

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: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/24/2021 10:04 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE MERCY MEDICAL CENTER (14-0174) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) FORREST WHICHARD
 Officer or Administrator of Provider(s)

VP FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	526,680	-2,363	0	0	1.00
2.00	Subprovider - IPF	0	89,259	230		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	615,939	-2,133	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: 14-0174		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/24/2021 10:04 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:				1.00			
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			PRESENCE MERCY MEDICAL CENTER	140174	20994	1	07/01/1966	N	P	O
4.00	Subprovider - IPF			PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/24/2021 10:04 am

MCRIF32 - 16.12.172.6

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/24/2021 10:04 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)					N	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: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/24/2021 10:04 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					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			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.				Y	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N N 0	71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00

MCRIF32 - 16.12.172.6

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/24/2021 10:04 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	1,798,563	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149013	140.00

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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: ALEXIAN BROTHERS HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 05901				141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:						142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606				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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							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	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/24/2021 10:04 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/15/2021 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N 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	11/03/2021	Y 11/03/2021 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		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/24/2021 10:04 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE CARE TRANSFORMATION CORP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)451-8283	PATRICK.GILLILAND@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/24/2021 10:04 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.	REIMBURSEMENT DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/24/2021 10:04 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	174	63,510	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)		174	63,510	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		190	69,350	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	68	24,820		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		258			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		9	3,285			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/24/2021 10:04 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)	8,449	1,322	21,507			1.00
2.00	HMO and other (see instructions)	6,196	4,360				2.00
3.00	HMO IPF Subprovider	0	3				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,449	1,322	21,507			7.00
8.00	INTENSIVE CARE UNIT	1,036	1,027	3,585			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		89	383			13.00
14.00	Total (see instructions)	9,485	2,438	25,475	0.00	469.88	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,201	1,088	9,218	0.00	64.55	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			171			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	534.43	27.00
28.00	Observation Bed Days		113	2,810			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	3	99			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			58			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: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/24/2021 10:04 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,821	410	5,109	1.00
2.00 HMO and other (see instructions)			1,073	0		2.00
3.00 HMO IPF Subprovider				1,029		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,821	410	5,109	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	153	136	1,394	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/24/2021 10:04 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	42,175,385	0	42,175,385	1,111,611.94	37.94 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		40,950	0	40,950	305.50	134.04 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		7,000	0	7,000	49.76	140.68 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		5,468,330	-536,062	4,932,268	136,482.31	36.14 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,587,970	0	1,587,970	6,294.30	252.29 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		365,366	0	365,366	3,301.00	110.68 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		59,793,924	0	59,793,924	894,982.00	66.81 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,886,504	0	8,886,504		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,224,272	0	1,224,272		
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		4,912	0	4,912		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		824	0	824		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/24/2021 10:04 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	469,123	0	469,123	6,631.11	70.75	26.00
27.00	Administrative & General	5.00	2,746,351	0	2,746,351	58,443.94	46.99	27.00
28.00	Administrative & General under contract (see inst.)		14,461	0	14,461	253.00	57.16	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	688,568	0	688,568	35,540.95	19.37	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,828,556	0	1,828,556	72,913.00	25.08	33.00
34.00	Dietary	10.00	0	0	0	32.57	0.00	34.00
35.00	Dietary under contract (see instructions)		2,210,921	-1,382,861	828,060	28,761.39	28.79	35.00
36.00	Cafeteria	11.00	0	0	0	53.13	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,401,984	0	1,401,984	28,295.23	49.55	38.00
39.00	Central Services and Supply	14.00	220,917	0	220,917	10,358.14	21.33	39.00
40.00	Pharmacy	15.00	1,949,808	0	1,949,808	37,963.02	51.36	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/24/2021 10:04 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)	46,222,323	-1,382,861	44,839,462	1,213,489.57	36.95	1.00
2.00	Excluded area salaries (see instructions)	5,468,330	-536,062	4,932,268	136,482.31	36.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,753,993	-846,799	39,907,194	1,077,007.26	37.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	61,747,260	0	61,747,260	904,577.30	68.26	4.00
5.00	Subtotal wage-related costs (see inst.)	8,891,416	0	8,891,416	0.00	22.28	5.00
6.00	Total (sum of lines 3 thru 5)	111,392,669	-846,799	110,545,870	1,981,584.56	55.79	6.00
7.00	Total overhead cost (see instructions)	11,530,689	-1,382,861	10,147,828	279,245.48	36.34	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2021 10:04 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		1,964,856	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,237,554	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		84,579	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		17,117	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)		197,272	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		517,809	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		3,054,814	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		35,113	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		7,398	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,116,512	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: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/24/2021 10:04 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	1,587,970	10,116,512	1.00
2.00	Hospital	1,587,970	8,886,504	2.00
3.00	Subprovider - IPF	0	1,230,008	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		PRESENCE MERCY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/24/2021 10:04 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)			0.162401	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			47,717,181	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			213,050,058	6.00
7.00	Medicaid cost (line 1 times line 6)			34,599,542	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)			0	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)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	56,914,590	2,946,918	59,861,508	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,242,986	2,946,918	12,189,904	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,242,986	2,946,918	12,189,904	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,432,235	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			778,119	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,197,106	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,235,129	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,431,578	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,621,482	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,621,482	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A

Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,616,992	3,616,992	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,887,295	2,887,295	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	469,123	7,071,044	7,540,167	-3,538	7,536,629	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,746,351	49,881,114	52,627,465	-1,748,758	50,878,707	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,387,051	2,387,051	-251,168	2,135,883	6.00
7.00	00700	OPERATION OF PLANT	688,568	2,585,046	3,273,614	-340,068	2,933,546	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	357,639	357,639	0	357,639	8.00
9.00	00900	HOUSEKEEPING	0	2,920,994	2,920,994	-17,157	2,903,837	9.00
10.00	01000	DIETARY	0	3,235,650	3,235,650	-2,035,545	1,200,105	10.00
11.00	01100	CAFETERIA	0	0	0	2,011,112	2,011,112	11.00
13.00	01300	NURSING ADMINISTRATION	1,401,984	638,640	2,040,624	-375,177	1,665,447	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	220,917	618,652	839,569	-234,206	605,363	14.00
15.00	01500	PHARMACY	1,949,808	4,507,815	6,457,623	-3,990,688	2,466,935	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,857,960	2,674,691	12,532,651	40,328	12,572,979	30.00
31.00	03100	INTENSIVE CARE UNIT	2,748,742	1,342,849	4,091,591	-414,154	3,677,437	31.00
40.00	04000	SUBPROVIDER - IPF	4,707,083	1,500,593	6,207,676	-743,183	5,464,493	40.00
43.00	04300	NURSERY	366,483	499,016	865,499	487,216	1,352,715	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,148,030	9,214,154	11,362,184	-4,791,366	6,570,818	50.00
51.00	05100	RECOVERY ROOM	1,149,937	458,393	1,608,330	-176,761	1,431,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,462,222	1,124,496	2,586,718	-1,012,642	1,574,076	52.00
53.00	05300	ANESTHESIOLOGY	42,398	2,676,631	2,719,029	-130,895	2,588,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,160,318	502,687	1,663,005	-133,713	1,529,292	54.00
54.02	03630	ULTRA SOUND	382,153	73,169	455,322	-20,181	435,141	54.02
57.00	05700	CT SCAN	518,313	261,265	779,578	-89,722	689,856	57.00
58.00	05800	MRI	161,809	246,917	408,726	-218,003	190,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,217,013	9,881,164	11,098,177	-4,243,559	6,854,618	59.00
60.00	06000	LABORATORY	0	6,017,728	6,017,728	-79,890	5,937,838	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	454,191	454,191	0	454,191	63.00
65.00	06500	RESPIRATORY THERAPY	1,040,872	340,984	1,381,856	-120,454	1,261,402	65.00
66.00	06600	PHYSICAL THERAPY	1,180,101	351,392	1,531,493	-50,441	1,481,052	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	323,151	164,120	487,271	-40,869	446,402	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	157	157	-157	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,458,686	4,458,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,845,168	6,845,168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,961,808	12,961,808	73.00
74.00	07400	RENAL DIALYSIS	108,874	811,653	920,527	-22,886	897,641	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	446,135	35,882	482,017	119,798	601,815	75.01
76.00	03950	OCCUPATIONAL HEALTH	122	657	779	-612	167	76.00
76.97	07697	CARDIAC REHABILITATION	151,479	41,431	192,910	-11,952	180,958	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	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	2	2	-2	0	90.01
90.02	09002	PRCC	1,139,733	17,454,223	18,593,956	-9,106,929	9,487,027	90.02
91.00	09100	EMERGENCY	3,624,459	3,877,714	7,502,173	-764,672	6,737,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,246,241	2,246,241	-2,246,241	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,414,138	136,456,045	177,870,183	12,814	177,882,997	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,504	4,504	-2,800	1,704	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	306,632	201,980	508,612	-3,990	504,622	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	17,478	1,264	18,742	4,696	23,438	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	89,354	89,354	0	89,354	193.05
193.07	19307	PARISH NURSING	174,519	12,792	187,311	-14	187,297	193.07
194.00	07950	OP PHARMACY	262,618	1,816,466	2,079,084	-10,706	2,068,378	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	42,175,385	138,582,405	180,757,790	0	180,757,790	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A

