

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: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 6:57 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/26/2022	Time: 6:57 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (14-0185) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-25,440	-167,612	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	-1	211		0	7.00
200.00	Total	0	-25,441	-167,401	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: 14-0185		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:57 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 4500 MEMORIAL DRIVE			PO Box:				1.00	
2.00	City: BELLEVILLE			State: IL		Zip Code: 62226		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			MEMORIAL CARE CENTER	145102	41180	01/01/1967	N	P
10.00	Hospital-Based NF								N
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)						01/01/2021	12/31/2021	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N	N	
22.04	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	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N	N	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 6:57 am

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:57 am			
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00		
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
						1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
		1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	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
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:57 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,310,000	1,607,750	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	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	HB1804	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0185		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:57 am	
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: BJC HEALTHCARE		Contractor's Name: WPS		Contractor's Number: 05301				141.00
142.00	Street: 4901 FOREST PARK PARWAY		PO Box:						142.00
143.00	City: ST. LOUIS		State: MO		Zip Code: 63108				143.00
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 6:57 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	02/28/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/04/2022	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 6:57 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MELINDA	HERNANDEZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	605-251-4629	MELINDA.HERNANDEZ@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 6:57 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	280	102,200	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)		280	102,200	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	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)		306	111,690	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	82	29,930		0	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)		388			0	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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 6:57 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)	21,197	4,069	61,755			1.00
2.00	HMO and other (see instructions)	19,678	10,719				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	21,197	4,069	61,755			7.00
8.00	INTENSIVE CARE UNIT	1,921	437	6,969			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		88	3,977			13.00
14.00	Total (see instructions)	23,118	4,594	72,701	0.00	1,909.28	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	11,155	0	12,073	0.00	120.77	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,030.05	27.00
28.00	Observation Bed Days		0	2,988			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	468	1,083			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 6:57 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	4,248	461	15,718	1.00
2.00 HMO and other (see instructions)			3,463	2,975		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,248	461	15,718	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 6:57 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	132,132,280	69,095	132,201,375	3,534,225.14	37.41
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		273,829	0	273,829	2,377.50	115.18
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		595,333	0	595,333	2,226.50	267.39
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	4,455,641	77,193	4,532,834	142,910.27	31.72
10.00	Excluded area salaries (see instructions)		1,305,545	17,883	1,323,428	59,035.90	22.42
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		38,529,779	0	38,529,779	340,737.00	113.08
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		261,775	0	261,775	1,398.00	187.25
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		22,526,435	0	22,526,435	493,109.00	45.68
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,647,875	0	28,647,875		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		314,737	0	314,737		
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		23,382	0	23,382		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		21,182	0	21,182		
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)		2,709,791	0	2,709,791		
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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 6:57 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	1,779,879	878	1,780,757	43,495.82	40.94	26.00
