
66.02	06602	OP THERAPY SERVICES	1,385	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	906	0	3,859	0	684	67.00
68.00	06800	SPEECH PATHOLOGY	661	0	608	0	108	68.00
69.00	06900	ELECTROCARDIOLOGY	2,153	0	17,121	0	3,035	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	273	0	610	0	108	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,439	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,352	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,987	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,154	0	610	0	108	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,267	0	15,891	0	2,817	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	4,847	0	2,166	0	384	76.01
76.02	03950	ANTICOAGULATON	744	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	781	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,014	0	1,455	0	258	90.00
90.01	09001	URGENT CARE CENTER	1,509	0	0	0	0	90.01
91.00	09100	EMERGENCY	16,587	0	22,338	0	3,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,861	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,334	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 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	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	292,652	0	391,750	16,019	66,685
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	275	0	3,656	0	648
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,427	0	44,339	0	7,860
193.00	19300	NONPAID WORKERS	25	0	4,006	0	710
194.00	07950	DEVELOPMENT	0	0	0	0	0
194.01	07951	NON ALLOWABLE HOSPICE	32	0	5,198	0	922
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	303,411	0	448,949	16,019	76,825

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	27,690					10.00
11.00	01100	CAFETERIA	0	93,872				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,094	0	10,536		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	133,995	14.00
15.00	01500	PHARMACY	0	2,854	0	0	351	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	356	0	0	2	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	21	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	14,327	0	0	75	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,228	28,082	0	5,143	12,077	30.00
31.00	03100	INTENSIVE CARE UNIT	4,893	7,553	0	1,384	8,048	31.00
41.00	04100	SUBPROVIDER - IRF	1,569	2,372	0	435	11	41.00
43.00	04300	NURSERY	0	930	0	170	1,056	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,718	0	864	50,505	50.00
50.01	05001	SURGICENTER	0	0	0	0	166	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	722	0	132	28	51.00
53.00	05300	ANESTHESIOLOGY	0	89	0	0	1,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,031	0	0	909	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	626	0	0	818	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	872	0	0	69	55.00
56.00	05600	RADIOISOTOPE	0	368	0	0	661	56.00
57.00	05700	CT SCAN	0	1,012	0	0	1,649	57.00
58.00	05800	MRI	0	556	0	0	440	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,449	0	0	23,962	59.00
60.00	06000	LABORATORY	0	0	0	0	7,809	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,848	0	0	0	65.00
65.01	06501	SLEEP LAB	0	379	0	0	79	65.01
66.00	06600	PHYSICAL THERAPY	0	721	0	0	144	66.00
66.01	06601	OP PHYSICAL THERAPY	0	182	0	0	32	66.01
66.02	06602	OP THERAPY SERVICES	0	124	0	0	70	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	209	0	0	77	67.00
68.00	06800	SPEECH PATHOLOGY	0	374	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,121	0	205	562	69.00
69.01	06901	EP LAB	0	0	0	0	174	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	183	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	91	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	347	0	0	85	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	111	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,265	0	232	2,901	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	889	0	163	588	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	442	0	81	25	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	723	0	133	99	90.00
90.01	09001	URGENT CARE CENTER	0	1,139	0	209	438	90.01
91.00	09100	EMERGENCY	0	7,560	0	1,385	8,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,704	0	0	462	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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5/31/2022 10:01 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,690	91,242	0	10,536	125,113	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	126	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,504	0	0	8,882	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	27,690	93,872	0	10,536	133,995	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
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To 12/31/2021Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			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	35,410					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,587				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,969			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193	2,710	2,276			30.00
31.00	03100	INTENSIVE CARE UNIT	188	759	525			31.00
41.00	04100	SUBPROVIDER - IRF	1	151	168			41.00
43.00	04300	NURSERY	0	233	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102	1,433	0			50.00
50.01	05001	SURGICENTER	1	16	0			50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0			50.02
51.00	05100	RECOVERY ROOM	0	243	0			51.00
53.00	05300	ANESTHESIOLOGY	77	517	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	1,116	0			54.00
54.01	05401	BREAST DIAGNOSIS CENTER	1	195	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	384	0			55.00
56.00	05600	RADIOISOTOPE	613	205	0			56.00
57.00	05700	CT SCAN	3	2,311	0			57.00
58.00	05800	MRI	1	449	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	15	706	0			59.00
60.00	06000	LABORATORY	0	2,538	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	0	627	0			65.00
65.01	06501	SLEEP LAB	0	86	0			65.01
66.00	06600	PHYSICAL THERAPY	0	347	0			66.00
66.01	06601	OP PHYSICAL THERAPY	0	155	0			66.01
66.02	06602	OP THERAPY SERVICES	0	202	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	165	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	75	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	606	0			69.00
69.01	06901	EP LAB	0	0	0			69.01
69.02	03650	VASCULAR SERVICES	0	0	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,025	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	283	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,499	2,748	0			73.00
74.00	07400	RENAL DIALYSIS	11	117	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	17	92	0			75.00
76.00	03951	WOUND CARE	0	0	0			76.00
76.01	03952	OP ONCOLOGY	65	196	0			76.01
76.02	03950	ANTICOAGULATON	0	10	0			76.02
76.97	07697	CARDIAC REHABILITATION	0	37	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	176	138	0			90.00
90.01	09001	URGENT CARE CENTER	0	63	0			90.01
91.00	09100	EMERGENCY	439	2,453	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1	151	0			101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,404	23,587	2,969	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	DEVELOPMENT	0	0	0			194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0			194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0			201.00
202.00		TOTAL (sum lines 118 through 201)	35,410	23,587	2,969	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
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 PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	41,524					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		20,679				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					609,447	30.00
31.00	03100	INTENSIVE CARE UNIT					178,469	31.00
41.00	04100	SUBPROVIDER - IRF					45,806	41.00
43.00	04300	NURSERY					26,579	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					310,257	50.00
50.01	05001	SURGICENTER					936	50.01
50.02	05002	SURGERY RECOVERY CENTER					0	50.02
51.00	05100	RECOVERY ROOM					18,137	51.00
53.00	05300	ANESTHESIOLOGY					29,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					157,996	54.00
54.01	05401	BREAST DIAGNOSIS CENTER					26,924	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC					32,256	55.00
56.00	05600	RADIOISOTOPE					13,019	56.00
57.00	05700	CT SCAN					13,901	57.00
58.00	05800	MRI					20,526	58.00
59.00	05900	CARDIAC CATHETERIZATION					72,200	59.00
60.00	06000	LABORATORY					122,055	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
65.00	06500	RESPIRATORY THERAPY					19,921	65.00
65.01	06501	SLEEP LAB					4,479	65.01
66.00	06600	PHYSICAL THERAPY					65,833	66.00
66.01	06601	OP PHYSICAL THERAPY					2,932	66.01
66.02	06602	OP THERAPY SERVICES					1,788	66.02
67.00	06700	OCCUPATIONAL THERAPY					22,924	67.00
68.00	06800	SPEECH PATHOLOGY					4,529	68.00
69.00	06900	ELECTROCARDIOLOGY					100,337	69.00
69.01	06901	EP LAB					174	69.01
69.02	03650	VASCULAR SERVICES					0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					3,913	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					23,555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					6,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					62,666	73.00
74.00	07400	RENAL DIALYSIS					5,797	74.00
75.00	07500	ASC (NON-DISTINCT PART)					95,599	75.00
76.00	03951	WOUND CARE					0	76.00
76.01	03952	OP ONCOLOGY					19,006	76.01
76.02	03950	ANTICOAGULATON					781	76.02
76.97	07697	CARDIAC REHABILITATION					1,393	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					11,470	90.00
90.01	09001	URGENT CARE CENTER					3,415	90.01
91.00	09100	EMERGENCY					162,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)					1,910	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					8,826	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	2,308,620	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					20,822	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					269,608	192.00
193.00	19300	NONPAID WORKERS					22,397	193.00
194.00	07950	DEVELOPMENT					0	194.00
194.01	07951	NON ALLOWABLE HOSPICE					29,064	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS					0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS					0	194.03
200.00		Cross Foot Adjustments	41,524	20,679	0	0	62,203	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	41,524	20,679	0	0	2,712,714	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	RADIOLOGY PARAMEDICAL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	609,447	30.00
31.00	03100	INTENSIVE CARE UNIT	0	178,469	31.00
41.00	04100	SUBPROVIDER - IRF	0	45,806	41.00
43.00	04300	NURSERY	0	26,579	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	310,257	50.00
50.01	05001	SURGICENTER	0	936	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	18,137	51.00
53.00	05300	ANESTHESIOLOGY	0	29,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	157,996	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	26,924	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	32,256	55.00
56.00	05600	RADIOISOTOPE	0	13,019	56.00
57.00	05700	CT SCAN	0	13,901	57.00
58.00	05800	MRI	0	20,526	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	72,200	59.00
60.00	06000	LABORATORY	0	122,055	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	19,921	65.00
65.01	06501	SLEEP LAB	0	4,479	65.01
66.00	06600	PHYSICAL THERAPY	0	65,833	66.00
66.01	06601	OP PHYSICAL THERAPY	0	2,932	66.01
66.02	06602	OP THERAPY SERVICES	0	1,788	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	22,924	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,529	68.00
69.00	06900	ELECTROCARDIOLOGY	0	100,337	69.00
69.01	06901	EP LAB	0	174	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,913	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,666	73.00
74.00	07400	RENAL DIALYSIS	0	5,797	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	95,599	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	19,006	76.01
76.02	03950	ANTICOAGULATON	0	781	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,393	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	11,470	90.00
90.01	09001	URGENT CARE CENTER	0	3,415	90.01
91.00	09100	EMERGENCY	0	162,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,910	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY	0	8,826	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,308,620	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,822	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	269,608	192.00
193.00	19300 NONPAID WORKERS	0	22,397	193.00
194.00	07950 DEVELOPMENT	0	0	194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	29,064	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00	Cross Foot Adjustments	0	62,203	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	2,712,714	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,057,184					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,057,184				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,102	3,102	122,755,425			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	117,511	117,511	29,199,816	-107,086,561	216,322,780	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	165,421	165,421	2,174,060	0	17,346,307	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,605	4,605	206,085	0	1,075,169	8.00
9.00	00900	HOUSEKEEPING	22,170	22,170	2,569,386	0	4,891,685	9.00
10.00	01000	DIETARY	7,850	7,850	696,091	0	1,513,093	10.00
11.00	01100	CAFETERIA	28,158	28,158	991,155	0	1,607,821	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,077	2,077	1,509,000	0	1,846,940	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,161	41,161	0	0	118,641	14.00
15.00	01500	PHARMACY	7,752	7,752	3,260,330	0	4,838,562	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,020	6,020	320,695	0	2,591,026	16.00
17.00	01700	SOCIAL SERVICE	599	599	539,281	0	702,585	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,380	8,380	9,351,497	0	9,728,058	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	73,044	0	4,470,402	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,657	148,657	21,571,070	0	29,085,893	30.00
31.00	03100	INTENSIVE CARE UNIT	40,984	40,984	9,985,480	0	13,104,058	31.00
41.00	04100	SUBPROVIDER - IRF	11,235	11,235	1,850,484	0	2,523,622	41.00