Date/Time Prepared:
11/24/2021 10:04 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	-1,291,990	2,325,002	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,176,238	7,063,533	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	269,064	7,805,693	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,458,176	43,420,531	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,135,883	6.00
7.00	00700	OPERATION OF PLANT	4,179,728	7,113,274	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,334	371,973	8.00
9.00	00900	HOUSEKEEPING	0	2,903,837	9.00
10.00	01000	DIETARY	0	1,200,105	10.00
11.00	01100	CAFETERIA	-298,000	1,713,112	11.00
13.00	01300	NURSING ADMINISTRATION	149,597	1,815,044	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	605,363	14.00
15.00	01500	PHARMACY	48,567	2,515,502	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,405	60,405	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-134	12,572,845	30.00
31.00	03100	INTENSIVE CARE UNIT	134,423	3,811,860	31.00
40.00	04000	SUBPROVIDER - IPF	-556,713	4,907,780	40.00
43.00	04300	NURSERY	-451,452	901,263	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,394,077	5,176,741	50.00
51.00	05100	RECOVERY ROOM	0	1,431,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-900,000	674,076	52.00
53.00	05300	ANESTHESIOLOGY	-2,480,586	107,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,529,292	54.00
54.02	03630	ULTRA SOUND	0	435,141	54.02
57.00	05700	CT SCAN	0	689,856	57.00
58.00	05800	MRI	0	190,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,854,618	59.00
60.00	06000	LABORATORY	152,902	6,090,740	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	454,191	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,261,402	65.00
66.00	06600	PHYSICAL THERAPY	0	1,481,052	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	446,402	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,458,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,845,168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,961,808	73.00
74.00	07400	RENAL DIALYSIS	0	897,641	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	601,815	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	167	76.00
76.97	07697	CARDIAC REHABILITATION	0	180,958	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	OUTPATIENT PROCEDURES	0	0	90.01
90.02	09002	PRCC	-2,641,848	6,845,179	90.02
91.00	09100	EMERGENCY	-1,948,494	4,789,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,236,212	167,646,785	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,704	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	504,622	192.01
193.01	19301	MASSAGE THERAPY	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	0	23,438	193.03
193.04	19304	FOUNDATION	0	0	193.04
193.05	19305	LEASED BLDG	0	89,354	193.05
193.07	19307	PARISH NURSING	0	187,297	193.07
194.00	07950	OP PHARMACY	0	2,068,378	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,236,212	170,521,578	200.00

RECLASSIFICATIONS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/24/2021 10:04 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES AND IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,458,686		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,845,168		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		0	11,303,854		
	B - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,367,872		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,890,174		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
	TOTALS		0	4,258,046		
	C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,961,808		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
11/24/2021 10:04 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS					
D - CAFE					
1.00	CAFETERIA	11.00	0	2,011,112	1.00
TOTALS					
E - PSYCH ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	428,494	49,057	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	107,568	12,315	2.00
3.00	ADOL SCHOOL	193.03	4,214	482	3.00
TOTALS					
F - L&D					
1.00	ADULTS & PEDIATRICS	30.00	386,607	36,086	1.00
2.00	NURSERY	43.00	458,403	42,788	2.00
TOTALS					
G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,249,120	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	997,121	2.00
TOTALS					
500.00	Grand Total: Increases		1,385,286	32,921,789	500.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
11/24/2021 10:04 am

		Decreases					11/24/2022 10:54 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - SUPPLIES AND IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,538	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,697	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	1,863	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	112,236	0		4.00	
5.00	HOUSEKEEPING	9.00	0	7,259	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	4,501	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	203,480	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	828,301	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	384,752	0		9.00	
10.00	SUBPROVIDER - IPF	40.00	0	36,064	0		10.00	
11.00	NURSERY	43.00	0	13,975	0		11.00	
12.00	OPERATING ROOM	50.00	0	4,285,105	0		12.00	
13.00	RECOVERY ROOM	51.00	0	172,737	0		13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	82,460	0		14.00	
15.00	ANESTHESIOLOGY	53.00	0	123,553	0		15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,148	0		16.00	
17.00	ULTRA SOUND	54.02	0	14,181	0		17.00	
18.00	CT SCAN	57.00	0	42,750	0		18.00	
19.00	MRI	58.00	0	2,460	0		19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	3,870,119	0		20.00	
21.00	LABORATORY	60.00	0	6,530	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	0	87,006	0		22.00	
23.00	PHYSICAL THERAPY	66.00	0	9,556	0		23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	4,454	0		24.00	
25.00	ELECTROSHOCK THERAPY	70.01	0	157	0		25.00	
26.00	RENAL DIALYSIS	74.00	0	22,873	0		26.00	
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	85	0		27.00	
28.00	OCCUPATIONAL HEALTH	76.00	0	612	0		28.00	
29.00	CARDIAC REHABILITATION	76.97	0	4,679	0		29.00	
30.00	OUTPATIENT PROCEDURES	90.01	0	2	0		30.00	
31.00	PRCC	90.02	0	241,514	0		31.00	
32.00	EMERGENCY	91.00	0	717,675	0		32.00	
33.00	PHYSICIAN PRACTICE MANAGEMENT	192.01	0	3,473	0		33.00	
34.00	PARISH NURSING	193.07	0	14	0		34.00	
35.00	OP PHARMACY	194.00	0	45	0		35.00	
	TOTALS		0	11,303,854				
	B - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,531,443	9		1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	249,305	9		2.00	
3.00	OPERATION OF PLANT	7.00	0	227,832	0		3.00	
4.00	HOUSEKEEPING	9.00	0	9,898	0		4.00	
5.00	DIETARY	10.00	0	24,433	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	370,676	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	30,726	0		7.00	
8.00	PHARMACY	15.00	0	114,537	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	10,963	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	22,101	0		10.00	
11.00	SUBPROVIDER - IPF	40.00	0	104,847	0		11.00	
12.00	OPERATING ROOM	50.00	0	489,808	0		12.00	
13.00	RECOVERY ROOM	51.00	0	2,080	0		13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,549	0		14.00	
15.00	ANESTHESIOLOGY	53.00	0	7,342	0		15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,285	0		16.00	
17.00	ULTRA SOUND	54.02	0	6,000	0		17.00	
18.00	MRI	58.00	0	215,543	0		18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	346,856	0		19.00	
20.00	LABORATORY	60.00	0	73,306	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	33,199	0		21.00	
22.00	PHYSICAL THERAPY	66.00	0	40,885	0		22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	35,879	0		23.00	
24.00	CARDIAC REHABILITATION	76.97	0	7,273	0		24.00	
25.00	PRCC	90.02	0	131,184	0		25.00	
26.00	EMERGENCY	91.00	0	37,760	0		26.00	
27.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,800	0		27.00	
28.00	PHYSICIAN PRACTICE MANAGEMENT	192.01	0	517	0		28.00	
29.00	OP PHARMACY	194.00	0	5,019	0		29.00	
	TOTALS		0	4,258,046				

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
11/24/2021 10:04 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	C - DRUGS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	203,618	0		1.00
2.00	PHARMACY	15.00	0	3,876,151	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	20,652	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	7,301	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	142	0		5.00
6.00	OPERATING ROOM	50.00	0	16,453	0		6.00
7.00	RECOVERY ROOM	51.00	0	1,944	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	749	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,280	0		9.00
10.00	CT SCAN	57.00	0	46,972	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	26,584	0		11.00
12.00	LABORATORY	60.00	0	54	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	249	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	536	0		14.00
15.00	RENAL DIALYSIS	74.00	0	13	0		15.00
16.00	PRCC	90.02	0	8,734,231	0		16.00
17.00	EMERGENCY	91.00	0	9,237	0		17.00
18.00	OP PHARMACY	194.00	0	5,642	0		18.00
	TOTALS		0	12,961,808			
	D - CAFE						
1.00	DIETARY	10.00	0	2,011,112	0		1.00
	TOTALS		0	2,011,112			
	E - PSYCH ADMIN						
1.00	SUBPROVIDER - IPF	40.00	540,276	61,854	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		540,276	61,854			
	F - L&D						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	845,010	78,874	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		845,010	78,874			
	G - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,246,241	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,246,241			
500.00	Grand Total: Decreases		1,385,286	32,921,789			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/24/2021 10:04 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	5,850,000	0	0	0	0	1.00	
2.00	Land Improvements	2,046,750	0	0	0	14,000	2.00	
3.00	Buildings and Fixtures	41,785,808	0	0	0	146,061	3.00	
4.00	Building Improvements	1,534,784	513,478	0	513,478	0	4.00	
5.00	Fixed Equipment	1,714,206	0	0	0	13,374	5.00	
6.00	Movable Equipment	14,447,013	1,671,579	0	1,671,579	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	67,378,561	2,185,057	0	2,185,057	173,435	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	67,378,561	2,185,057	0	2,185,057	173,435	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,850,000	0				1.00	
2.00	Land Improvements	2,032,750	0				2.00	
3.00	Buildings and Fixtures	41,639,747	0				3.00	
4.00	Building Improvements	2,048,262	0				4.00	
5.00	Fixed Equipment	1,700,832	0				5.00	
6.00	Movable Equipment	16,118,592	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	69,390,183	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	69,390,183	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/24/2021 10:04 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/24/2021 10:04 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	52,931,548	0	52,931,548	0.779738	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,952,189	0	14,952,189	0.220262	0	2.00
3.00	Total (sum of lines 1-2)	67,883,737	0	67,883,737	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	2,291,254	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,890,174	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,181,428	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	33,748	0	0	0	2,325,002	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,173,359	0	0	0	7,063,533	2.00
3.00	Total (sum of lines 1-2)	5,207,107	0	0	0	9,388,535	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

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

Worksheet A-8

Date/Time Prepared:
11/24/2021 10:04 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,249,120	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-997,121	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,350,196			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	4,567,718			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-291,643	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		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	-6,357	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	-76,618	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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME	B	-479,191	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