27.00	Administrative & General	5.00	22,096,861	111,637	22,208,498	539,248.82	41.18	27.00
28.00	Administrative & General under contract (see inst.)		8,265,591	0	8,265,591	144,270.71	57.29	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,142,993	-3,187	2,139,806	58,981.77	36.28	30.00
31.00	Laundry & Linen Service	8.00	0	169,168	169,168	10,181.09	16.62	31.00
32.00	Housekeeping	9.00	3,130,412	-171,669	2,958,743	170,429.49	17.36	32.00
33.00	Housekeeping under contract (see instructions)		83,864	0	83,864	1,616.52	51.88	33.00
34.00	Dietary	10.00	1,878,593	-596,072	1,282,521	44,075.87	29.10	34.00
35.00	Dietary under contract (see instructions)		1,063,537	0	1,063,537	23,475.13	45.30	35.00
36.00	Cafeteria	11.00	200,061	579,271	779,332	66,452.80	11.73	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,241,500	-187,972	3,053,528	63,883.25	47.80	38.00
39.00	Central Services and Supply	14.00	2,285,706	-6,263	2,279,443	87,700.77	25.99	39.00
40.00	Pharmacy	15.00	5,618,859	-4,472,254	1,146,605	10,045.90	114.14	40.00
41.00	Medical Records & Medical Records Library	16.00	2,713,941	-5,344	2,708,597	67,963.16	39.85	41.00
42.00	Social Service	17.00	901,509	-125	901,384	27,354.04	32.95	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 6:57 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)	140,949,939	69,095	141,019,034	3,701,361.00	38.10	1.00
2.00	Excluded area salaries (see instructions)	5,761,186	95,076	5,856,262	201,946.17	29.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	135,188,753	-25,981	135,162,772	3,499,414.83	38.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	61,317,989	0	61,317,989	835,244.00	73.41	4.00
5.00	Subtotal wage-related costs (see inst.)	31,381,048	0	31,381,048	0.00	23.22	5.00
6.00	Total (sum of lines 3 thru 5)	227,887,790	-25,981	227,861,809	4,334,658.83	52.57	6.00
7.00	Total overhead cost (see instructions)	55,403,306	-4,581,932	50,821,374	1,359,175.14	37.39	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 6:57 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,420,494	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	213,234	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)	12,744,654	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	443,882	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	116,570	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)	1,530,401	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	148,795	14.00
15.00	'Workers' Compensation Insurance	1,137,297	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	9,414,246	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-47,444	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))	287,223	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	307,615	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,716,967	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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 6:57 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	38,529,779	31,716,967	1.00
2.00	Hospital	38,529,779	31,716,967	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0185

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

Worksheet S-10

Date/Time Prepared:
5/26/2022 6:57 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)		0.201218	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		20,294,483	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		148,796,037	5.00
6.00	Medicaid charges		22,124,662	6.00
7.00	Medicaid cost (line 1 times line 6)		4,451,880	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		5,244,966	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
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	19,464,296	2,762,948	22,227,244
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,916,567	2,762,948	6,679,515
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,916,567	2,762,948	6,679,515
			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)		13,345,708	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		845,141	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,300,218	27.01
28.00	Non-Medicare bad debt expense (see instructions)		12,045,490	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,878,846	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,558,361	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,558,361	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	19,471,201	19,471,201	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	511,622	511,622	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,131,803	15,131,803	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,779,879	1,994,236	3,774,115	-18,771	3,755,344	4.00
5.01	00540	NONPATIENT TELEPHONES	817,134	1,140,336	1,957,470	-14,886	1,942,584	5.01
5.02	00550	DATA PROCESSING	1,323,831	12,012,914	13,336,745	-5,824,148	7,512,597	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	180,765	180,765	-8,832	171,933	5.03
5.04	00570	ADMITTING	889,377	224,694	1,114,071	-13,668	1,100,403	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,899,212	3,509,499	6,408,711	-10,713	6,397,998	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	16,167,307	46,837,227	63,004,534	-10,455,361	52,549,173	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	420,613	420,613	-316,696	103,917	5.07