43.00	04300	NURSERY	6,285	6,285	1,866,187	0	2,590,417	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,129	74,129	3,826,453	0	8,100,187	50.00
50.01	05001	SURGICENTER	0	0	0	0	536,354	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,753	4,753	860,837	0	1,070,451	51.00
53.00	05300	ANESTHESIOLOGY	8,359	8,359	40,578	0	108,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,308	45,308	2,330,465	0	3,903,117	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	7,300	7,300	517,067	0	1,080,482	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,949	8,949	834,419	0	1,268,632	55.00
56.00	05600	RADIOISOTOPE	3,090	3,090	387,620	0	783,942	56.00
57.00	05700	CT SCAN	2,098	2,098	979,745	0	1,454,002	57.00
58.00	05800	MRI	5,344	5,344	582,985	0	1,188,005	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,885	12,885	1,369,158	0	2,912,285	59.00
60.00	06000	LABORATORY	29,879	29,879	0	0	10,378,037	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,155	4,155	1,928,052	0	2,716,948	65.00
65.01	06501	SLEEP LAB	1,000	1,000	332,000	0	472,028	65.01
66.00	06600	PHYSICAL THERAPY	18,157	18,157	588,851	0	3,953,523	66.00
66.01	06601	OP PHYSICAL THERAPY	500	500	136,372	0	661,425	66.01
66.02	06602	OP THERAPY SERVICES	0	0	114,946	0	986,905	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,629	6,629	209,165	0	646,110	67.00
68.00	06800	SPEECH PATHOLOGY	1,044	1,044	373,837	0	471,389	68.00
69.00	06900	ELECTROCARDIOLOGY	29,408	29,408	1,117,570	0	1,534,519	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	06902	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,047	1,047	123,544	0	194,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	15,993,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,527,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,522,265	73.00
74.00	07400	RENAL DIALYSIS	1,047	1,047	0	0	1,535,635	74.00
75.00	07500	ASC (NON-DISTINCT PART)	27,296	27,296	1,165,796	0	1,615,721	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	3,721	3,721	2,462,449	0	3,454,844	76.01
76.02	03950	ANTICOAGULATON	0	0	422,243	0	530,307	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	418,732	0	556,919	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,500	2,500	910,351	0	1,435,427	90.00
90.01	09001	URGENT CARE CENTER	0	0	873,228	0	1,075,390	90.01
91.00	09100	EMERGENCY	38,369	38,369	7,661,685	0	11,822,829	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	760,125	0	1,326,709	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	2,679,209	0	3,801,568	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	958,934	958,934	120,171,143	-107,086,561	208,653,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,279	6,279	80,229	0	196,261	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	76,161	76,161	2,504,053	0	7,431,811	192.00
193.00	19300	NONPAID WORKERS	6,881	6,881	0	0	17,999	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	8,929	8,929	0	0	22,912	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,910,670	802,044	4,660,756		107,086,561	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.807320	0.758661	0.037968		0.495031	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			7,959		303,411	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000065		0.001403	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	771,150				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,605	50,151			8.00
9.00	00900	HOUSEKEEPING	0	22,170	0	744,375		9.00
10.00	01000	DIETARY	0	7,850	0	7,850	50,151	10.00
11.00	01100	CAFETERIA	0	28,158	0	28,158	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,077	0	2,077	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,161	0	41,161	0	14.00
15.00	01500	PHARMACY	0	7,752	0	7,752	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,020	0	6,020	0	16.00
17.00	01700	SOCIAL SERVICE	0	599	0	599	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,380	0	8,380	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	148,657	38,447	148,657	38,447	30.00
31.00	03100	INTENSIVE CARE UNIT	0	40,984	8,862	40,984	8,862	31.00
41.00	04100	SUBPROVIDER - IRF	0	11,235	2,842	11,235	2,842	41.00
43.00	04300	NURSERY	0	6,285	0	6,285	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,129	0	74,129	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	4,753	0	4,753	0	51.00
53.00	05300	ANESTHESIOLOGY	0	8,359	0	8,359	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,308	0	45,308	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	7,300	0	7,300	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,949	0	8,949	0	55.00
56.00	05600	RADIOISOTOPE	0	3,090	0	3,090	0	56.00
57.00	05700	CT SCAN	0	2,098	0	2,098	0	57.00
58.00	05800	MRI	0	5,344	0	5,344	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,885	0	12,885	0	59.00
60.00	06000	LABORATORY	0	29,879	0	29,879	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,155	0	4,155	0	65.00
65.01	06501	SLEEP LAB	0	1,000	0	1,000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	18,157	0	18,157	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	500	0	500	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,629	0	6,629	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,044	0	1,044	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,408	0	29,408	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,047	0	1,047	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,047	0	1,047	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	27,296	0	27,296	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	3,721	0	3,721	0	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,500	0	2,500	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	38,369	0	38,369	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 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	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	672,900	50,151	646,125	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,279	0	6,279	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	76,161	0	76,161	192.00
193.00	19300	NONPAID WORKERS	0	6,881	0	6,881	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	8,929	0	8,929	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
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	25,933,267	1,762,274	8,058,784	2,611,097
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	33.629342	35.139359	10.826242	52.064705
204.00		Cost to be allocated (per Wkst. B, Part II)	0	448,949	16,019	76,825	27,690
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.582181	0.319415	0.103207	0.552133
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIREC T FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI)	PHARMACY (COSTED REQ UI)	
			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	2,187,307					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	25,484	0	1,340,197			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	20,392,996		14.00
15.00	01500	PHARMACY	66,508	0	0	53,423	18,348,695	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,291	0	0	247	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	480	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	333,837	0	0	11,408	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	654,335	0	654,335	1,837,957	99,957	30.00
31.00	03100	INTENSIVE CARE UNIT	175,983	0	175,983	1,224,749	97,449	31.00
41.00	04100	SUBPROVIDER - IRF	55,281	0	55,281	1,743	401	41.00
43.00	04300	NURSERY	21,671	0	21,671	160,686	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	109,929	0	109,929	7,687,376	52,929	50.00
50.01	05001	SURGICENTER	0	0	0	25,198	390	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	16,821	0	16,821	4,244	121	51.00
53.00	05300	ANESTHESIOLOGY	2,074	0	0	285,130	40,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,616	0	0	138,285	612	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	14,589	0	0	124,491	267	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,318	0	0	10,435	83	55.00
56.00	05600	RADIOISOTOPE	8,565	0	0	100,632	317,820	56.00
57.00	05700	CT SCAN	23,575	0	0	250,999	1,620	57.00
58.00	05800	MRI	12,952	0	0	66,961	342	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,763	0	0	3,646,588	7,700	59.00
60.00	06000	LABORATORY	0	0	0	1,188,431	29	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	43,054	0	0	0	0	65.00
65.01	06501	SLEEP LAB	8,827	0	0	12,066	0	65.01
66.00	06600	PHYSICAL THERAPY	16,790	0	0	21,879	72	66.00
66.01	06601	OP PHYSICAL THERAPY	4,245	0	0	4,813	0	66.01
66.02	06602	OP THERAPY SERVICES	2,891	0	0	10,699	48	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,877	0	0	11,736	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,719	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,113	0	26,113	85,566	0	69.00
69.01	06901	EP LAB	0	0	0	26,444	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,274	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,794	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	8,094	0	0	12,908	17,358,342	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	16,904	5,902	74.00
75.00	07500	ASC (NON-DISTINCT PART)	29,478	0	29,478	441,487	8,856	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	20,716	0	20,716	89,505	33,789	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	10,307	0	10,307	3,774	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,854	0	16,854	15,067	91,021	90.00
90.01	09001	URGENT CARE CENTER	26,545	0	26,545	66,667	49	90.01
91.00	09100	EMERGENCY	176,164	0	176,164	1,318,684	227,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIREC T FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI)	PHARMACY (COSTED REQ UI)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	62,998	0	0	70,320	343	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	2,126,018	0	1,340,197	19,041,296	18,345,762	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,937	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	58,352	0	0	1,351,700	2,933	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	3,655,522	0	2,896,157	2,007,208	7,694,829	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.671243	0.000000	2.160993	0.098426	0.419367	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	93,872	0	10,536	133,995	35,410	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.042917	0.000000	0.007862	0.006571	0.001930	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (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	1,195,026,046					16.00
17.00	01700	SOCIAL SERVICE	0	50,151				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			314,632	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,505,187	38,447	0	0	314,632	30.00
31.00	03100	INTENSIVE CARE UNIT	37,940,433	8,862	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	7,554,183	2,842	0	0	0	41.00
43.00	04300	NURSERY	11,666,185	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,636,539	0	0	0	0	50.00
50.01	05001	SURGICENTER	810,809	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	12,149,599	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	25,834,442	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,777,623	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	9,738,726	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,181,004	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	10,270,020	0	0	0	0	56.00
57.00	05700	CT SCAN	115,548,066	0	0	0	0	57.00
58.00	05800	MRI	22,426,045	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,301,174	0	0	0	0	59.00
60.00	06000	LABORATORY	126,916,666	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	31,340,255	0	0	0	0	65.00
65.01	06501	SLEEP LAB	4,279,833	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	17,368,556	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	7,767,294	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	10,090,036	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	8,253,206	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,771,974	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,275,277	0	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,236,671	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	51,256,189	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,141,108	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	153,132,922	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,862,728	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,592,446	0	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	9,781,479	0	0	0	0	76.01
76.02	03950	ANTICOAGULATON	488,217	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,854,420	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,899,247	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	3,173,524	0	0	0	0	90.01
91.00	09100	EMERGENCY	122,636,408	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,567,555	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,195,026,046	50,151	0	0	314,632	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,155,167	1,077,015	0	0	14,917,088	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003477	21.475444	0.000000	0.000000	47.411223	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,587	2,969	0	0	41,524	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000020	0.059201	0.000000	0.000000	0.131976	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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 PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	314,632			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
23.01	02301	RADIOLOGY PARAMEDICAL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	314,632	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	76.01
76.02	03950	ANTICOAGULATON	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet B-1
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00	23.00	23.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	314,632	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.03
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)	7,242,436	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.018752	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,679	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.065724	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:01 am