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

Worksheet A-8

Date/Time Prepared:
11/24/2021 10:04 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	
33.01	MISC INCOME	B	-17,292	OPERATION OF PLANT	7.00	0	33.01
33.02	MISC INCOME	B	-82,785	SUBPROVIDER - IPF	40.00	0	33.02
33.03	MISC INCOME	B	-750	EMERGENCY	91.00	0	33.03
33.04	INCOME TAX	A	-19,866	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	BUSINESS DEVELOPMENT	A	-80,362	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.06
33.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.07
33.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.08
33.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.09
33.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.10
33.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.11
33.12	COMMUNITY BENEFIT	A	-123,655	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	CORPORATE SPONSORSHIP	A	-4,375	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	MARKETING	A	-16,145	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	MARKETING	A	-134	ADULTS & PEDIATRICS	30.00	0	33.15
33.16	MARKETING		0		0.00	0	33.16
33.17	MARKETING	A	-1,720	PRCC	90.02	0	33.17
33.18	OP PHARMACY		0		0.00	0	33.18
33.19	MISC INCOME	B	-5,000	NURSING ADMINISTRATION	13.00	0	33.19
33.20	MISC INCOME	B	-1,600	PHARMACY	15.00	0	33.20
33.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21
33.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.22
33.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,236,212				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2021 10:04 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	CAP REL COSTS-BLDG & FIXT	33,748	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	5,173,359	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CAP REL COSTS-BLDG & FIXT	269,064	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	CAP REL COSTS-MVBLE EQUIP	20,083,675	26,294,111	3.01
3.02	7.00	OPERATION OF PLANT	ADMINISTRATIVE & GENERAL	4,197,020	0	3.02
3.03	8.00	LAUNDRY & LINEN SERVICE	ADMINISTRATIVE & GENERAL	14,334	0	3.03
3.04	13.00	NURSING ADMINISTRATION	ADMINISTRATIVE & GENERAL	154,597	0	3.04
3.05	15.00	PHARMACY	ADMINISTRATIVE & GENERAL	50,167	0	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	ADMINISTRATIVE & GENERAL	60,405	0	3.06
3.07	31.00	INTENSIVE CARE UNIT	ADMINISTRATIVE & GENERAL	664,105	0	3.07
3.08	0.00			0	0	3.08
3.09	60.00	LABORATORY	ALVERNO	5,884,296	5,722,941	3.09
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3.11
3.12	0.00			0	0	3.12
3.13	0.00			0	0	3.13
3.14	0.00			0	0	3.14
3.15	0.00			0	0	3.15
3.16	0.00			0	0	3.16
3.17	0.00			0	0	3.17
3.18	0.00			0	0	3.18
3.19	0.00			0	0	3.19
3.20	0.00			0	0	3.20
3.21	0.00			0	0	3.21
3.22	0.00			0	0	3.22
3.23	0.00			0	0	3.23
3.24	0.00			0	0	3.24
3.25	0.00			0	0	3.25
3.26	0.00			0	0	3.26
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			36,584,770	32,017,052	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			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	100.00	PRESENCE CARE	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	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: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2021 10:04 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	33,748	11		1.00
2.00	5,173,359	11		2.00
3.00	269,064	0		3.00
3.01	-6,210,436	0		3.01
3.02	4,197,020	0		3.02
3.03	14,334	0		3.03
3.04	154,597	0		3.04
3.05	50,167	0		3.05
3.06	60,405	0		3.06
3.07	664,105	0		3.07
3.08	0	0		3.08
3.09	161,355	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	11		3.24
3.25	0	11		3.25
3.26	0	0		3.26
4.00	0	0		4.00
5.00	4,567,718			5.00