7.00	00700	OPERATION OF PLANT	2,062,024	13,179,403	15,241,427	-1,174,987	14,066,440	7.00
7.01	00701	OPERATION OF PLANT MCC	80,969	252,770	333,739	-52,592	281,147	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	280,588	280,588	8.00
9.00	00900	HOUSEKEEPING	2,954,543	3,948,707	6,903,250	-715,089	6,188,161	9.00
9.01	00901	HOUSEKEEPING MCC	175,869	170,176	346,045	-36,765	309,280	9.01
10.00	01000	DIETARY	1,649,225	2,855,896	4,505,121	-982,526	3,522,595	10.00
10.01	01001	DIETARY MCC	229,368	208,278	437,646	-97	437,549	10.01
11.00	01100	CAFETERIA	200,061	481,550	681,611	730,893	1,412,504	11.00
13.00	01300	NURSING ADMINISTRATION	3,241,500	1,982,102	5,223,602	-730,487	4,493,115	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,285,706	2,606,788	4,892,494	-996,895	3,895,599	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	5,293,516	13,412,056	18,705,572	-15,576,365	3,129,207	15.00
15.01	01501	PHARMACY MCC	325,343	465,896	791,239	-731,950	59,289	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	2,713,941	1,696,561	4,410,502	-9,867	4,400,635	16.00
17.00	01700	SOCIAL SERVICE	817,091	393,604	1,210,695	-48,413	1,162,282	17.00
17.01	01701	SOCIAL SERVICE MCC	84,418	18,569	102,987	-125	102,862	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,730,928	38,546,167	64,277,095	-6,550,622	57,726,473	30.00
31.00	03100	INTENSIVE CARE UNIT	5,573,064	9,650,325	15,223,389	-1,652,663	13,570,726	31.00
43.00	04300	NURSERY	941,094	412,370	1,353,464	2,442,618	3,796,082	43.00
44.00	04400	SKILLED NURSING FACILITY	4,455,641	2,389,108	6,844,749	-363,282	6,481,467	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,625,730	21,670,310	31,296,040	-13,568,183	17,727,857	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	-88,500	-88,500	52.00
53.00	05300	ANESTHESIOLOGY	0	7,054,846	7,054,846	-877,337	6,177,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,017,445	7,436,774	13,454,219	-3,960,836	9,493,383	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,106,360	1,841,922	2,948,282	-1,381,846	1,566,436	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	469,696	410,608	880,304	-237,258	643,046	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,243,706	5,180,920	6,424,626	-4,069,685	2,354,941	59.00
60.00	06000	LABORATORY	5,618,467	11,527,293	17,145,760	-6,111,183	11,034,577	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,799,080	2,223,438	5,022,518	-657,570	4,364,948	65.00
66.00	06600	PHYSICAL THERAPY	5,533,984	1,809,886	7,343,870	-446,789	6,897,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,586,912	402,372	1,989,284	17,358	2,006,642	67.00
68.00	06800	SPEECH PATHOLOGY	890,758	239,191	1,129,949	-21,033	1,108,916	68.00
69.00	06900	ELECTROCARDIOLOGY	2,325,057	2,711,262	5,036,319	-1,407,740	3,628,579	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	701,898	333,365	1,035,263	-69,571	965,692	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,910,293	11,910,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,143,698	19,143,698	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,845,024	18,845,024	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	497,871	497,871	-850	497,021	90.00
90.01	09001	DIABETIC EDUCATION OP	485,502	150,421	635,923	-666	635,257	90.01
90.02	09002	PAIN MANAGEMENT	587,811	618,340	1,206,151	-473,893	732,258	90.02
91.00	09100	EMERGENCY	9,143,288	9,756,632	18,899,920	-1,496,244	17,403,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	4,390,806	4,390,806	-4,390,806	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	130,826,735	237,246,867	368,073,602	2,939,308	371,012,910	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,107	303,630	357,737	16,233	373,970	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:57 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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	579,537	3,479,895	4,059,432	-2,899,581	1,159,851	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	671,901	1,866,004	2,537,905	-55,960	2,481,945	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	132,132,280	242,896,396	375,028,676	0	375,028,676	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	91,901	19,563,102	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	511,622	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	416,157	15,547,960	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,090,528	6,845,872	4.00
5.01	00540	NONPATIENT TELEPHONES	-1,577,625	364,959	5.01
5.02	00550	DATA PROCESSING	4,341,925	11,854,522	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	171,933	5.03
5.04	00570	ADMITTING	0	1,100,403	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-6,408,711	-10,713	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-19,027,167	33,522,006	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	-95,216	8,701	5.07
7.00	00700	OPERATION OF PLANT	-144,673	13,921,767	7.00
7.01	00701	OPERATION OF PLANT MCC	0	281,147	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	280,588	8.00
9.00	00900	HOUSEKEEPING	0	6,188,161	9.00
9.01	00901	HOUSEKEEPING MCC	0	309,280	9.01
10.00	01000	DIETARY	0	3,522,595	10.00
10.01	01001	DIETARY MCC	0	437,549	10.01
11.00	01100	CAFETERIA	-293,956	1,118,548	11.00