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:01 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,406,472		110,406,472		30.00
31.00	03100	INTENSIVE CARE UNIT	37,940,433		37,940,433		31.00
41.00	04100	SUBPROVIDER - IRF	7,554,183		7,554,183		41.00
43.00	04300	NURSERY	11,666,185		11,666,185		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,105,783	48,530,756	71,636,539	0.235280	50.00
50.01	05001	SURGICENTER	810,809	0	810,809	0.995708	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,872,142	8,277,457	12,149,599	0.157934	51.00
53.00	05300	ANESTHESIOLOGY	8,067,920	17,766,522	25,834,442	0.025986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,339,555	36,438,068	55,777,623	0.146569	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	819	9,737,907	9,738,726	0.206443	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	566,709	18,614,295	19,181,004	0.124925	55.00
56.00	05600	RADIOISOTOPE	1,421,994	8,848,026	10,270,020	0.146309	56.00
57.00	05700	CT SCAN	37,161,757	78,386,309	115,548,066	0.023658	57.00
58.00	05800	MRI	4,662,138	17,763,907	22,426,045	0.094534	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,971,547	15,329,627	35,301,174	0.154898	59.00
60.00	06000	LABORATORY	72,547,731	54,368,935	126,916,666	0.137114	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	28,945,512	2,394,743	31,340,255	0.141274	65.00
65.01	06501	SLEEP LAB	8,954	4,270,879	4,279,833	0.182477	65.01
66.00	06600	PHYSICAL THERAPY	6,070,425	11,298,131	17,368,556	0.391999	66.00
66.01	06601	OP PHYSICAL THERAPY	1,489	7,765,805	7,767,294	0.134623	66.01
66.02	06602	OP THERAPY SERVICES	0	10,090,036	10,090,036	0.150291	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,473,265	2,779,941	8,253,206	0.157351	67.00
68.00	06800	SPEECH PATHOLOGY	3,179,169	592,805	3,771,974	0.206481	68.00
69.00	06900	ELECTROCARDIOLOGY	13,131,257	17,144,020	30,275,277	0.126019	69.00
69.01	06901	EP LAB	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	677,002	1,559,669	2,236,671	0.157640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,782,860	23,473,329	51,256,189	0.469994	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,229,034	5,912,074	14,141,108	0.482130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,138,889	103,994,033	153,132,922	0.231943	73.00
74.00	07400	RENAL DIALYSIS	5,069,208	793,520	5,862,728	0.403718	74.00
75.00	07500	ASC (NON-DISTINCT PART)	57,793	4,534,653	4,592,446	0.828560	75.00
76.00	03951	WOUND CARE	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY	42,940	9,738,539	9,781,479	0.558903	76.01
76.02	03950	ANTICOAGULATON	1,023	487,194	488,217	1.627397	76.02
76.97	07697	CARDIAC REHABILITATION	30,343	1,824,077	1,854,420	0.473964	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,600	6,884,647	6,899,247	0.345745	90.00
90.01	09001	URGENT CARE CENTER	9,137	3,164,387	3,173,524	0.544217	90.01
91.00	09100	EMERGENCY	33,853,218	88,783,190	122,636,408	0.168856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,098,715	25,098,715	0.497532	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	7,567,555	7,567,555		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	540,812,295	654,213,751	1,195,026,046		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	540,812,295	654,213,751	1,195,026,046		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:01 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
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235412		50.00
50.01	05001	SURGICENTER	0.995708		50.01
50.02	05002	SURGERY RECOVERY CENTER	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.157934		51.00
53.00	05300	ANESTHESIOLOGY	0.026276		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146650		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.206443		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124925		55.00
56.00	05600	RADIOISOTOPE	0.146309		56.00
57.00	05700	CT SCAN	0.023658		57.00
58.00	05800	MRI	0.094534		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154898		59.00
60.00	06000	LABORATORY	0.137114		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.141274		65.00
65.01	06501	SLEEP LAB	0.182477		65.01
66.00	06600	PHYSICAL THERAPY	0.391999		66.00
66.01	06601	OP PHYSICAL THERAPY	0.134623		66.01
66.02	06602	OP THERAPY SERVICES	0.150291		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.157351		67.00
68.00	06800	SPEECH PATHOLOGY	0.206481		68.00
69.00	06900	ELECTROCARDIOLOGY	0.126056		69.00
69.01	06901	EP LAB	0.000000		69.01
69.02	03650	VASCULAR SERVICES	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157640		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.469994		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.482130		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231943		73.00
74.00	07400	RENAL DIALYSIS	0.403718		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.828560		75.00
76.00	03951	WOUND CARE	0.000000		76.00
76.01	03952	OP ONCOLOGY	0.558903		76.01
76.02	03950	ANTICOAGULATON	1.627397		76.02
76.97	07697	CARDIAC REHABILITATION	0.473964		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.345745		90.00
90.01	09001	URGENT CARE CENTER	0.544217		90.01
91.00	09100	EMERGENCY	0.168859		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.497532		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:01 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	
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,632,498		79,632,498	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	23,343,799		23,343,799	0	0 31.00
41.00	04100	SUBPROVIDER - IRF	4,819,675		4,819,675	0	0 41.00
43.00	04300	NURSERY	4,291,585		4,291,585	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,854,672		16,854,672	0	0 50.00
50.01	05001	SURGICENTER	807,329		807,329	0	0 50.01
50.02	05002	SURGERY RECOVERY CENTER	0		0	0	0 50.02
51.00	05100	RECOVERY ROOM	1,918,829		1,918,829	0	0 51.00
53.00	05300	ANESTHESIOLOGY	671,337		671,337	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,175,297		8,175,297	0	0 54.00
54.01	05401	BREAST DIAGNOSIS CENTER	2,010,489		2,010,489	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,396,187		2,396,187	0	0 55.00
56.00	05600	RADIOISOTOPE	1,502,597		1,502,597	0	0 56.00
57.00	05700	CT SCAN	2,733,590		2,733,590	0	0 57.00
58.00	05800	MRI	2,120,029		2,120,029	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	5,468,082		5,468,082	0	0 59.00
60.00	06000	LABORATORY	17,402,049		17,402,049	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	4,427,558	0	4,427,558	0	0 65.00
65.01	06501	SLEEP LAB	780,972	0	780,972	0	0 65.01
66.00	06600	PHYSICAL THERAPY	6,808,452	0	6,808,452	0	0 66.00
66.01	06601	OP PHYSICAL THERAPY	1,045,654	0	1,045,654	0	0 66.01
66.02	06602	OP THERAPY SERVICES	1,516,442	0	1,516,442	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	1,298,652	0	1,298,652	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	778,840	0	778,840	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,815,263		3,815,263	0	0 69.00
69.01	06901	EP LAB	2,603		2,603	0	0 69.01
69.02	03650	VASCULAR SERVICES	0		0	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	352,588		352,588	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,090,082		24,090,082	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,817,847		6,817,847	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,518,169		35,518,169	0	0 73.00
74.00	07400	RENAL DIALYSIS	2,366,891		2,366,891	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,805,116		3,805,116	0	0 75.00
76.00	03951	WOUND CARE	0		0	0	0 76.00
76.01	03952	OP ONCOLOGY	5,466,896		5,466,896	0	0 76.01
76.02	03950	ANTICOAGULATON	794,523		794,523	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	878,929		878,929	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0 76.98
76.99	07699	LITHOTRIPSY	0		0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,385,378		2,385,378	0	0 90.00
90.01	09001	URGENT CARE CENTER	1,727,085		1,727,085	0	0 90.01
91.00	09100	EMERGENCY	20,707,934		20,707,934	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,983,471		1,983,471	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	5,822,124		5,822,124		0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	307,339,513	0	307,339,513	0	0 200.00
201.00		Less Observation Beds	0		0		0 201.00
202.00		Total (see instructions)	307,339,513	0	307,339,513	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:01 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				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	0		0			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
50.01	05001	SURGICENTER	0	0	0	0.000000	0.000000	50.01	
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0.000000	0.000000	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0.000000	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
65.01	06501	SLEEP LAB	0	0	0	0.000000	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.01	
66.02	06602	OP THERAPY SERVICES	0	0	0	0.000000	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
69.01	06901	EP LAB	0	0	0	0.000000	0.000000	69.01	
69.02	03650	VASCULAR SERVICES	0	0	0	0.000000	0.000000	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
76.00	03951	WOUND CARE	0	0	0	0.000000	0.000000	76.00	
76.01	03952	OP ONCOLOGY	0	0	0	0.000000	0.000000	76.01	
76.02	03950	ANTICOAGULATON	0	0	0	0.000000	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	URGENT CARE CENTER	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/31/2022 10:01 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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
50.01	05001	SURGICENTER	0.000000		50.01
50.02	05002	SURGERY RECOVERY CENTER	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP LAB	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	OP PHYSICAL THERAPY	0.000000		66.01
66.02	06602	OP THERAPY SERVICES	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	EP LAB	0.000000		69.01
69.02	03650	VASCULAR SERVICES	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03951	WOUND CARE	0.000000		76.00
76.01	03952	OP ONCOLOGY	0.000000		76.01
76.02	03950	ANTICOAGULATON	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	URGENT CARE CENTER	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/31/2022 10:01 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	609,447	0	609,447	49,119	12.41	30.00
31.00	INTENSIVE CARE UNIT	178,469		178,469	8,862	20.14	31.00
41.00	SUBPROVIDER - IRF	45,806	0	45,806	2,842	16.12	41.00
43.00	NURSERY	26,579		26,579	2,813	9.45	43.00
200.00	Total (lines 30 through 199)	860,301		860,301	63,636		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	16,232	201,439				
31.00	INTENSIVE CARE UNIT	3,120	62,837				
41.00	SUBPROVIDER - IRF	1,803	29,064				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	21,155	293,340				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/31/2022 10:01 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	310,257	71,636,539	0.004331	12,058,460	52,225	50.00
50.01	05001	SURGICENTER	936	810,809	0.001154	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	18,137	12,149,599	0.001493	1,749,447	2,612	51.00
53.00	05300	ANESTHESIOLOGY	29,890	25,834,442	0.001157	2,771,007	3,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,996	55,777,623	0.002833	6,293,231	17,829	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	26,924	9,738,726	0.002765	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	32,256	19,181,004	0.001682	281,760	474	55.00