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

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

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

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

6.00	HEALTHCARE CHAIN		6.00
7.00	LABORATORY		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: 14-0174

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

Worksheet A-8-2

Date/Time Prepared:
11/24/2021 10:04 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	612,915	518,297	94,618	211,500	873	1.00
2.00	31.00	INTENSIVE CARE UNIT	562,728	507,048	55,680	179,000	384	2.00
3.00	40.00	SUBPROVIDER - IPF	515,069	452,441	62,628	181,300	472	3.00
4.00	43.00	NURSERY	451,452	451,452	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,394,077	1,394,077	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	900,000	900,000	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	2,480,586	2,480,586	0	0	0	7.00
8.00	60.00	LABORATORY	38,738	3,563	35,175	260,300	242	8.00
9.00	90.02	PRCC	2,640,128	2,640,128	0	0	0	9.00
10.00	91.00	EMERGENCY	2,105,960	1,947,743	158,216	211,500	1,636	10.00
200.00			11,701,653	11,295,335	406,317		3,607	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	88,769	4,438	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	33,046	1,652	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	41,141	2,057	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	30,285	1,514	0	0	0	8.00
9.00	90.02	PRCC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	166,353	8,318	0	0	0	10.00
200.00			359,594	17,979	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	88,769	5,849	524,146		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	33,046	22,634	529,682		2.00
3.00	40.00	SUBPROVIDER - IPF	0	41,141	21,487	473,928		3.00
4.00	43.00	NURSERY	0	0	0	451,452		4.00
5.00	50.00	OPERATING ROOM	0	0	0	1,394,077		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	900,000		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	2,480,586		7.00
8.00	60.00	LABORATORY	0	30,285	4,890	8,453		8.00
9.00	90.02	PRCC	0	0	0	2,640,128		9.00
10.00	91.00	EMERGENCY	0	166,353	0	1,947,744		10.00
200.00			0	359,594	54,860	11,350,196		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:04 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,325,002	2,325,002			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,063,533	7,063,533			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,805,693		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,420,531	493,913	514,004	45,928,993	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,135,883	0	0	2,135,883	6.00
7.00	00700	OPERATION OF PLANT	7,113,274	574,373	1,744,991	9,561,510	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	371,973	0	0	371,973	8.00
9.00	00900	HOUSEKEEPING	2,903,837	49,551	150,540	3,103,928	9.00
10.00	01000	DIETARY	1,200,105	24,568	74,641	1,299,314	10.00
11.00	01100	CAFETERIA	1,713,112	41,036	124,669	1,878,817	11.00
13.00	01300	NURSING ADMINISTRATION	1,815,044	0	262,394	2,077,438	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	605,363	64,921	197,234	908,865	14.00
15.00	01500	PHARMACY	2,515,502	16,061	48,796	2,945,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,405	0	0	60,405	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,572,845	290,759	883,349	15,744,502	30.00
31.00	03100	INTENSIVE CARE UNIT	3,811,860	63,870	194,042	4,584,224	31.00
40.00	04000	SUBPROVIDER - IPF	4,907,780	89,677	272,445	6,049,757	40.00
43.00	04300	NURSERY	901,263	0	0	1,055,648	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,176,741	117,961	358,373	6,055,098	50.00
51.00	05100	RECOVERY ROOM	1,431,569	64,605	196,274	1,907,669	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	674,076	115,774	351,731	1,257,098	52.00
53.00	05300	ANESTHESIOLOGY	107,548	0	0	115,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,529,292	44,307	134,607	1,925,370	54.00
54.02	03630	ULTRA SOUND	435,141	6,952	21,122	534,738	54.02
57.00	05700	CT SCAN	689,856	4,950	15,037	806,850	57.00
58.00	05800	MRI	190,723	12,051	36,613	269,671	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,854,618	21,746	66,065	7,170,204	59.00
60.00	06000	LABORATORY	6,090,740	41,826	127,069	6,259,635	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	454,191	0	0	454,191	63.00
65.00	06500	RESPIRATORY THERAPY	1,261,402	8,135	24,716	1,489,062	65.00
66.00	06600	PHYSICAL THERAPY	1,481,052	0	0	1,701,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	446,402	0	0	506,883	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,458,686	0	0	4,458,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,845,168	0	0	6,845,168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,961,808	0	0	12,961,808	73.00
74.00	07400	RENAL DIALYSIS	897,641	2,238	6,798	927,054	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	601,815	80,764	245,368	1,031,577	75.01
76.00	03950	OCCUPATIONAL HEALTH	167	0	23	190	76.00
76.97	07697	CARDIAC REHABILITATION	180,958	25,850	78,533	313,692	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	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	6,845,179	0	213,311	7,058,490	90.02
91.00	09100	EMERGENCY	4,789,007	67,773	205,901	5,741,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	167,646,785	2,323,661	7,059,459	167,498,107	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,704	1,341	4,074	7,119	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	504,622	0	0	562,011	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	23,438	0	0	27,498	193.03
193.04	19304	FOUNDATION	0	0	0	0	193.04
193.05	19305	LEASED BLDG	89,354	0	0	89,354	193.05
193.07	19307	PARISH NURSING	187,297	0	32,663	219,960	193.07
194.00	07950	OP PHARMACY	2,068,378	0	49,151	2,117,529	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	170,521,578	2,325,002	7,063,533	170,521,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:04 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	45,928,993					5.00
6.00	00600	MAINTENANCE & REPAIRS	787,357	2,923,240				6.00
7.00	00700	OPERATION OF PLANT	3,524,688	916,959	14,003,157			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	137,122	0	0	509,095		8.00
9.00	00900	HOUSEKEEPING	1,144,210	79,106	552,130	0	4,879,374	9.00
10.00	01000	DIETARY	478,970	39,222	273,757	0	99,306	10.00
11.00	01100	CAFETERIA	692,594	65,511	457,245	0	165,866	11.00
13.00	01300	NURSING ADMINISTRATION	765,812	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	335,038	103,642	723,389	0	262,410	14.00
15.00	01500	PHARMACY	1,085,729	25,641	178,968	0	64,921	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,267	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,803,995	464,182	3,239,830	320,120	1,175,251	30.00
31.00	03100	INTENSIVE CARE UNIT	1,689,896	101,965	711,683	50,176	258,164	31.00
40.00	04000	SUBPROVIDER - IPF	2,230,140	143,165	999,240	133,244	362,475	40.00
43.00	04300	NURSERY	389,147	0	0	5,555	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,232,109	188,318	1,314,396	0	476,799	50.00
51.00	05100	RECOVERY ROOM	703,230	103,138	719,868	0	261,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	463,408	184,827	1,290,032	0	467,961	52.00
53.00	05300	ANESTHESIOLOGY	42,571	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	709,755	70,734	493,696	0	179,089	54.00
54.02	03630	ULTRA SOUND	197,122	11,099	77,469	0	28,102	54.02
57.00	05700	CT SCAN	297,432	7,902	55,151	0	20,006	57.00
58.00	05800	MRI	99,410	19,240	134,285	0	48,712	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,643,174	34,716	242,303	0	87,896	59.00
60.00	06000	LABORATORY	2,307,508	66,772	466,049	0	169,060	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	167,430	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	548,917	12,988	90,650	0	32,883	65.00
66.00	06600	PHYSICAL THERAPY	627,384	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	186,854	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,643,619	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,523,355	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,778,150	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	341,743	3,572	24,935	0	9,045	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	380,273	128,936	899,930	0	326,450	75.01
76.00	03950	OCCUPATIONAL HEALTH	70	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	115,637	41,267	288,033	0	104,484	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	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	2,601,992	0	0	0	0	90.02
91.00	09100	EMERGENCY	2,116,333	108,197	755,176	0	273,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,814,441	2,921,099	13,988,215	509,095	4,873,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,624	2,141	14,942	0	5,420	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	207,176	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	10,137	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	32,939	0	0	0	0	193.05
193.07	19307	PARISH NURSING	81,085	0	0	0	0	193.07
194.00	07950	OP PHARMACY	780,591	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	45,928,993	2,923,240	14,003,157	509,095	4,879,374	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	2,190,569					10.00
11.00	01100	CAFETERIA	0	3,260,033				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,843,250			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	271	2,333,615		14.00
15.00	01500	PHARMACY	0	0	0	0	4,300,542	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,454,954	2,165,282	1,060,456	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	119,752	178,216	350,012	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	615,863	916,535	372,637	0	0	40.00
43.00	04300	NURSERY	0	0	93,865	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	161,406	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	136,586	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	64,198	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	221	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	973	0	0	57.00
58.00	05800	MRI	0	0	119	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	86,467	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,259	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	920,469	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,413,146	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,402,651	73.00
74.00	07400	RENAL DIALYSIS	0	0	13,869	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	21,205	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	23	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	10,764	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	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	67,037	0	2,897,891	90.02
91.00	09100	EMERGENCY	0	0	393,882	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,190,569	3,260,033	2,843,250	2,333,615	4,300,542	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,190,569	3,260,033	2,843,250	2,333,615	4,300,542	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	82,672				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,446	31,438,018	0	31,438,018	30.00
31.00	03100	INTENSIVE CARE UNIT	2,752	8,046,840	0	8,046,840	31.00
40.00	04000	SUBPROVIDER - IPF	2,560	11,825,616	0	11,825,616	40.00
43.00	04300	NURSERY	146	1,544,361	0	1,544,361	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,991	10,437,117	0	10,437,117	50.00
51.00	05100	RECOVERY ROOM	2,975	3,834,599	0	3,834,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	167	3,727,691	0	3,727,691	52.00
53.00	05300	ANESTHESIOLOGY	774	158,828	0	158,828	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,793	3,380,658	0	3,380,658	54.00
54.02	03630	ULTRA SOUND	827	849,357	0	849,357	54.02
57.00	05700	CT SCAN	5,074	1,193,388	0	1,193,388	57.00
58.00	05800	MRI	550	571,987	0	571,987	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,605	10,271,365	0	10,271,365	59.00
60.00	06000	LABORATORY	5,993	9,275,017	0	9,275,017	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	162	621,783	0	621,783	63.00
65.00	06500	RESPIRATORY THERAPY	869	2,175,369	0	2,175,369	65.00
66.00	06600	PHYSICAL THERAPY	918	2,330,221	0	2,330,221	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,819	704,815	0	704,815	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,666	7,027,440	0	7,027,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,803	10,785,472	0	10,785,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,639	19,152,248	0	19,152,248	73.00
74.00	07400	RENAL DIALYSIS	359	1,320,577	0	1,320,577	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	374	2,788,745	0	2,788,745	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	283	0	283	76.00
76.97	07697	CARDIAC REHABILITATION	171	874,048	0	874,048	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	3,322	12,628,732	0	12,628,732	90.02
91.00	09100	EMERGENCY	7,917	9,396,477	0	9,396,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,672	166,361,052	0	166,361,052	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,246	0	32,246	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	769,187	0	769,187	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	37,635	0	37,635	193.03
193.04	19304	FOUNDATION	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	122,293	0	122,293	193.05
193.07	19307	PARISH NURSING	0	301,045	0	301,045	193.07
194.00	07950	OP PHARMACY	0	2,898,120	0	2,898,120	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	82,672	170,521,578	0	170,521,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:04 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	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	493,913	1,500,545	1,994,458	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	574,373	1,744,991	2,319,364	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	49,551	150,540	200,091	9.00
10.00	01000	DIETARY	0	24,568	74,641	99,209	10.00
11.00	01100	CAFETERIA	0	41,036	124,669	165,705	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	64,921	197,234	262,155	14.00
15.00	01500	PHARMACY	354,792	16,061	48,796	419,649	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	290,759	883,349	1,174,108	30.00
31.00	03100	INTENSIVE CARE UNIT	0	63,870	194,042	257,912	31.00
40.00	04000	SUBPROVIDER - IPF	0	89,677	272,445	362,122	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	355,171	117,961	358,373	831,505	50.00
51.00	05100	RECOVERY ROOM	0	64,605	196,274	260,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	115,774	351,731	467,505	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,307	134,607	178,914	54.00
54.02	03630	ULTRA SOUND	0	6,952	21,122	28,074	54.02
57.00	05700	CT SCAN	0	4,950	15,037	19,987	57.00
58.00	05800	MRI	0	12,051	36,613	48,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,746	66,065	87,811	59.00
60.00	06000	LABORATORY	0	41,826	127,069	168,895	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,135	24,716	32,851	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
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	2,238	6,798	9,036	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	80,764	245,368	326,132	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,000	25,850	78,533	115,383	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	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	67,773	205,901	273,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	720,963	2,323,661	7,059,459	10,104,083	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,341	4,074	5,415	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	720,963	2,325,002	7,063,533	10,109,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:04 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	1,994,458					5.00
6.00	00600	MAINTENANCE & REPAIRS	34,191	34,191				6.00
7.00	00700	OPERATION OF PLANT	153,061	10,726	2,483,151			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,955	0	0	5,955		8.00
9.00	00900	HOUSEKEEPING	49,688	925	97,908	0	348,612	9.00
10.00	01000	DIETARY	20,799	459	48,545	0	7,095	10.00
11.00	01100	CAFETERIA	30,076	766	81,082	0	11,850	11.00
13.00	01300	NURSING ADMINISTRATION	33,256	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,549	1,212	128,277	0	18,748	14.00
15.00	01500	PHARMACY	47,148	300	31,736	0	4,638	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	967	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	252,018	5,429	574,512	3,744	83,969	30.00
31.00	03100	INTENSIVE CARE UNIT	73,384	1,193	126,201	587	18,445	31.00
40.00	04000	SUBPROVIDER - IPF	96,845	1,674	177,193	1,559	25,897	40.00
43.00	04300	NURSERY	16,899	0	0	65	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,930	2,203	233,079	0	34,065	50.00
51.00	05100	RECOVERY ROOM	30,538	1,206	127,653	0	18,657	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,124	2,162	228,759	0	33,434	52.00
53.00	05300	ANESTHESIOLOGY	1,849	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,821	827	87,546	0	12,795	54.00
54.02	03630	ULTRA SOUND	8,560	130	13,737	0	2,008	54.02
57.00	05700	CT SCAN	12,916	92	9,780	0	1,429	57.00
58.00	05800	MRI	4,317	225	23,813	0	3,480	58.00
59.00	05900	CARDIAC CATHETERIZATION	114,781	406	42,967	0	6,280	59.00
60.00	06000	LABORATORY	100,204	781	82,643	0	12,079	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,271	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	23,837	152	16,075	0	2,349	65.00
66.00	06600	PHYSICAL THERAPY	27,244	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,114	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,375	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,577	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	207,493	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,840	42	4,422	0	646	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,513	1,508	159,583	0	23,324	75.01
76.00	03950	OCCUPATIONAL HEALTH	3	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,022	483	51,076	0	7,465	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	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	112,992	0	0	0	0	90.02
91.00	09100	EMERGENCY	91,902	1,265	133,914	0	19,572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,946,059	34,166	2,480,501	5,955	348,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114	25	2,650	0	387	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	8,997	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	440	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	1,430	0	0	0	0	193.05
193.07	19307	PARISH NURSING	3,521	0	0	0	0	193.07
194.00	07950	OP PHARMACY	33,897	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,994,458	34,191	2,483,151	5,955	348,612	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	176,107					10.00
11.00	01100	CAFETERIA	0	289,479				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	33,256			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3	424,944		14.00
15.00	01500	PHARMACY	0	0	0	0	503,471	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,969	192,269	12,404	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,627	15,825	4,094	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	49,511	81,385	4,359	0	0	40.00
43.00	04300	NURSERY	0	0	1,098	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,888	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	1,598	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	751	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	11	0	0	57.00
58.00	05800	MRI	0	0	1	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,011	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	108	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	167,615	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	257,329	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	164,212	73.00
74.00	07400	RENAL DIALYSIS	0	0	162	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	248	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	126	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	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	784	0	339,259	90.02
91.00	09100	EMERGENCY	0	0	4,607	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	176,107	289,479	33,256	424,944	503,471	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	176,107	289,479	33,256	424,944	503,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	967				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	117	2,415,539	0	2,415,539	30.00
31.00	03100	INTENSIVE CARE UNIT	34	507,302	0	507,302	31.00
40.00	04000	SUBPROVIDER - IPF	32	800,577	0	800,577	40.00
43.00	04300	NURSERY	2	18,064	0	18,064	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	111	1,199,781	0	1,199,781	50.00
51.00	05100	RECOVERY ROOM	37	440,568	0	440,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	752,737	0	752,737	52.00
53.00	05300	ANESTHESIOLOGY	10	1,859	0	1,859	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22	310,928	0	310,928	54.00
54.02	03630	ULTRA SOUND	10	52,519	0	52,519	54.02
57.00	05700	CT SCAN	63	44,278	0	44,278	57.00
58.00	05800	MRI	7	80,507	0	80,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	82	253,338	0	253,338	59.00
60.00	06000	LABORATORY	74	364,676	0	364,676	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2	7,273	0	7,273	63.00
65.00	06500	RESPIRATORY THERAPY	11	75,275	0	75,275	65.00
66.00	06600	PHYSICAL THERAPY	11	27,255	0	27,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22	8,244	0	8,244	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58	239,048	0	239,048	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47	366,953	0	366,953	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63	371,768	0	371,768	73.00
74.00	07400	RENAL DIALYSIS	4	29,152	0	29,152	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5	527,313	0	527,313	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	3	0	3	76.00
76.97	07697	CARDIAC REHABILITATION	2	179,557	0	179,557	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	41	453,076	0	453,076	90.02
91.00	09100	EMERGENCY	98	525,032	0	525,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	967	10,052,622	0	10,052,622	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,591	0	8,591	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	8,997	0	8,997	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	440	0	440	193.03
193.04	19304	FOUNDATION	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	1,430	0	1,430	193.05
193.07	19307	PARISH NURSING	0	3,521	0	3,521	193.07
194.00	07950	OP PHARMACY	0	33,897	0	33,897	194.00
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	967	10,109,498	0	10,109,498	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:04 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	544,429				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		544,429			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	41,706,262		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	115,656	115,656	2,746,351	-45,928,993	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	134,497	134,497	688,568	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	11,603	11,603	0	0	9.00
10.00	01000	DIETARY	5,753	5,753	0	0	10.00
11.00	01100	CAFETERIA	9,609	9,609	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,401,984	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,202	15,202	220,917	0	14.00
15.00	01500	PHARMACY	3,761	3,761	1,949,808	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,085	68,085	10,673,061	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,956	14,956	2,748,742	0	31.00
40.00	04000	SUBPROVIDER - IPF	20,999	20,999	4,166,807	0	40.00
43.00	04300	NURSERY	0	0	824,886	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,622	27,622	2,148,030	0	50.00
51.00	05100	RECOVERY ROOM	15,128	15,128	1,149,937	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,110	27,110	617,212	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	42,398	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,375	10,375	1,160,318	0	54.00
54.02	03630	ULTRA SOUND	1,628	1,628	382,153	0	54.02
57.00	05700	CT SCAN	1,159	1,159	518,313	0	57.00
58.00	05800	MRI	2,822	2,822	161,809	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,092	5,092	1,217,013	0	59.00
60.00	06000	LABORATORY	9,794	9,794	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,905	1,905	1,040,872	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,180,101	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	323,151	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
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	524	524	108,874	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	18,912	18,912	553,703	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	122	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,053	6,053	151,479	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	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	0	0	1,139,733	0	90.02
91.00	09100	EMERGENCY	15,870	15,870	3,624,459	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	544,115	544,115	40,940,801	-45,928,993	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	314	314	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	306,632	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	21,692	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	174,519	0	193.07
194.00	07950	OP PHARMACY	0	0	262,618	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:04 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	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,325,002	7,063,533	7,805,693		45,928,993	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.270533	12.974204	0.187159		0.368633	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,994,458	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.016008	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:

11/24/2021 10:04 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			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	428,773					6.00
7.00	00700	OPERATION OF PLANT	134,497	294,276				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	33,726			8.00
9.00	00900	HOUSEKEEPING	11,603	11,603	0	282,673		9.00
10.00	01000	DIETARY	5,753	5,753	0	5,753	81,969	10.00
11.00	01100	CAFETERIA	9,609	9,609	0	9,609	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,202	15,202	0	15,202	0	14.00
15.00	01500	PHARMACY	3,761	3,761	0	3,761	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,085	68,085	21,207	68,085	54,443	30.00
31.00	03100	INTENSIVE CARE UNIT	14,956	14,956	3,324	14,956	4,481	31.00
40.00	04000	SUBPROVIDER - IPF	20,999	20,999	8,827	20,999	23,045	40.00
43.00	04300	NURSERY	0	0	368	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,622	27,622	0	27,622	0	50.00
51.00	05100	RECOVERY ROOM	15,128	15,128	0	15,128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,110	27,110	0	27,110	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,375	10,375	0	10,375	0	54.00
54.02	03630	ULTRA SOUND	1,628	1,628	0	1,628	0	54.02
57.00	05700	CT SCAN	1,159	1,159	0	1,159	0	57.00
58.00	05800	MRI	2,822	2,822	0	2,822	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,092	5,092	0	5,092	0	59.00
60.00	06000	LABORATORY	9,794	9,794	0	9,794	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,905	1,905	0	1,905	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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	524	524	0	524	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	18,912	18,912	0	18,912	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,053	6,053	0	6,053	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	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	15,870	15,870	0	15,870	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	428,459	293,962	33,726	282,359	81,969	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	314	314	0	314	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,923,240	14,003,157	509,095	4,879,374	2,190,569	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.817687	47.585114	15.095031	17.261550	26.724359	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,191	2,483,151	5,955	348,612	176,107	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.079741	8.438170	0.176570	1.233270	2.148459	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	81,969					11.00
13.00	01300	NURSING ADMINISTRATION	0	502,677				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	48	11,303,854			14.00
15.00	01500	PHARMACY	0	0	0	12,961,808		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,024,387,391	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,443	187,485	0	0	116,618,761	30.00
31.00	03100	INTENSIVE CARE UNIT	4,481	61,881	0	0	33,976,231	31.00
40.00	04000	SUBPROVIDER - IPF	23,045	65,881	0	0	31,604,928	40.00
43.00	04300	NURSERY	0	16,595	0	0	1,802,766	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	28,536	0	0	111,000,709	50.00
51.00	05100	RECOVERY ROOM	0	24,148	0	0	36,732,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,350	0	0	2,058,723	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	9,559,590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39	0	0	22,139,506	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	10,214,229	54.02
57.00	05700	CT SCAN	0	172	0	0	62,644,581	57.00
58.00	05800	MRI	0	21	0	0	6,790,149	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,287	0	0	81,545,886	59.00
60.00	06000	LABORATORY	0	0	0	0	73,991,327	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,000,662	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	10,725,073	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,329,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,637	0	0	22,455,423	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,458,686	0	57,608,052	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,845,168	0	46,947,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,227,577	122,720,463	73.00
74.00	07400	RENAL DIALYSIS	0	2,452	0	0	4,434,441	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,749	0	0	4,616,784	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	4	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,903	0	0	2,109,982	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	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	11,852	0	8,734,231	41,016,032	90.02
91.00	09100	EMERGENCY	0	69,637	0	0	97,743,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	81,969	502,677	11,303,854	12,961,808	1,024,387,391	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,260,033	2,843,250	2,333,615	4,300,542	82,672	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.771536	5.656217	0.206444	0.331786	0.000081	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	289,479	33,256	424,944	503,471	967	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.531567	0.066158	0.037593	0.038843	0.000001	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:04 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	31,438,018		31,438,018	0	31,438,018	30.00	
31.00	03100	INTENSIVE CARE UNIT	8,046,840		8,046,840	22,634	8,069,474	31.00	
40.00	04000	SUBPROVIDER - IPF	11,825,616		11,825,616	21,487	11,847,103	40.00	
43.00	04300	NURSERY	1,544,361		1,544,361	0	1,544,361	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,437,117		10,437,117	0	10,437,117	50.00	
51.00	05100	RECOVERY ROOM	3,834,599		3,834,599	0	3,834,599	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,727,691		3,727,691	0	3,727,691	52.00	
53.00	05300	ANESTHESIOLOGY	158,828		158,828	0	158,828	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,380,658		3,380,658	0	3,380,658	54.00	
54.02	03630	ULTRA SOUND	849,357		849,357	0	849,357	54.02	
57.00	05700	CT SCAN	1,193,388		1,193,388	0	1,193,388	57.00	
58.00	05800	MRI	571,987		571,987	0	571,987	58.00	
59.00	05900	CARDIAC CATHETERIZATION	10,271,365		10,271,365	0	10,271,365	59.00	
60.00	06000	LABORATORY	9,275,017		9,275,017	4,890	9,279,907	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	621,783		621,783	0	621,783	63.00	
65.00	06500	RESPIRATORY THERAPY	2,175,369	0	2,175,369	0	2,175,369	65.00	
66.00	06600	PHYSICAL THERAPY	2,330,221	0	2,330,221	0	2,330,221	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	704,815		704,815	0	704,815	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0		0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,027,440		7,027,440	0	7,027,440	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,785,472		10,785,472	0	10,785,472	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	19,152,248		19,152,248	0	19,152,248	73.00	
74.00	07400	RENAL DIALYSIS	1,320,577		1,320,577	0	1,320,577	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,788,745		2,788,745	0	2,788,745	75.01	
76.00	03950	OCCUPATIONAL HEALTH	283		283	0	283	76.00	
76.97	07697	CARDIAC REHABILITATION	874,048		874,048	0	874,048	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		0	0	0	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0		0	0	0	90.01	
90.02	09002	PRCC	12,628,732		12,628,732	0	12,628,732	90.02	
91.00	09100	EMERGENCY	9,396,477		9,396,477	0	9,396,477	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,632,880		3,632,880	0	3,632,880	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	169,993,932	0	169,993,932	49,011	170,042,943	200.00	
201.00		Less Observation Beds	3,632,880		3,632,880		3,632,880	201.00	
202.00		Total (see instructions)	166,361,052	0	166,361,052	49,011	166,410,063	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:04 am

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	97,238,519		97,238,519		30.00
31.00	03100	INTENSIVE CARE UNIT	33,976,231		33,976,231		31.00
40.00	04000	SUBPROVIDER - IPF	31,604,928		31,604,928		40.00
43.00	04300	NURSERY	1,802,766		1,802,766		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,258,481	64,742,228	111,000,709	0.094027	0.000000
51.00	05100	RECOVERY ROOM	10,349,846	26,382,454	36,732,300	0.104393	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,500,170	558,553	2,058,723	1.810681	0.000000
53.00	05300	ANESTHESIOLOGY	3,171,433	6,388,157	9,559,590	0.016615	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,198,299	14,941,207	22,139,506	0.152698	0.000000
54.02	03630	ULTRA SOUND	2,909,079	7,305,150	10,214,229	0.083154	0.000000
57.00	05700	CT SCAN	18,883,058	43,761,523	62,644,581	0.019050	0.000000
58.00	05800	MRI	2,391,090	4,399,059	6,790,149	0.084238	0.000000
59.00	05900	CARDIAC CATHETERIZATION	20,726,171	60,819,715	81,545,886	0.125958	0.000000
60.00	06000	LABORATORY	38,785,714	35,205,613	73,991,327	0.125353	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,471,921	528,741	2,000,662	0.310789	0.000000
65.00	06500	RESPIRATORY THERAPY	9,649,132	1,075,941	10,725,073	0.202830	0.000000
66.00	06600	PHYSICAL THERAPY	5,287,078	6,042,115	11,329,193	0.205683	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	10,828,077	11,627,346	22,455,423	0.031387	0.000000
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,093,840	39,514,212	57,608,052	0.121987	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,076,644	30,871,125	46,947,769	0.229733	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	62,838,206	59,882,257	122,720,463	0.156064	0.000000
74.00	07400	RENAL DIALYSIS	4,330,608	103,833	4,434,441	0.297800	0.000000
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,616,784	4,616,784	0.604045	0.000000
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	599	2,109,383	2,109,982	0.414244	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0.000000	0.000000
90.02	09002	PRCC	0	41,016,032	41,016,032	0.307897	0.000000
91.00	09100	EMERGENCY	27,132,196	70,611,635	97,743,831	0.096134	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,213,690	16,166,552	19,380,242	0.187453	0.000000
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	475,717,776	548,669,615	1,024,387,391		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	475,717,776	548,669,615	1,024,387,391		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/24/2021 10:04 am
			Title XVIII	Hospital	PPS
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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.094027		50.00
51.00	05100	RECOVERY ROOM	0.104393		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.810681		52.00
53.00	05300	ANESTHESIOLOGY	0.016615		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152698		54.00
54.02	03630	ULTRA SOUND	0.083154		54.02
57.00	05700	CT SCAN	0.019050		57.00
58.00	05800	MRI	0.084238		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125958		59.00
60.00	06000	LABORATORY	0.125419		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.310789		63.00
65.00	06500	RESPIRATORY THERAPY	0.202830		65.00
66.00	06600	PHYSICAL THERAPY	0.205683		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.031387		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.121987		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229733		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156064		73.00
74.00	07400	RENAL DIALYSIS	0.297800		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.604045		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.414244		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	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.307897		90.02
91.00	09100	EMERGENCY	0.096134		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.187453		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:04 am