13.00	01300	NURSING ADMINISTRATION	-28,509	4,464,606	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-354,633	3,540,966	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	14.01
15.00	01500	PHARMACY	0	3,129,207	15.00
15.01	01501	PHARMACY MCC	0	59,289	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,427,095	1,973,540	16.00
17.00	01700	SOCIAL SERVICE	0	1,162,282	17.00
17.01	01701	SOCIAL SERVICE MCC	0	102,862	17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,667,361	53,059,112	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,614,567	10,956,159	31.00
43.00	04300	NURSERY	0	3,796,082	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,481,467	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,454,428	13,273,429	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,670,399	-1,758,899	52.00
53.00	05300	ANESTHESIOLOGY	-6,167,500	10,009	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,294,950	8,198,433	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,566,436	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	643,046	58.00
59.00	05900	CARDIAC CATHETERIZATION	-16,164	2,338,777	59.00
60.00	06000	LABORATORY	-184,967	10,849,610	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,364,948	65.00
66.00	06600	PHYSICAL THERAPY	-16,679	6,880,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,006,642	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,108,916	68.00
69.00	06900	ELECTROCARDIOLOGY	-218,766	3,409,813	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-17,592	948,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,910,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,143,698	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,845,024	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	497,021	90.00
90.01	09001	DIABETIC EDUCATION OP	0	635,257	90.01
90.02	09002	PAIN MANAGEMENT	0	732,258	90.02
91.00	09100	EMERGENCY	-338,345	17,065,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	-44,078,792	326,934,118	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	373,970	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,159,851	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	194.00
194.01	07951	NRCC	0	2,481,945	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-44,078,792	330,949,884	200.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:57 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL SUPPLIES & DRUGS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,910,293		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,143,698		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,331,926		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
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	0		0	45,385,917		
	B - PHARMACY LABOR					
1.00	DRUGS CHARGED TO PATIENTS	73.00	4,472,049	41,049		1.00
2.00		0.00	0	0		2.00
	0		4,472,049	41,049		
	C - DIETARY					
1.00	CAFETERIA	11.00	521,236	141,169		1.00
	0		521,236	141,169		
	D - BLDG & EQUIP RENTAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,584,446		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,883,070		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
	0		0	4,467,516		

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:57 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	E - SNF THERAPY					
1.00	SKILLED NURSING FACILITY	44.00	79,845	46,546		1.00
	0		79,845	46,546		
	F - NURSING FLOAT					
1.00	ADULTS & PEDIATRICS	30.00	184,547	49,735		1.00
	0		184,547	49,735		
	G - SNF IPA ASSESSMENT					
1.00	SKILLED NURSING FACILITY	44.00	0	95,216		1.00
	0		0	95,216		
	H - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,500,376		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	277,750		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,233,868		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
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	0		0	26,011,994		
	I - PROP & AUTO INS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	217,831		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	11,614		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,865		3.00
	0		0	244,310		
	J - PT/OT					
1.00	OCCUPATIONAL THERAPY	67.00	40,651	26,711		1.00
	0		40,651	26,711		
	K - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,168,548		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	222,258		2.00
	0		0	4,390,806		
	L - HOUSEKEEPING					
1.00	LAUNDRY & LINEN SERVICE	8.00	169,168	111,420		1.00
	0		169,168	111,420		
	M - RECRUIT & RELOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,590	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	480	0		2.00
3.00	DATA PROCESSING	5.02	578	0		3.00
4.00	OTHER ADMINISTRATVE AND GENERAL	5.06	5,822	0		4.00
5.00	HOUSEKEEPING	9.00	1,500	0		5.00
6.00	NURSING ADMINISTRATION	13.00	500	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	7,750	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	8,625	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	2,500	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:57 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	OPERATING ROOM	50.00	10,500	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	3,000	0	11.00
12.00	CT SCAN	57.00	1,000	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	500	0	13.00
14.00	LABORATORY	60.00	11,750	0	14.00
15.00	RESPIRATORY THERAPY	65.00	3,000	0	15.00