56.00	05600	RADIOISOTOPE	13,019	10,270,020	0.001268	78,522	100	56.00
57.00	05700	CT SCAN	13,901	115,548,066	0.000120	15,244,089	1,829	57.00
58.00	05800	MRI	20,526	22,426,045	0.000915	1,856,326	1,699	58.00
59.00	05900	CARDIAC CATHETERIZATION	72,200	35,301,174	0.002045	8,344,989	17,066	59.00
60.00	06000	LABORATORY	122,055	126,916,666	0.000962	28,338,919	27,262	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	19,921	31,340,255	0.000636	10,906,932	6,937	65.00
65.01	06501	SLEEP LAB	4,479	4,279,833	0.001047	0	0	65.01
66.00	06600	PHYSICAL THERAPY	65,833	17,368,556	0.003790	1,653,157	6,265	66.00
66.01	06601	OP PHYSICAL THERAPY	2,932	7,767,294	0.000377	0	0	66.01
66.02	06602	OP THERAPY SERVICES	1,788	10,090,036	0.000177	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	22,924	8,253,206	0.002778	1,286,533	3,574	67.00
68.00	06800	SPEECH PATHOLOGY	4,529	3,771,974	0.001201	1,316,383	1,581	68.00
69.00	06900	ELECTROCARDIOLOGY	100,337	30,275,277	0.003314	2,832,415	9,387	69.00
69.01	06901	EP LAB	174	0	0.000000	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,913	2,236,671	0.001749	382,444	669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,555	51,256,189	0.000460	7,035,370	3,236	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,635	14,141,108	0.000469	3,260,076	1,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,666	153,132,922	0.000409	22,262,237	9,105	73.00
74.00	07400	RENAL DIALYSIS	5,797	5,862,728	0.000989	2,119,175	2,096	74.00
75.00	07500	ASC (NON-DISTINCT PART)	95,599	4,592,446	0.020817	0	0	75.00
76.00	03951	WOUND CARE	0	0	0.000000	0	0	76.00
76.01	03952	OP ONCOLOGY	19,006	9,781,479	0.001943	9,723	19	76.01
76.02	03950	ANTICOAGULATON	781	488,217	0.001600	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,393	1,854,420	0.000751	711	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,470	6,899,247	0.001663	2,209	4	90.00
90.01	09001	URGENT CARE CENTER	3,415	3,173,524	0.001076	0	0	90.01
91.00	09100	EMERGENCY	162,339	122,636,408	0.001324	9,096,819	12,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	132,417	25,098,715	0.005276	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,910	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	1,571,910	1,019,891,218		139,180,934	180,749	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0172		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/31/2022 10:01 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	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	49,119	0.00	16,232	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	8,862	0.00	3,120	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,842	0.00	1,803	41.00		
43.00	04300	NURSERY	0	0	2,813	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	63,636		21,155	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	
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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/31/2022 10:01 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	06902	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	0	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0172		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/31/2022 10:01 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	0	71,636,539	0.000000	50.00
50.01	05001	SURGICENTER	0	0	0	0	810,809	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	12,149,599	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	25,834,442	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	55,777,623	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	9,738,726	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	19,181,004	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	10,270,020	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	115,548,066	0.000000	57.00
58.00	05800	MRI	0	0	0	0	22,426,045	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	35,301,174	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	126,916,666	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	31,340,255	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	0	4,279,833	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	17,368,556	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	7,767,294	0.000000	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	10,090,036	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,253,206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,771,974	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	30,275,277	0.000000	69.00
69.01	06901	EP LAB	0	0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,236,671	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	51,256,189	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,141,108	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	153,132,922	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,862,728	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	4,592,446	0.000000	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	9,781,479	0.000000	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	488,217	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,854,420	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	6,899,247	0.000000	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	3,173,524	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	0	122,636,408	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	25,098,715	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	1,019,891,218		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	12,058,460	0	15,718,274	0	50.00
50.01	05001	SURGICENTER	0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	1,749,447	0	3,554,246	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,771,007	0	3,992,945	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,293,231	0	8,334,421	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	281,760	0	7,512,997	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	78,522	0	1,285,858	0	56.00
57.00	05700	CT SCAN	0.000000	15,244,089	0	17,686,038	0	57.00
58.00	05800	MRI	0.000000	1,856,326	0	4,176,141	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,344,989	0	5,581,708	0	59.00
60.00	06000	LABORATORY	0.000000	28,338,919	0	2,739,349	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	10,906,932	0	310,942	0	65.00
65.01	06501	SLEEP LAB	0.000000	0	0	45,012	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	1,653,157	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0.000000	0	0	29,550	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,286,533	0	19,397	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,316,383	0	52,373	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,832,415	0	4,256,264	0	69.00
69.01	06901	EP LAB	0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	382,444	0	197,495	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,035,370	0	3,233,709	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,260,076	0	3,229,215	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	22,262,237	0	52,353,361	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,119,175	0	231,181	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE	0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0.000000	9,723	0	1,847,839	0	76.01
76.02	03950	ANTICOAGULATON	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	711	0	542,483	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	2,209	0	729,481	0	90.00
90.01	09001	URGENT CARE CENTER	0.000000	0	0	262,812	0	90.01
91.00	09100	EMERGENCY	0.000000	9,096,819	0	10,927,032	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,650,060	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		139,180,934	0	151,500,183	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/31/2022 10:01 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	0.235280	15,718,274	0	0	3,698,196	50.00	
50.01	05001	SURGICENTER	0.995708	0	0	0	0	50.01	
50.02	05002	SURGERY RECOVERY CENTER	0.000000	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0.157934	3,554,246	0	0	561,336	51.00	
53.00	05300	ANESTHESIOLOGY	0.025986	3,992,945	0	0	103,761	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146569	8,334,421	0	0	1,221,568	54.00	
54.01	05401	BREAST DIAGNOSIS CENTER	0.206443	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124925	7,512,997	0	0	938,561	55.00	
56.00	05600	RADIOISOTOPE	0.146309	1,285,858	0	0	188,133	56.00	
57.00	05700	CT SCAN	0.023658	17,686,038	0	0	418,416	57.00	
58.00	05800	MRI	0.094534	4,176,141	0	0	394,787	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.154898	5,581,708	0	0	864,595	59.00	
60.00	06000	LABORATORY	0.137114	2,739,349	25,580	0	375,603	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.141274	310,942	0	0	43,928	65.00	
65.01	06501	SLEEP LAB	0.182477	45,012	0	0	8,214	65.01	
66.00	06600	PHYSICAL THERAPY	0.391999	0	0	0	0	66.00	
66.01	06601	OP PHYSICAL THERAPY	0.134623	0	0	0	0	66.01	
66.02	06602	OP THERAPY SERVICES	0.150291	29,550	0	0	4,441	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.157351	19,397	0	0	3,052	67.00	
68.00	06800	SPEECH PATHOLOGY	0.206481	52,373	0	0	10,814	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.126019	4,256,264	0	0	536,370	69.00	
69.01	06901	EP LAB	0.000000	0	0	0	0	69.01	
69.02	03650	VASCULAR SERVICES	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157640	197,495	0	0	31,133	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.469994	3,233,709	0	0	1,519,824	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.482130	3,229,215	0	0	1,556,901	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231943	52,353,361	0	3,874	12,142,996	73.00	
74.00	07400	RENAL DIALYSIS	0.403718	231,181	0	0	93,332	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.828560	0	0	0	0	75.00	
76.00	03951	WOUND CARE	0.000000	0	0	0	0	76.00	
76.01	03952	OP ONCOLOGY	0.558903	1,847,839	0	0	1,032,763	76.01	
76.02	03950	ANTICOAGULATON	1.627397	0	0	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	0.473964	542,483	0	0	257,117	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.345745	729,481	0	0	252,214	90.00	
90.01	09001	URGENT CARE CENTER	0.544217	262,812	0	0	143,027	90.01	
91.00	09100	EMERGENCY	0.168856	10,927,032	0	0	1,845,095	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.497532	2,650,060	0	0	1,318,490	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		151,500,183	25,580	3,874	29,564,667	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		151,500,183	25,580	3,874	29,564,667	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/31/2022 10:01 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
50.01	05001	SURGICENTER	0	0		50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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	3,507	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	OP PHYSICAL THERAPY	0	0		66.01
66.02	06602	OP THERAPY SERVICES	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	EP LAB	0	0		69.01
69.02	03650	VASCULAR SERVICES	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	899		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03951	WOUND CARE	0	0		76.00
76.01	03952	OP ONCOLOGY	0	0		76.01
76.02	03950	ANTICOAGULATON	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	URGENT CARE CENTER	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	3,507	899		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	3,507	899		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:

Worksheet D

Component CCN: 14-T172

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:01 am

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	310,257	71,636,539	0.004331	82,336	357	50.00
50.01	05001 SURGICENTER	936	810,809	0.001154	0	0	50.01
50.02	05002 SURGERY RECOVERY CENTER	0	0	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	18,137	12,149,599	0.001493	14,631	22	51.00
53.00	05300 ANESTHESIOLOGY	29,890	25,834,442	0.001157	19,264	22	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	157,996	55,777,623	0.002833	79,004	224	54.00
54.01	05401 BREAST DIAGNOSIS CENTER	26,924	9,738,726	0.002765	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	32,256	19,181,004	0.001682	7,428	12	55.00
56.00	05600 RADIOISOTOPE	13,019	10,270,020	0.001268	1,050	1	56.00
57.00	05700 CT SCAN	13,901	115,548,066	0.000120	76,552	9	57.00
58.00	05800 MRI	20,526	22,426,045	0.000915	25,116	23	58.00
59.00	05900 CARDIAC CATHETERIZATION	72,200	35,301,174	0.002045	49,355	101	59.00
60.00	06000 LABORATORY	122,055	126,916,666	0.000962	453,928	437	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	19,921	31,340,255	0.000636	199,111	127	65.00
65.01	06501 SLEEP LAB	4,479	4,279,833	0.001047	0	0	65.01
66.00	06600 PHYSICAL THERAPY	65,833	17,368,556	0.003790	1,624,640	6,157	66.00
66.01	06601 OP PHYSICAL THERAPY	2,932	7,767,294	0.000377	0	0	66.01
66.02	06602 OP THERAPY SERVICES	1,788	10,090,036	0.000177	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	22,924	8,253,206	0.002778	1,750,760	4,864	67.00
68.00	06800 SPEECH PATHOLOGY	4,529	3,771,974	0.001201	188,503	226	68.00
69.00	06900 ELECTROCARDIOLOGY	100,337	30,275,277	0.003314	25,483	84	69.00
69.01	06901 EP LAB	174	0	0.000000	0	0	69.01
69.02	03650 VASCULAR SERVICES	0	0	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	3,913	2,236,671	0.001749	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23,555	51,256,189	0.000460	201,143	93	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,635	14,141,108	0.000469	40,790	19	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	62,666	153,132,922	0.000409	340,549	139	73.00
74.00	07400 RENAL DIALYSIS	5,797	5,862,728	0.000989	110,061	109	74.00
75.00	07500 ASC (NON-DISTINCT PART)	95,599	4,592,446	0.020817	0	0	75.00
76.00	03951 WOUND CARE	0	0	0.000000	0	0	76.00
76.01	03952 OP ONCOLOGY	19,006	9,781,479	0.001943	0	0	76.01
76.02	03950 ANTICOAGULATON	781	488,217	0.001600	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	1,393	1,854,420	0.000751	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	11,470	6,899,247	0.001663	0	0	90.00
90.01	09001 URGENT CARE CENTER	3,415	3,173,524	0.001076	0	0	90.01
91.00	09100 EMERGENCY	162,339	122,636,408	0.001324	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	25,098,715	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,910	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	1,439,493	1,019,891,218		5,289,704	13,026	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/31/2022 10:01 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	SURGICENTER		0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	06501	SLEEP LAB		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	EP LAB		0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03951	WOUND CARE		0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY		0	0	0	0	0	76.01
76.02	03950	ANTICOAGULATON		0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
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: 14-0172 Component CCN: 14-T172		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/31/2022 10:01 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	71,636,539	0.000000	50.00
50.01	05001	SURGICENTER		0	0	0	810,809	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	12,149,599	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	25,834,442	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	55,777,623	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	9,738,726	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	19,181,004	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	10,270,020	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	115,548,066	0.000000	57.00
58.00	05800	MRI		0	0	0	22,426,045	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	35,301,174	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	126,916,666	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	31,340,255	0.000000	65.00
65.01	06501	SLEEP LAB		0	0	0	4,279,833	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	17,368,556	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	7,767,294	0.000000	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	10,090,036	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	8,253,206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,771,974	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	30,275,277	0.000000	69.00
69.01	06901	EP LAB		0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,236,671	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	51,256,189	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	14,141,108	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	153,132,922	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,862,728	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	4,592,446	0.000000	75.00
76.00	03951	WOUND CARE		0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY		0	0	0	9,781,479	0.000000	76.01
76.02	03950	ANTICOAGULATON		0	0	0	488,217	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,854,420	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	6,899,247	0.000000	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	3,173,524	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	122,636,408	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	25,098,715	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	0	0	1,019,891,218		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/31/2022 10:01 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	82,336	0	0	0	50.00
50.01	05001	SURGICENTER		0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	14,631	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	19,264	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	79,004	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	7,428	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	1,050	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	76,552	0	0	0	57.00
58.00	05800	MRI		0.000000	25,116	0	3,622	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	49,355	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	453,928	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	199,111	0	0	0	65.00
65.01	06501	SLEEP LAB		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,624,640	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY		0.000000	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES		0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,750,760	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	188,503	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	25,483	0	0	0	69.00
69.01	06901	EP LAB		0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	201,143	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	40,790	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	340,549	0	286	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	110,061	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE		0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY		0.000000	0	0	0	0	76.01
76.02	03950	ANTICOAGULATON		0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			5,289,704	0	3,908	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:

Worksheet D

Component CCN: 14-T172

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/31/2022 10:01 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	0.235280	0	0	0	0 50.00
50.01	05001 SURGICENTER	0.995708	0	0	0	0 50.01
50.02	05002 SURGERY RECOVERY CENTER	0.000000	0	0	0	0 50.02
51.00	05100 RECOVERY ROOM	0.157934	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.025986	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146569	0	0	0	0 54.00
54.01	05401 BREAST DIAGNOSIS CENTER	0.206443	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124925	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.146309	0	0	0	0 56.00
57.00	05700 CT SCAN	0.023658	0	0	0	0 57.00
58.00	05800 MRI	0.094534	3,622	0	0	342 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154898	0	0	0	0 59.00
60.00	06000 LABORATORY	0.137114	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.141274	0	0	0	0 65.00
65.01	06501 SLEEP LAB	0.182477	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.391999	0	0	0	0 66.00
66.01	06601 OP PHYSICAL THERAPY	0.134623	0	0	0	0 66.01
66.02	06602 OP THERAPY SERVICES	0.150291	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.157351	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.206481	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.126019	0	0	0	0 69.00
69.01	06901 EP LAB	0.000000	0	0	0	0 69.01
69.02	03650 VASCULAR SERVICES	0.000000	0	0	0	0 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.157640	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.469994	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.482130	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231943	286	0	130	66 73.00
74.00	07400 RENAL DIALYSIS	0.403718	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.828560	0	0	0	0 75.00
76.00	03951 WOUND CARE	0.000000	0	0	0	0 76.00
76.01	03952 OP ONCOLOGY	0.558903	0	0	0	0 76.01
76.02	03950 ANTICOAGULATON	1.627397	0	0	0	0 76.02
76.97	07697 CARDIAC REHABILITATION	0.473964	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.345745	0	0	0	0 90.00
90.01	09001 URGENT CARE CENTER	0.544217	0	0	0	0 90.01
91.00	09100 EMERGENCY	0.168856	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.497532	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
200.00	Subtotal (see instructions)		3,908	0	130	408 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		3,908	0	130	408 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/31/2022 10:01 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
50.01	05001	SURGICENTER	0	0					50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0					50.02
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	06501	SLEEP LAB	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	OP PHYSICAL THERAPY	0	0					66.01
66.02	06602	OP THERAPY SERVICES	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	06901	EP LAB	0	0					69.01
69.02	03650	VASCULAR SERVICES	0	0					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03951	WOUND CARE	0	0					76.00
76.01	03952	OP ONCOLOGY	0	0					76.01
76.02	03950	ANTICOAGULATON	0	0					76.02
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	URGENT CARE CENTER	0	0					90.01
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
200.00		Subtotal (see instructions)	0	30					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	30					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/31/2022 10:01 am

			Title XIX		Hospital	Cost		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	609,447	0	609,447	49,119	12.41	30.00	
31.00	INTENSIVE CARE UNIT	178,469		178,469	8,862	20.14	31.00	
41.00	SUBPROVIDER - IRF	45,806	0	45,806	2,842	16.12	41.00	
43.00	NURSERY	26,579		26,579	2,813	9.45	43.00	
200.00	Total (lines 30 through 199)	860,301		860,301	63,636		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	1,573	19,521					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
41.00	SUBPROVIDER - IRF	285	4,594					41.00
43.00	NURSERY	756	7,144					43.00
200.00	Total (lines 30 through 199)	2,614	31,259					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Title XIX		Hospital		Cost	
		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	310,257	0	0.000000	0	0 50.00
50.01	05001	SURGICENTER	936	0	0.000000	0	0 50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0.000000	0	0 50.02
51.00	05100	RECOVERY ROOM	18,137	0	0.000000	0	0 51.00
53.00	05300	ANESTHESIOLOGY	29,890	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,996	0	0.000000	0	0 54.00
54.01	05401	BREAST DIAGNOSIS CENTER	26,924	0	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	32,256	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	13,019	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	13,901	0	0.000000	0	0 57.00
58.00	05800	MRI	20,526	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	72,200	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	122,055	0	0.000000	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	19,921	0	0.000000	0	0 65.00
65.01	06501	SLEEP LAB	4,479	0	0.000000	0	0 65.01
66.00	06600	PHYSICAL THERAPY	65,833	0	0.000000	0	0 66.00
66.01	06601	OP PHYSICAL THERAPY	2,932	0	0.000000	0	0 66.01
66.02	06602	OP THERAPY SERVICES	1,788	0	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	22,924	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	4,529	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	100,337	0	0.000000	0	0 69.00
69.01	06901	EP LAB	174	0	0.000000	0	0 69.01
69.02	03650	VASCULAR SERVICES	0	0	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,913	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,555	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,635	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,666	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	5,797	0	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	95,599	0	0.000000	0	0 75.00
76.00	03951	WOUND CARE	0	0	0.000000	0	0 76.00
76.01	03952	OP ONCOLOGY	19,006	0	0.000000	0	0 76.01
76.02	03950	ANTICOAGULATON	781	0	0.000000	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	1,393	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,470	0	0.000000	0	0 90.00
90.01	09001	URGENT CARE CENTER	3,415	0	0.000000	0	0 90.01
91.00	09100	EMERGENCY	162,339	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,910	0	0.000000	0	0 92.01
200.00		Total (lines 50 through 199)	1,439,493	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
5/31/2022 10:01 am

				Title XIX		Hospital		Cost	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
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	49,119	0.00	1,573	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,862	0.00	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,842	0.00	285	41.00	
43.00	04300	NURSERY	0	0	2,813	0.00	756	43.00	
200.00		Total (lines 30 through 199)	0	0	63,636		2,614	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
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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description			Title XIX		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	06902	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	0	76.01
76.02	03950	ANTICOAGULATON	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0172		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/31/2022 10:01 am	
				Title XIX		Hospital		Cost	
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	0	0.000000	50.00
50.01	05001	SURGICENTER		0	0	0	0	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
65.01	06501	SLEEP LAB		0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	0	0.000000	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	06901	EP LAB		0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE		0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY		0	0	0	0	0.000000	76.01
76.02	03950	ANTICOAGULATON		0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	0	50.00
50.01	05001 SURGICENTER	0.000000	0	0	0	0	0	50.01
50.02	05002 SURGERY RECOVERY CENTER	0.000000	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	05401 BREAST DIAGNOSIS CENTER	0.000000	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
66.01	06601 OP PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.01
66.02	06602 OP THERAPY SERVICES	0.000000	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	06901 EP LAB	0.000000	0	0	0	0	0	69.01
69.02	03650 VASCULAR SERVICES	0.000000	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03951 WOUND CARE	0.000000	0	0	0	0	0	76.00
76.01	03952 OP ONCOLOGY	0.000000	0	0	0	0	0	76.01
76.02	03950 ANTICOAGULATON	0.000000	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001 URGENT CARE CENTER	0.000000	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/31/2022 10:01 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)		49,119	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,119	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)		38,447	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)		16,232	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)		57,474,838	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)		57,474,838	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)		57,474,838	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)		1,170.11	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,993,226	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)		18,993,226	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:

5/31/2022 10:01 am

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	23,343,799	8,862	2,634.15	3,120	8,218,548
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT					
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,392,393
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,604,167
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					264,276
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					180,749
52.00	Total Program excludable cost (sum of lines 50 and 51)					445,025
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,159,142
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					10,672
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,170.11
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,487,414