			Title XIX	Hospital	Cost	
Cost Center Description			Therapy Limit Adj.	Costs		
			Total Cost (from Wkst. B, Part I, col. 26)	Total Costs	RCE Disallowance	Total Costs
			1.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,438,018	31,438,018	0	31,438,018
31.00	03100	INTENSIVE CARE UNIT	8,046,840	8,046,840	22,634	8,069,474
40.00	04000	SUBPROVIDER - IPF	11,825,616	11,825,616	21,487	11,847,103
43.00	04300	NURSERY	1,544,361	1,544,361	0	1,544,361
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,437,117	10,437,117	0	10,437,117
51.00	05100	RECOVERY ROOM	3,834,599	3,834,599	0	3,834,599
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,727,691	3,727,691	0	3,727,691
53.00	05300	ANESTHESIOLOGY	158,828	158,828	0	158,828
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,380,658	3,380,658	0	3,380,658
54.02	03630	ULTRA SOUND	849,357	849,357	0	849,357
57.00	05700	CT SCAN	1,193,388	1,193,388	0	1,193,388
58.00	05800	MRI	571,987	571,987	0	571,987
59.00	05900	CARDIAC CATHETERIZATION	10,271,365	10,271,365	0	10,271,365
60.00	06000	LABORATORY	9,275,017	9,275,017	4,890	9,279,907
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	621,783	621,783	0	621,783
65.00	06500	RESPIRATORY THERAPY	2,175,369	2,175,369	0	2,175,369
66.00	06600	PHYSICAL THERAPY	2,330,221	2,330,221	0	2,330,221
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	704,815	704,815	0	704,815
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,027,440	7,027,440	0	7,027,440
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,785,472	10,785,472	0	10,785,472
73.00	07300	DRUGS CHARGED TO PATIENTS	19,152,248	19,152,248	0	19,152,248
74.00	07400	RENAL DIALYSIS	1,320,577	1,320,577	0	1,320,577
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,788,745	2,788,745	0	2,788,745
76.00	03950	OCCUPATIONAL HEALTH	283	283	0	283
76.97	07697	CARDIAC REHABILITATION	874,048	874,048	0	874,048
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0
90.02	09002	PRCC	12,628,732	12,628,732	0	12,628,732
91.00	09100	EMERGENCY	9,396,477	9,396,477	0	9,396,477
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,632,880	3,632,880	0	3,632,880
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
200.00		Subtotal (see instructions)	169,993,932	169,993,932	49,011	170,042,943
201.00		Less Observation Beds	3,632,880	3,632,880	0	3,632,880
202.00		Total (see instructions)	166,361,052	166,361,052	49,011	166,410,063

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/24/2021 10:04 am

			Title XIX			Hospital	Cost	
	Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,238,519		97,238,519			30.00
31.00	03100	INTENSIVE CARE UNIT	33,976,231		33,976,231			31.00
40.00	04000	SUBPROVIDER - IPF	31,604,928		31,604,928			40.00
43.00	04300	NURSERY	1,802,766		1,802,766			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,258,481	64,742,228	111,000,709	0.094027	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,349,846	26,382,454	36,732,300	0.104393	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,500,170	558,553	2,058,723	1.810681	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,171,433	6,388,157	9,559,590	0.016615	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,198,299	14,941,207	22,139,506	0.152698	0.000000	54.00
54.02	03630	ULTRA SOUND	2,909,079	7,305,150	10,214,229	0.083154	0.000000	54.02
57.00	05700	CT SCAN	18,883,058	43,761,523	62,644,581	0.019050	0.000000	57.00
58.00	05800	MRI	2,391,090	4,399,059	6,790,149	0.084238	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,726,171	60,819,715	81,545,886	0.125958	0.000000	59.00
60.00	06000	LABORATORY	38,785,714	35,205,613	73,991,327	0.125353	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,471,921	528,741	2,000,662	0.310789	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,649,132	1,075,941	10,725,073	0.202830	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,287,078	6,042,115	11,329,193	0.205683	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,828,077	11,627,346	22,455,423	0.031387	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,093,840	39,514,212	57,608,052	0.121987	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,076,644	30,871,125	46,947,769	0.229733	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,838,206	59,882,257	122,720,463	0.156064	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,330,608	103,833	4,434,441	0.297800	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,616,784	4,616,784	0.604045	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	599	2,109,383	2,109,982	0.414244	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	OUTPATIENT PROCEDURES	0	0	0	0.000000	0.000000	90.01
90.02	09002	PRCC	0	41,016,032	41,016,032	0.307897	0.000000	90.02
91.00	09100	EMERGENCY	27,132,196	70,611,635	97,743,831	0.096134	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,213,690	16,166,552	19,380,242	0.187453	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	475,717,776	548,669,615	1,024,387,391			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	475,717,776	548,669,615	1,024,387,391			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/24/2021 10:04 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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	03630	ULTRA SOUND	0.000000		54.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
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
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/24/2021 10:04 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	2,415,539	0	2,415,539	24,317	99.34	30.00
31.00	INTENSIVE CARE UNIT	507,302		507,302	3,585	141.51	31.00
40.00	SUBPROVIDER - IPF	800,577	0	800,577	9,218	86.85	40.00
43.00	NURSERY	18,064		18,064	383	47.16	43.00
200.00	Total (lines 30 through 199)	3,741,482		3,741,482	37,503		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	8,449	839,324				30.00
31.00	INTENSIVE CARE UNIT	1,036	146,604				31.00
40.00	SUBPROVIDER - IPF	1,201	104,307				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	10,686	1,090,235				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,199,781	111,000,709	0.010809	13,367,154	144,486 50.00
51.00	05100	RECOVERY ROOM	440,568	36,732,300	0.011994	3,117,895	37,396 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	752,737	2,058,723	0.365633	16,940	6,194 52.00
53.00	05300	ANESTHESIOLOGY	1,859	9,559,590	0.000194	988,623	192 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	310,928	22,139,506	0.014044	2,721,624	38,222 54.00
54.02	03630	ULTRA SOUND	52,519	10,214,229	0.005142	1,026,998	5,281 54.02
57.00	05700	CT SCAN	44,278	62,644,581	0.000707	7,114,404	5,030 57.00
58.00	05800	MRI	80,507	6,790,149	0.011856	805,390	9,549 58.00
59.00	05900	CARDIAC CATHETERIZATION	253,338	81,545,886	0.003107	7,584,887	23,566 59.00
60.00	06000	LABORATORY	364,676	73,991,327	0.004929	12,215,525	60,210 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,273	2,000,662	0.003635	522,439	1,899 63.00
65.00	06500	RESPIRATORY THERAPY	75,275	10,725,073	0.007019	3,032,158	21,283 65.00
66.00	06600	PHYSICAL THERAPY	27,255	11,329,193	0.002406	2,464,072	5,929 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	8,244	22,455,423	0.000367	4,135,614	1,518 69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	239,048	57,608,052	0.004150	6,589,410	27,346 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	366,953	46,947,769	0.007816	6,475,513	50,613 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	371,768	122,720,463	0.003029	17,706,259	53,632 73.00
74.00	07400	RENAL DIALYSIS	29,152	4,434,441	0.006574	2,184,389	14,360 74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	527,313	4,616,784	0.114217	0	0 75.01
76.00	03950	OCCUPATIONAL HEALTH	3	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	179,557	2,109,982	0.085099	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	0	0	0.000000	0	0 90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0	0 90.01
90.02	09002	PRCC	453,076	41,016,032	0.011046	0	0 90.02
91.00	09100	EMERGENCY	525,032	97,743,831	0.005372	9,188,014	49,358 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	279,132	19,380,242	0.014403	1,166,913	16,807 92.00
200.00		Total (lines 50 through 199)	6,590,272	859,764,947		102,424,221	572,871 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0174		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/24/2021 10:04 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00	
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	24,317	0.00	8,449		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,585	0.00	1,036		31.00	
40.00	04000	SUBPROVIDER - IPF		0	0	9,218	0.00	1,201		40.00	
43.00	04300	NURSERY			0	383	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	37,503		10,686		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
40.00	04000	SUBPROVIDER - IPF		0						40.00	
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: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/24/2021 10:04 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
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
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
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
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: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/24/2021 10:04 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	111,000,709	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	36,732,300	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,058,723	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,559,590	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,139,506	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	10,214,229	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	62,644,581	0.000000	57.00
58.00	05800	MRI	0	0	0	6,790,149	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	81,545,886	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,991,327	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,000,662	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,725,073	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,329,193	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,455,423	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	57,608,052	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,947,769	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	122,720,463	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,434,441	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,616,784	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,109,982	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	OUTPATIENT PROCEDURES	0	0	0	0	0.000000	90.01
90.02	09002	PRCC	0	0	0	41,016,032	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	97,743,831	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	19,380,242	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	859,764,947		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/24/2021 10:04 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	13,367,154	0	25,553,773	0
51.00	05100	RECOVERY ROOM	0.000000	3,117,895	0	10,908,857	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	16,940	0	736	0
53.00	05300	ANESTHESIOLOGY	0.000000	988,623	0	2,942,015	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,721,624	0	3,302,787	0
54.02	03630	ULTRA SOUND	0.000000	1,026,998	0	687,268	0
57.00	05700	CT SCAN	0.000000	7,114,404	0	9,679,525	0
58.00	05800	MRI	0.000000	805,390	0	886,833	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,584,887	0	26,487,810	0
60.00	06000	LABORATORY	0.000000	12,215,525	0	6,041,078	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	522,439	0	120,108	0
65.00	06500	RESPIRATORY THERAPY	0.000000	3,032,158	0	306,192	0
66.00	06600	PHYSICAL THERAPY	0.000000	2,464,072	0	185,332	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,135,614	0	3,292,602	0
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,589,410	0	22,829,294	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,475,513	0	15,147,340	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	17,706,259	0	40,875,934	0
74.00	07400	RENAL DIALYSIS	0.000000	2,184,389	0	52,230	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	193,991	0
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	1,201,006	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0
90.02	09002	PRCC	0.000000	0	0	18,489,976	0
91.00	09100	EMERGENCY	0.000000	9,188,014	0	14,475,695	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,166,913	0	3,072,272	0
200.00		Total (lines 50 through 199)		102,424,221	0	206,732,654	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0174		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/24/2021 10:04 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	0.094027	25,553,773	0	0	2,402,745	50.00	
51.00	05100	RECOVERY ROOM	0.104393	10,908,857	0	0	1,138,808	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.810681	736	0	0	1,333	52.00	
53.00	05300	ANESTHESIOLOGY	0.016615	2,942,015	0	0	48,882	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152698	3,302,787	0	0	504,329	54.00	
54.02	03630	ULTRA SOUND	0.083154	687,268	0	0	57,149	54.02	
57.00	05700	CT SCAN	0.019050	9,679,525	0	0	184,395	57.00	
58.00	05800	MRI	0.084238	886,833	0	0	74,705	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.125958	26,487,810	0	0	3,336,352	59.00	
60.00	06000	LABORATORY	0.125353	6,041,078	5,825	0	757,267	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.310789	120,108	0	0	37,328	63.00	
65.00	06500	RESPIRATORY THERAPY	0.202830	306,192	0	0	62,105	65.00	
66.00	06600	PHYSICAL THERAPY	0.205683	185,332	0	0	38,120	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.031387	3,292,602	0	0	103,345	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.121987	22,829,294	0	0	2,784,877	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229733	15,147,340	0	0	3,479,844	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156064	40,875,934	0	118,109	6,379,262	73.00	
74.00	07400	RENAL DIALYSIS	0.297800	52,230	0	0	15,554	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.604045	193,991	0	0	117,179	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.414244	1,201,006	0	0	497,510	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	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01	
90.02	09002	PRCC	0.307897	18,489,976	2	0	5,693,008	90.02	
91.00	09100	EMERGENCY	0.096134	14,475,695	5	0	1,391,606	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.187453	3,072,272	0	0	575,907	92.00	
200.00		Subtotal (see instructions)		206,732,654	5,832	118,109	29,681,610	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
201.00		Only Charges							
202.00		Net Charges (line 200 - line 201)		206,732,654	5,832	118,109	29,681,610	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174		Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/24/2021 10:04 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
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	03630	ULTRA SOUND	0	0		54.02
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	730	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0		70.01
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	18,433		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0		90.01
90.02	09002	PRCC	1	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	731	18,433		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	731	18,433		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:

Worksheet D

Component CCN: 14-S174

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/24/2021 10:04 am

Title XVIII				Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,199,781	111,000,709	0.010809	0	0 50.00
51.00	05100 RECOVERY ROOM	440,568	36,732,300	0.011994	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	752,737	2,058,723	0.365633	0	0 52.00
53.00	05300 ANESTHESIOLOGY	1,859	9,559,590	0.000194	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	310,928	22,139,506	0.014044	12,786	180 54.00
54.02	03630 ULTRA SOUND	52,519	10,214,229	0.005142	7,466	38 54.02
57.00	05700 CT SCAN	44,278	62,644,581	0.000707	70,134	50 57.00
58.00	05800 MRI	80,507	6,790,149	0.011856	11,564	137 58.00
59.00	05900 CARDIAC CATHETERIZATION	253,338	81,545,886	0.003107	0	0 59.00
60.00	06000 LABORATORY	364,676	73,991,327	0.004929	330,761	1,630 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,273	2,000,662	0.003635	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	75,275	10,725,073	0.007019	0	0 65.00
66.00	06600 PHYSICAL THERAPY	27,255	11,329,193	0.002406	4,506	11 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	8,244	22,455,423	0.000367	18,558	7 69.00
70.01	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	239,048	57,608,052	0.004150	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	366,953	46,947,769	0.007816	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	371,768	122,720,463	0.003029	848,543	2,570 73.00
74.00	07400 RENAL DIALYSIS	29,152	4,434,441	0.006574	3,125	21 74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	527,313	4,616,784	0.114217	0	0 75.01
76.00	03950 OCCUPATIONAL HEALTH	3	0	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	179,557	2,109,982	0.085099	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	0	0	0.000000	0	0 90.00
90.01	09001 OUTPATIENT PROCEDURES	0	0	0.000000	0	0 90.01
90.02	09002 PRCC	453,076	41,016,032	0.011046	0	0 90.02
91.00	09100 EMERGENCY	525,032	97,743,831	0.005372	280,935	1,509 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	19,380,242	0.000000	0	0 92.00
200.00	Total (lines 50 through 199)	6,311,140	859,764,947		1,588,378	6,153 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:04 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	70.01
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
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES		0	0	0	0	0	90.01
90.02	09002	PRCC		0	0	0	0	0	90.02
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
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: 14-0174 Component CCN: 14-S174		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	111,000,709	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	36,732,300	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,058,723	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,559,590	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,139,506	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	10,214,229	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	62,644,581	0.000000	57.00
58.00	05800	MRI	0	0	0	6,790,149	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	81,545,886	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,991,327	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,000,662	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,725,073	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,329,193	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,455,423	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	57,608,052	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,947,769	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	122,720,463	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,434,441	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,616,784	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,109,982	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	OUTPATIENT PROCEDURES	0	0	0	0	0.000000	90.01
90.02	09002	PRCC	0	0	0	41,016,032	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	97,743,831	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	19,380,242	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	859,764,947		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/24/2021 10:04 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	12,786	0	3,118	0	0	54.00
54.02	03630	ULTRA SOUND	0.000000	7,466	0	0	0	0	54.02
57.00	05700	CT SCAN	0.000000	70,134	0	0	0	0	57.00
58.00	05800	MRI	0.000000	11,564	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	330,761	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,506	0	0	0	0	66.00
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	18,558	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	1,552	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	848,543	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,125	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	0	76.00
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	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	0	90.01
90.02	09002	PRCC	0.000000	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	280,935	0	910	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,588,378	0	5,580	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/24/2021 10:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.094027	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.104393	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.810681	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016615	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152698	3,118	0	0	476	54.00
54.02	03630	ULTRA SOUND	0.083154	0	0	0	0	54.02
57.00	05700	CT SCAN	0.019050	0	0	0	0	57.00
58.00	05800	MRI	0.084238	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125958	0	0	0	0	59.00
60.00	06000	LABORATORY	0.125353	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.310789	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.202830	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.205683	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.031387	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.121987	1,552	0	0	189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229733	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156064	0	0	2,285	0	73.00
74.00	07400	RENAL DIALYSIS	0.297800	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.604045	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.414244	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	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
90.02	09002	PRCC	0.307897	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.096134	910	0	0	87	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.187453	0	0	0	0	92.00
200.00		Subtotal (see instructions)		5,580	0	2,285	752	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		5,580	0	2,285	752	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/24/2021 10:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Costs							
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
	6.00	7.00						
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0			50.00	
51.00	05100	RECOVERY ROOM	0	0			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00	
53.00	05300	ANESTHESIOLOGY	0	0			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00	
54.02	03630	ULTRA SOUND	0	0			54.02	
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	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00	
65.00	06500	RESPIRATORY THERAPY	0	0			65.00	
66.00	06600	PHYSICAL THERAPY	0	0			66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00	
68.00	06800	SPEECH PATHOLOGY	0	0			68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00	
70.01	03320	ELECTROSHOCK THERAPY	0	0			70.01	
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	357			73.00	
74.00	07400	RENAL DIALYSIS	0	0			74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	0			76.00	
76.97	07697	CARDIAC REHABILITATION	0	0			76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98	
76.99	07699	LITHOTRIPSY	0	0			76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0			90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	0			90.01	
90.02	09002	PRCC	0	0			90.02	
91.00	09100	EMERGENCY	0	0			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00	
200.00		Subtotal (see instructions)	0	357			200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00	
202.00		Net Charges (line 200 - line 201)	0	357			202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:04 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)		24,317	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,317	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)		21,507	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)		8,449	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)		31,438,018	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)		31,438,018	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)		31,438,018	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)		1,292.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,923,205	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,923,205	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

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

Worksheet D-1

Date/Time Prepared:
11/24/2021 10:04 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	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,069,474	3,585	2,250.90	1,036	2,331,932	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,042,561	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,297,698	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)					985,928	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					572,871	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,558,799	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,738,899	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,810	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,292.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,632,880	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

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

Worksheet D-1

Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,415,539	31,438,018	0.076835	3,632,880	279,132 90.00
91.00	Nursing School cost	0	31,438,018	0.000000	3,632,880	0 91.00
92.00	Allied health cost	0	31,438,018	0.000000	3,632,880	0 92.00
93.00	All other Medical Education	0	31,438,018	0.000000	3,632,880	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:04 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,218	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,218	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)		9,218	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)		1,201	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)		11,847,103	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)		11,847,103	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)		11,847,103	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)		1,285.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,543,537	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,543,537	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/24/2021 10:04 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					208,241
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,751,778
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					104,307
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,153
52.00 Total Program excludable cost (sum of lines 50 and 51)					110,460
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,641,318
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

Period:

Worksheet D-1

Component CCN: 14-S174

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/24/2021 10:04 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	800,577	11,847,103	0.067576	0	0	90.00
91.00	Nursing School cost	0	11,847,103	0.000000	0	0	91.00
92.00	Allied health cost	0	11,847,103	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,847,103	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/24/2021 10:04 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		31,470,321		30.00
31.00	03100	INTENSIVE CARE UNIT		9,524,738		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.094027	13,367,154	1,256,873	50.00
51.00	05100	RECOVERY ROOM	0.104393	3,117,895	325,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.810681	16,940	30,673	52.00
53.00	05300	ANESTHESIOLOGY	0.016615	988,623	16,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152698	2,721,624	415,587	54.00
54.02	03630	ULTRA SOUND	0.083154	1,026,998	85,399	54.02
57.00	05700	CT SCAN	0.019050	7,114,404	135,529	57.00
58.00	05800	MRI	0.084238	805,390	67,844	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125958	7,584,887	955,377	59.00
60.00	06000	LABORATORY	0.125419	12,215,525	1,532,059	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.310789	522,439	162,368	63.00
65.00	06500	RESPIRATORY THERAPY	0.202830	3,032,158	615,013	65.00
66.00	06600	PHYSICAL THERAPY	0.205683	2,464,072	506,818	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.031387	4,135,614	129,805	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.121987	6,589,410	803,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229733	6,475,513	1,487,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156064	17,706,259	2,763,310	73.00
74.00	07400	RENAL DIALYSIS	0.297800	2,184,389	650,511	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.604045	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.414244	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	0.000000	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	90.01
90.02	09002	PRCC	0.307897	0	0	90.02
91.00	09100	EMERGENCY	0.096134	9,188,014	883,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.187453	1,166,913	218,741	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		102,424,221	13,042,561	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)		102,424,221		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/24/2021 10:04 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF		4,261,176		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094027	0	0	50.00
51.00	05100 RECOVERY ROOM	0.104393	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.810681	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.016615	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152698	12,786	1,952	54.00
54.02	03630 ULTRA SOUND	0.083154	7,466	621	54.02
57.00	05700 CT SCAN	0.019050	70,134	1,336	57.00
58.00	05800 MRI	0.084238	11,564	974	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.125958	0	0	59.00
60.00	06000 LABORATORY	0.125419	330,761	41,484	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.310789	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.202830	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.205683	4,506	927	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.031387	18,558	582	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.121987	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.229733	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.156064	848,543	132,427	73.00
74.00	07400 RENAL DIALYSIS	0.297800	3,125	931	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.604045	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.414244	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	0.000000	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.000000	0	0	90.01
90.02	09002 PRCC	0.307897	0	0	90.02
91.00	09100 EMERGENCY	0.096134	280,935	27,007	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.187453	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,588,378	208,241	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)		1,588,378	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/24/2021 10:04 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)		3,457,430	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,101,512	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)		64,005	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		220,687	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		190.67	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.59	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.59	31.00
32.00	Sum of lines 30 and 31		30.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.11	33.00
34.00	Disproportionate share adjustment (see instructions)		725,217	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/24/2021 10:04 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,555,571	1,987,655		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,145,116	1,486,657		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,631,773			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	24,200,624			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		24,200,624		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,697,209		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		166,232		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 intructions)		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)		26,064,065		59.00
60.00	Primary payer payments		3,592		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		26,060,473		61.00
62.00	Deductibles billed to program beneficiaries		1,455,176		62.00
63.00	Coinsurance billed to program beneficiaries		40,164		63.00
64.00	Allowable bad debts (see instructions)		520,809		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		338,526		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		224,961		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,903,659		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-56,345		70.93
70.94	HRR adjustment amount (see instructions)		-34,163		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/24/2021 10:04 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,813,151	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		24,286,471	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)		526,680	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		405,179	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2021 10:04 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,457,430	0	3,457,430		3,457,430
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,101,512	0		17,101,512	17,101,512
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	64,005	0	64,005		64,005
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	220,687	0		220,687	220,687
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1411	0.1411	0.1411	0.1411	
11.00	Disproportionate share adjustment (see instructions)	34.00	725,217	0	121,961	603,256	725,217
11.01	Uncompensated care payments	36.00	2,631,773	0	734,490	3,410,455	4,144,945
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	24,200,624	0	4,377,886	19,822,738	24,200,624
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	24,200,624	0	4,377,886	19,822,738	24,200,624
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,697,209	0	295,711	1,401,498	1,697,209

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2021 10:04 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	166,232	0	0	166,232	166,232	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	4,673,597	21,390,468	26,064,065	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,581,770	0	273,801	1,307,969	1,581,770	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	15,787	0	4,661	11,126	15,787	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0630	0.0630	0.0630	0.0630		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	99,652	0	17,249	82,403	99,652	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,697,209	0	295,711	1,401,498	1,697,209	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2021 10:04 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,457,430	3,457,430		3,457,430	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,101,512		17,101,512	17,101,512	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	64,005	64,005		64,005	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	220,687		220,687	220,687	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1411	0.1411	0.1411		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	725,217	121,961	603,256	725,217	11.00
11.01	Uncompensated care payments	36.00	2,631,773	734,490	3,410,455	4,144,945	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	24,200,624	4,377,886	19,822,738	24,200,624	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	24,200,624	4,377,886	19,822,738	24,200,624	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,697,209	295,711	1,401,498	1,697,209	16.00
17.00	Special add-on payments for new technologies	54.00	166,232	0	166,232	166,232	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			4,673,597	21,390,468	26,064,065	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2021 10:04 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,581,770	273,801	1,307,969	1,581,770	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	15,787	4,661	11,126	15,787	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0630	0.0630	0.0630		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	99,652	17,249	82,403	99,652	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,697,209	295,711	1,401,498	1,697,209	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-56,345	-12,781	-43,564	-56,345	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-34,163	3,896	-38,059	-34,163	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/24/2021 10:04 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,164	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,681,610	2.00
3.00	OPPS payments		33,407,789	3.00
4.00	Outlier payment (see instructions)		396,501	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)		19,164	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		123,941	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)		123,941	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)		123,941	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,777	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)		19,164	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)		33,804,290	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)		5,027,643	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)		28,795,811	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)		28,795,811	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		28,795,811	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)		592,046	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		384,830	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		135,798	36.00
37.00	Subtotal (see instructions)		29,180,641	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,180,641	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		29,183,004	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)		-2,363	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/24/2021 10:04 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		357	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		752	2.00
3.00	OPPS payments		850	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)		357	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,285	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)		2,285	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)		2,285	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,928	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)		357	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)		850	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)		105	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)		1,102	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)		1,102	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,102	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)		1,102	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)		1,102	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		872	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)		230	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/24/2021 10:04 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		24,048,382		28,891,854	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		269,288		329,047	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	03/08/2021	31,199	03/08/2021	37,897	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)		-31,199		-37,897	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)		24,286,471		29,183,004	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		526,680		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		2,363	6.02
7.00	Total Medicare program liability (see instructions)		24,813,151		29,180,641	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: 14-0174

Period:

Worksheet E-1

Component CCN: 14-S174

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/24/2021 10:04 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,056,287		872	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,056,287		872	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		89,259		230	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,145,546		1,102	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: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/24/2021 10:04 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/24/2021 10:04 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,168,166 1.00
2.00	Net IPF PPS Outlier Payments			46,059 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instnctions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instnctions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			25.254795 9.00
10.00	Teaching Adjustment Factor {(1 + (line 8/line 9)) raised to the power of .5150 -1}.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,214,225 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,214,225 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,214,225 18.00
19.00	Deductibles			107,232 19.00
20.00	Subtotal (line 18 minus line 19)			1,106,993 20.00
21.00	Coinsurance			16,210 21.00
22.00	Subtotal (line 20 minus line 21)			1,090,783 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			84,251 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			54,763 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			50,754 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,145,546 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,145,546 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,056,287 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			89,259 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			46,059 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

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

Provider CCN: 14-0174

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

Worksheet G

Date/Time Prepared:
11/24/2021 10:04 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	3,240	0	0	0	1.00
2.00	Temporary investments	5,626	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	104,512,048	0	0	0	4.00
5.00	Other receivable	10,457,826	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-82,979,390	0	0	0	6.00
7.00	Inventory	3,802,858	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	703,909	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)	36,506,117	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,850,000	0	0	0	12.00
13.00	Land improvements	2,032,750	0	0	0	13.00
14.00	Accumulated depreciation	-1,528,187	0	0	0	14.00
15.00	Buildings	43,512,759	0	0	0	15.00
16.00	Accumulated depreciation	-4,859,345	0	0	0	16.00
17.00	Leasehold improvements	175,250	0	0	0	17.00
18.00	Accumulated depreciation	-175,250	0	0	0	18.00
19.00	Fixed equipment	1,700,832	0	0	0	19.00
20.00	Accumulated depreciation	-666,009	0	0	0	20.00
21.00	Automobiles and trucks	32,500	0	0	0	21.00
22.00	Accumulated depreciation	-14,444	0	0	0	22.00
23.00	Major movable equipment	16,086,092	0	0	0	23.00
24.00	Accumulated depreciation	-8,532,663	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)	53,614,285	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,598,637	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,598,637	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	91,719,039	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,501,209	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,880,208	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	58,505,271	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	66,886,688	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,176,751	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,176,751	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	69,063,439	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	22,655,600				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)	22,655,600	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	91,719,039	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0174

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

Worksheet G-1

Date/Time Prepared:
11/24/2021 10:04 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		24,369,014		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,125,216				2.00
3.00	Total (sum of line 1 and line 2)		31,494,230		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)		31,494,230		0		11.00
12.00	NET ASSETS TRANSFER	8,838,630		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)		8,838,630		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		22,655,600		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	NET ASSETS TRANSFER		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: 14-0174

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2021 10:04 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	99,041,285		99,041,285	1.00
2.00	SUBPROVIDER - IPF	31,604,928		31,604,928	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	130,646,213		130,646,213	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,976,231		33,976,231	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,976,231		33,976,231	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	164,622,444		164,622,444	17.00
18.00	Ancillary services	280,749,447	420,875,397	701,624,844	18.00
19.00	Outpatient services	30,215,745	127,359,292	157,575,037	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER HEALTH CENTER	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	475,587,636	548,234,689	1,023,822,325	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		180,757,790		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)		180,757,790		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0174

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

Worksheet G-3

Date/Time Prepared:
11/24/2021 10:04 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,023,822,325	1.00
2.00	Less contractual allowances and discounts on patients' accounts	848,055,627	2.00
3.00	Net patient revenues (line 1 minus line 2)	175,766,698	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	180,757,790	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,991,092	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	59,808	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	291,643	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	24,948	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	9,665,015	24.00
24.50	COVID-19 PHE Funding	2,074,894	24.50
25.00	Total other income (sum of lines 6-24)	12,116,308	25.00
26.00	Total (line 5 plus line 25)	7,125,216	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)	7,125,216	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0174	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/24/2021 10:04 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,581,770	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		15,787	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)		69.02	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.59	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.59	8.00
9.00	Sum of lines 7 and 8		30.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.30	10.00
11.00	Disproportionate share adjustment (see instructions)		99,652	11.00
12.00	Total prospective capital payments (see instructions)		1,697,209	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