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:
5/31/2022 10:01 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	609,447	57,474,838	0.010604	12,487,414	132,417	90.00
91.00 Nursing Program cost	0	57,474,838	0.000000	12,487,414	0	91.00
92.00 Allied health cost	0	57,474,838	0.000000	12,487,414	0	92.00
93.00 All other Medical Education	0	57,474,838	0.000000	12,487,414	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172 Component CCN: 14-T172	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/31/2022 10:01 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)		2,842	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,842	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)		2,842	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)		1,803	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)		4,823,038	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)		4,823,038	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)		4,823,038	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)		1,697.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,059,799	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)		3,059,799	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/31/2022 10:01 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	NEONATAL INTENSIVE CARE UNIT						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,329,166	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,388,965	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)					29,064	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,026	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					42,090	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,346,875	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: 14-0172 Component CCN: 14-T172		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/31/2022 10:01 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)	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	45,806	4,823,038	0.009497	0	0	90.00		
91.00	Nursing Program cost	0	4,823,038	0.000000	0	0	91.00		
92.00	Allied health cost	0	4,823,038	0.000000	0	0	92.00		
93.00	All other Medical Education	0	4,823,038	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/31/2022 10:01 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		45,694,477		30.00
31.00	03100	INTENSIVE CARE UNIT		13,517,254		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.235412	12,058,460	2,838,706	50.00
50.01	05001	SURGICENTER	0.995708	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	0.157934	1,749,447	276,297	51.00
53.00	05300	ANESTHESIOLOGY	0.026276	2,771,007	72,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146650	6,293,231	922,902	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.206443	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124925	281,760	35,199	55.00
56.00	05600	RADIOISOTOPE	0.146309	78,522	11,488	56.00
57.00	05700	CT SCAN	0.023658	15,244,089	360,645	57.00
58.00	05800	MRI	0.094534	1,856,326	175,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154898	8,344,989	1,292,622	59.00
60.00	06000	LABORATORY	0.137114	28,338,919	3,885,663	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.141274	10,906,932	1,540,866	65.00
65.01	06501	SLEEP LAB	0.182477	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.391999	1,653,157	648,036	66.00
66.01	06601	OP PHYSICAL THERAPY	0.134623	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0.150291	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.157351	1,286,533	202,437	67.00
68.00	06800	SPEECH PATHOLOGY	0.206481	1,316,383	271,808	68.00
69.00	06900	ELECTROCARDIOLOGY	0.126056	2,832,415	357,043	69.00
69.01	06901	EP LAB	0.000000	0	0	69.01
69.02	03650	VASCULAR SERVICES	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157640	382,444	60,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.469994	7,035,370	3,306,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.482130	3,260,076	1,571,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231943	22,262,237	5,163,570	73.00
74.00	07400	RENAL DIALYSIS	0.403718	2,119,175	855,549	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.828560	0	0	75.00
76.00	03951	WOUND CARE	0.000000	0	0	76.00
76.01	03952	OP ONCOLOGY	0.558903	9,723	5,434	76.01
76.02	03950	ANTICOAGULATON	1.627397	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.473964	711	337	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.345745	2,209	764	90.00
90.01	09001	URGENT CARE CENTER	0.544217	0	0	90.01
91.00	09100	EMERGENCY	0.168859	9,096,819	1,536,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.497532	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		139,180,934	25,392,393	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)		139,180,934		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Component CCN: 14-T172		Date/Time Prepared: 5/31/2022 10:01 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
41.00	04100 SUBPROVIDER - IRF		4,331,119		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.235412	82,336	19,383	50.00
50.01	05001 SURGICENTER	0.995708	0	0	50.01
50.02	05002 SURGERY RECOVERY CENTER	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	0.157934	14,631	2,311	51.00
53.00	05300 ANESTHESIOLOGY	0.026276	19,264	506	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146650	79,004	11,586	54.00
54.01	05401 BREAST DIAGNOSIS CENTER	0.206443	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124925	7,428	928	55.00
56.00	05600 RADIOISOTOPE	0.146309	1,050	154	56.00
57.00	05700 CT SCAN	0.023658	76,552	1,811	57.00
58.00	05800 MRI	0.094534	25,116	2,374	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154898	49,355	7,645	59.00
60.00	06000 LABORATORY	0.137114	453,928	62,240	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.141274	199,111	28,129	65.00
65.01	06501 SLEEP LAB	0.182477	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.391999	1,624,640	636,857	66.00
66.01	06601 OP PHYSICAL THERAPY	0.134623	0	0	66.01
66.02	06602 OP THERAPY SERVICES	0.150291	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.157351	1,750,760	275,484	67.00
68.00	06800 SPEECH PATHOLOGY	0.206481	188,503	38,922	68.00
69.00	06900 ELECTROCARDIOLOGY	0.126056	25,483	3,212	69.00
69.01	06901 EP LAB	0.000000	0	0	69.01
69.02	03650 VASCULAR SERVICES	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.157640	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.469994	201,143	94,536	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.482130	40,790	19,666	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231943	340,549	78,988	73.00
74.00	07400 RENAL DIALYSIS	0.403718	110,061	44,434	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.828560	0	0	75.00
76.00	03951 WOUND CARE	0.000000	0	0	76.00
76.01	03952 OP ONCOLOGY	0.558903	0	0	76.01
76.02	03950 ANTICOAGULATION	1.627397	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.473964	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.345745	0	0	90.00
90.01	09001 URGENT CARE CENTER	0.544217	0	0	90.01
91.00	09100 EMERGENCY	0.168859	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.497532	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,289,704	1,329,166	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)		5,289,704		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/31/2022 10:01 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)			24,910,014	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,908,916	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)			778,167	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			223,147	2.04
3.00	Managed Care Simulated Payments			17,278,222	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			145.15	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)			160.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			9.24	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).			-5.00	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)			145.76	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			117.41	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)			117.41	12.00
13.00	Total allowable FTE count for the prior year.			133.68	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.			128.53	14.00
15.00	Sum of lines 12 through 14 divided by 3.			126.54	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			-9.19	17.00
18.00	Adjusted rolling average FTE count			117.35	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.808474	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.821281	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.808474	21.00
22.00	IME payment adjustment (see instructions)			12,015,371	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			6,325,747	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)			-28.35	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)			12,015,371	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			6,325,747	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.08	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.54	31.00
32.00	Sum of lines 30 and 31			28.62	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.83	33.00
34.00	Disproportionate share adjustment (see instructions)			1,052,668	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/31/2022 10:01 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)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.000494901	0.000355576
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,102,733	2,557,304
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,068,619	644,581
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,713,200	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		50,601,483	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		56,927,230	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,372,388	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).		4,642,352	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		215,756	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)		65,157,726	59.00
60.00	Primary payer payments		81,137	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		65,076,589	61.00
62.00	Deductibles billed to program beneficiaries		2,924,284	62.00
63.00	Coinsurance billed to program beneficiaries		263,376	63.00
64.00	Allowable bad debts (see instructions)		1,321,344	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		858,874	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		938,873	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,747,803	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-288,241	70.93
70.94	HRR adjustment amount (see instructions)		-539,693	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/31/2022 10:01 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)		515,709	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		61,404,160	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		59,787,659	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)		1,616,501	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		2,258,001	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/31/2022 10:01 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,406	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,564,667	2.00
3.00	OPPS payments		18,139,945	3.00
4.00	Outlier payment (see instructions)		17,503	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)		4,406	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		29,454	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)		29,454	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)		29,454	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,048	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)		4,406	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)		18,157,448	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)		3,320,433	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)		14,841,421	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,412,004	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)		17,253,425	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		17,253,425	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)		635,950	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		413,368	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		368,679	36.00
37.00	Subtotal (see instructions)		17,666,793	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,527	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)		17,664,266	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		19,549,583	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)		-1,885,317	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		326,673	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: 14-0172 Component CCN: 14-T172	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/31/2022 10:01 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		408	2.00
3.00	OPPS payments		317	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)		30	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		130	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)		130	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)		130	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		100	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)		30	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)		317	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)		47	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)		300	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)		300	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		300	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)		300	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)		300	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		292	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)		8	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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/31/2022 10:01 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		58,832,337		19,627,304	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	10/25/2021	955,322		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	10/25/2021	77,721	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)		955,322		-77,721	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)		59,787,659		19,549,583	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		1,616,501		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1,885,317	6.02
7.00	Total Medicare program liability (see instructions)		61,404,160		17,664,266	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: 14-0172

Period:

Worksheet E-1

Component CCN: 14-T172

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:01 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		3,788,448		292	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)		3,788,448		292	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		88,332		8	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,876,780		300	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/31/2022 10:01 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172 Component CCN: 14-T172	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/31/2022 10:01 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,222,099 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0257 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			123,729 3.00
4.00	Outlier Payments			172,638 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)			1.30 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)			1.03 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)			1.03 9.00
10.00	Average Daily Census (see instructions)			7.786301 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.134579 11.00
12.00	Teaching Adjustment (see instructions)			433,627 12.00
13.00	Total PPS Payment (see instructions)			3,952,093 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,952,093 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,952,093 19.00
20.00	Deductibles			71,232 20.00
21.00	Subtotal (line 19 minus line 20)			3,880,861 21.00
22.00	Coinsurance			4,081 22.00
23.00	Subtotal (line 21 minus line 22)			3,876,780 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)			3,876,780 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
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,876,780 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			3,788,448 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)			88,332 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			172,638 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.134579 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/31/2022 10:01 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.			128.25	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			10.23	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))			-4.50	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)			113.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			117.41	6.00
7.00	Enter the lesser of line 5 or line 6			113.52	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.	55.07	52.97	108.04	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.	53.25	51.21	104.46	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	53.25	51.21		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	61.26	48.47		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	63.68	44.64		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	59.40	48.11		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	-9.19	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	-9.19	0.00		16.01
17.00	Adjusted rolling average FTE count	50.21	48.11		17.00
18.00	Per resident amount	117,588.77	114,385.97		18.00
19.00	Approved amount for resident costs	5,904,132	5,503,109	11,407,241	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)			3.89	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)			11,407,241	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	21,155	11,115		26.00
27.00	Total Inpatient Days (see instructions)	50,924	50,924		27.00
28.00	Ratio of inpatient days to total inpatient days	0.415423	0.218266		28.00
29.00	Program direct GME amount	4,738,830	2,489,813	7,228,643	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		174,287	174,287	30.00
31.00	Net Program direct GME amount			7,054,356	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/31/2022 10:01 am
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,862,728	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)		56,993,132	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)		81,137	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,911,995	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		29,569,511	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		29,569,511	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		86,481,506	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.658083	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.341917	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		7,054,356	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,642,352	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,412,004	50.00

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

Provider CCN: 14-0172

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

Worksheet G

Date/Time Prepared:
5/31/2022 10:01 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	-20,424,618	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	39,071,525	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,475,841	0	0	0	7.00
8.00	Prepaid expenses	1,502,880	0	0	0	8.00
9.00	Other current assets	20,732,344	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	51,357,972	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,252,979	0	0	0	12.00
13.00	Land improvements	3,461,018	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	200,629,278	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,075,647	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	171,382,684	0	0	0	23.00
24.00	Accumulated depreciation	-188,128,354	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)	193,673,252	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	137,287	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	6,717,378	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,854,665	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	251,885,889	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,855,354	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,778,525	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	406,911	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	44,094,719	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	71,135,509	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	4,471,992	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,601,698	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,073,690	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	77,209,199	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	174,676,690				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)	174,676,690	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	251,885,889	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0172

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

Worksheet G-1

Date/Time Prepared:
5/31/2022 10:01 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		247,510,120		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-66,502,777				2.00
3.00	Total (sum of line 1 and line 2)		181,007,343		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)		181,007,343		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		181,007,343		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	Deductions (debit adjustments) (specify)		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: 14-0172

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2022 10:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	122,072,657		122,072,657	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,554,183		7,554,183	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)	129,626,840		129,626,840	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	37,940,433		37,940,433	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	37,940,433		37,940,433	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	167,567,273		167,567,273	17.00
18.00	Ancillary services	339,368,067	522,715,257	862,083,324	18.00
19.00	Outpatient services	33,876,955	123,930,939	157,807,894	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		7,567,555	7,567,555	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN OFFICE AND PRO FEES	0	32,194,582	32,194,582	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	540,812,295	686,408,333	1,227,220,628	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		351,624,583		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)		351,624,583		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0172

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

Worksheet G-3

Date/Time Prepared:
5/31/2022 10:01 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,227,220,628	1.00
2.00	Less contractual allowances and discounts on patients' accounts	951,861,725	2.00
3.00	Net patient revenues (line 1 minus line 2)	275,358,903	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	351,624,583	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-76,265,680	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	1,062,740	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	639,304	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	1,280,013	17.00
18.00	Revenue from sale of medical records and abstracts	3,276	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	114,152	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,249,253	22.00
23.00	Governmental appropriations	0	23.00
24.00	CARE ACT STIMULUS PAYMENTS	105,349	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	3,250	24.01
24.02	OTHER OPERATING	-339,166	24.02
24.03	PROGRAM FEES	3,193,484	24.03
24.04	FITNESS	1,451,248	24.04
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	9,762,903	25.00
26.00	Total (line 5 plus line 25)	-66,502,777	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-66,502,777	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0172

Period:

Worksheet H

HHA CCN: 14-7267

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/31/2022 10:01 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,048,858	101,866	0	0	1,071,722	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,010,518	0	0	0	1,010,518	6.00
7.00	Physical Therapy	540,882	0	0	0	540,882	7.00
8.00	Occupational Therapy	101,485	0	0	0	101,485	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	11,418	0	0	0	11,418	10.00
11.00	Home Health Aide	57,515	0	0	0	57,515	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,770,676	101,866	0	0	1,071,722	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-244,420	1,978,026	0	1,978,026		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,010,518	0	1,010,518		6.00
7.00	Physical Therapy	0	540,882	0	540,882		7.00
8.00	Occupational Therapy	0	101,485	0	101,485		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	11,418	0	11,418		10.00
11.00	Home Health Aide	0	57,515	0	57,515		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-244,420	3,699,844	0	3,699,844		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0172

Period:

Worksheet H-1

HHA CCN: 14-7267

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/31/2022 10:01 am

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,978,026	0	0	0	0	1,978,026	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,010,518	0	0	0	0	1,010,518	6.00
7.00	Physical Therapy	540,882	0	0	0	0	540,882	7.00
8.00	Occupational Therapy	101,485	0	0	0	0	101,485	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	11,418	0	0	0	0	11,418	10.00
11.00	Home Health Aide	57,515	0	0	0	0	57,515	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,699,844	0	0	0	0	3,699,844	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,978,026						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,160,884	2,171,402					6.00
7.00	Physical Therapy	621,366	1,162,248					7.00
8.00	Occupational Therapy	116,586	218,071					8.00
9.00	Speech Pathology	0	0					9.00
10.00	Medical Social Services	13,117	24,535					10.00
11.00	Home Health Aide	66,073	123,588					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,699,844					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0172

Period:

Worksheet H-1

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:01 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,978,026	5.00
						1,721,818	
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,010,518	6.00
7.00	Physical Therapy	0	0	0	0	540,882	7.00
8.00	Occupational Therapy	0	0	0	0	101,485	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	11,418	10.00
11.00	Home Health Aide	0	0	0	0	57,515	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,978,026	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	1,978,026	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	1.148801	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:01 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	0	0	101,724	101,724	50,357	1.00
2.00	Skilled Nursing Care	2,171,402	0	0	0	2,171,402	1,074,910	2.00
3.00	Physical Therapy	1,162,248	0	0	0	1,162,248	575,349	3.00
4.00	Occupational Therapy	218,071	0	0	0	218,071	107,952	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	24,535	0	0	0	24,535	12,146	6.00
7.00	Home Health Aide	123,588	0	0	0	123,588	61,180	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,699,844	0	0	101,724	3,801,568	1,881,894	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	105,285	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	105,285	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:01 amHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	6,921	144	26,312	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	6,921	144	26,312	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	
		19.00	20.00	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:01 amHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	290,743	0	290,743				1.00
2.00	Skilled Nursing Care	3,246,312	0	3,246,312	170,635	3,416,947		2.00
3.00	Physical Therapy	1,737,597	0	1,737,597	91,332	1,828,929		3.00
4.00	Occupational Therapy	326,023	0	326,023	17,136	343,159		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	36,681	0	36,681	1,928	38,609		6.00
7.00	Home Health Aide	184,768	0	184,768	9,712	194,480		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	5,822,124	0	5,822,124	290,743	5,822,124		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.052562			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:01 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	0	0	2,679,209	0	101,724	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,171,402	0	2.00
3.00	Physical Therapy	0	0	0	0	1,162,248	0	3.00
4.00	Occupational Therapy	0	0	0	0	218,071	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	24,535	0	6.00
7.00	Home Health Aide	0	0	0	0	123,588	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	2,679,209		3,801,568	0	20.00
21.00	Total cost to be allocated	0	0	101,724		1,881,894	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.037968		0.495031	0.000000	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	0	0	0	62,998	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	62,998	0	20.00
21.00	Total cost to be allocated	0	0	0	0	105,285	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	1.671244	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:01 amHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI)	PHARMACY (COSTED REQ UI)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	70,320	343	7,567,555	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	70,320	343	7,567,555	0	0	20.00
21.00	Total cost to be allocated	0	6,921	144	26,312	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.098422	0.419825	0.003477	0.000000	0.000000	22.00
Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)	
		20.00	21.00	22.00	23.00	23.01		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:01 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,416,947		3,416,947	7,418	460.63	1.00
2.00	Physical Therapy	3.00	1,828,929	0	1,828,929	7,793	234.69	2.00
3.00	Occupational Therapy	4.00	343,159	0	343,159	2,504	137.04	3.00
4.00	Speech Pathology	5.00	0	0	0	0	0.00	4.00
5.00	Medical Social Services	6.00	38,609		38,609	101	382.27	5.00
6.00	Home Health Aide	7.00	194,480		194,480	1,484	131.05	6.00
7.00	Total (sum of lines 1-6)		5,822,124	0	5,822,124	19,300		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16984	0	4,271			8.00
8.01	Skilled Nursing Care		28100	0	8			8.01
9.00	Physical Therapy		16984	0	3,861			9.00
9.01	Physical Therapy		28100	0	5			9.01
10.00	Occupational Therapy		16984	0	1,364			10.00
10.01	Occupational Therapy		28100	0	8			10.01
11.00	Speech Pathology		16984	0	0			11.00
11.01	Speech Pathology		28100	0	0			11.01
12.00	Medical Social Services		16984	0	61			12.00
12.01	Medical Social Services		28100	0	0			12.01
13.00	Home Health Aide		16984	0	1,090			13.00
13.01	Home Health Aide		28100	0	0			13.01
14.00	Total (sum of lines 8-13)			0	10,668			14.00
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	188,618	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				Not Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		
				Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,279		0	1,971,036		1.00
2.00	Physical Therapy	0	3,866		0	907,312		2.00
3.00	Occupational Therapy	0	1,372		0	188,019		3.00
4.00	Speech Pathology	0	0		0	0		4.00
5.00	Medical Social Services	0	61		0	23,318		5.00
6.00	Home Health Aide	0	1,090		0	142,845		6.00
7.00	Total (sum of lines 1-6)	0	10,668		0	3,232,530		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:01 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	118,617	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	1,971,036							1.00
2.00	Physical Therapy	907,312							2.00
3.00	Occupational Therapy	188,019							3.00
4.00	Speech Pathology	0							4.00
5.00	Medical Social Services	23,318							5.00
6.00	Home Health Aide	142,845							6.00
7.00	Total (sum of lines 1-6)	3,232,530							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
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Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.391999	0	0	col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.134623	0	0	col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.150291	0	0	col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.157351	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.206481	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.469994	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.231943	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172 HHA CCN: 14-7267	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2022 10:01 am	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,912,474	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	329,816	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	47,985	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	4,970	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	1,373	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	78,561	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,375,179	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,375,179	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,375,179	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,375,179	29.00
30.00	MSP		0	-1,508	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	2,373,671	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0	31.75
32.00	Interim payments (see instructions)		0	2,373,671	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0172

Period:

Worksheet H-5

HHA CCN: 14-7267

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/31/2022 10:01 am

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,373,671	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,373,671	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,373,671	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0172	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/31/2022 10:01 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,511,905	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		142,581	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)		131.73	3.00
4.00	Number of interns & residents (see instructions)		117.35	4.00
5.00	Indirect medical education percentage (see instructions)		28.58	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)		717,902	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,372,388	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