16.00	PHYSICAL THERAPY	66.00	2,750	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	500	0	17.00
18.00	EMERGENCY	91.00	3,750	0	18.00
19.00	NRCC	194.01	2,000	0	19.00
0			69,095	0	
N - FINANCE ACCRUAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	133,507	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
TOTALS			133,507	0	
O - INTERPRETER					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	48,413	1.00
0			0	48,413	
P - NURSERY					
1.00	NURSERY	43.00	2,012,689	515,155	1.00
0			2,012,689	515,155	
Q - CAFETERIA					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	15,934	6,630	1.00
2.00	CAFETERIA	11.00	58,349	27,336	2.00
TOTALS			74,283	33,966	
500.00	Grand Total: Increases		7,757,070	81,609,923	500.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:57 am

		Decreases					5/26/2022 6:37 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - MEDICAL SUPPLIES & DRUGS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,939	0		1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	4,877	0		2.00	
3.00	DATA PROCESSING	5.02	0	117	0		3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	8,832	0		4.00	
5.00	ADMITTING	5.04	0	12,666	0		5.00	
6.00	OPERATION OF PLANT	7.00	0	327,163	0		6.00	
7.00	OPERATION OF PLANT MCC	7.01	0	523	0		7.00	
8.00	HOUSEKEEPING	9.00	0	422,897	0		8.00	
9.00	HOUSEKEEPING MCC	9.01	0	36,582	0		9.00	
10.00	DIETARY	10.00	0	27,947	0		10.00	
11.00	CAFETERIA	11.00	0	5,420	0		11.00	
12.00	NURSING ADMINISTRATION	13.00	0	29,407	0		12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	710,541	0		13.00	
14.00	PHARMACY	15.00	0	10,568,392	0		14.00	
15.00	PHARMACY MCC	15.01	0	430,865	0		15.00	
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	33	0		16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	3,437,514	0		17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	1,335,061	0		18.00	
19.00	NURSERY	43.00	0	83,772	0		19.00	
20.00	SKILLED NURSING FACILITY	44.00	0	461,631	0		20.00	
21.00	OPERATING ROOM	50.00	0	12,161,775	0		21.00	
22.00	ANESTHESIOLOGY	53.00	0	681,887	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,445,415	0		23.00	
24.00	CT SCAN	57.00	0	467,925	0		24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	90,169	0		25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	3,642,179	0		26.00	
27.00	LABORATORY	60.00	0	5,737,275	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	274,482	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	95,434	0		29.00	
30.00	OCCUPATIONAL THERAPY	67.00	0	7,134	0		30.00	
31.00	SPEECH PATHOLOGY	68.00	0	11,349	0		31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	932,599	0		32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	52,052	0		33.00	
34.00	CLINIC	90.00	0	850	0		34.00	
35.00	DIABETIC EDUCATION OP	90.01	0	128	0		35.00	
36.00	PAIN MANAGEMENT	90.02	0	443,968	0		36.00	
37.00	EMERGENCY	91.00	0	1,320,370	0		37.00	
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	101,901	0		38.00	
39.00	NRCC	194.01	0	846	0		39.00	
	0		0	45,385,917				
B - PHARMACY LABOR								
1.00	PHARMACY	15.00	4,171,169	41,049	0		1.00	
2.00	PHARMACY MCC	15.01	300,880	0	0		2.00	
	0		4,472,049	41,049				
C - DIETARY								
1.00	DIETARY	10.00	521,236	141,169	0		1.00	
	0		521,236	141,169				
D - BLDG & EQUIP RENTAL								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33	10		1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	958	10		2.00	
3.00	DATA PROCESSING	5.02	0	106,048	10		3.00	
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	26	10		4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,513,323	10		5.00	
6.00	OPERATION OF PLANT	7.00	0	13,971	10		6.00	
7.00	DIETARY	10.00	0	88	10		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	79,532	10		8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	87,945	10		9.00	
10.00	PHARMACY	15.00	0	649,583	10		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	302,681	10		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	35,066	10		12.00	
13.00	SKILLED NURSING FACILITY	44.00	0	42,734	10		13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	85,500	10		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	321,048	10		15.00	
16.00	LABORATORY	60.00	0	143,134	10		16.00	
17.00	RESPIRATORY THERAPY	65.00	0	64,531	10		17.00	
18.00	PHYSICAL THERAPY	66.00	0	19,819	10		18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,496	10		19.00	
	0		0	4,467,516				

RECLASSIFICATIONS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/26/2022 6:57 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	E - SNF THERAPY						1.00
	PHYSICAL THERAPY	66.00	79,845	46,546	0		
	0		79,845	46,546			
1.00	F - NURSING FLOAT						1.00
	NURSING ADMINISTRATION	13.00	184,547	49,735	0		
	0		184,547	49,735			
1.00	G - SNF IPA ASSESSMENT						1.00
	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	95,216	0		
	0		0	95,216			
1.00	H - DEPRECIATION						1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,087	9		
3.00	NONPATIENT TELEPHONES	5.01	0	7,169	9		
4.00	DATA PROCESSING	5.02	0	5,712,547	9	3.00	
5.00	ADMITTING	5.04	0	256	9	4.00	
	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	227	9	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,869,422	9	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	221,480	9	7.00	
8.00	OPERATION OF PLANT	7.00	0	830,666	9	8.00	
9.00	OPERATION OF PLANT MCC	7.01	0	52,069	9	9.00	
10.00	HOUSEKEEPING	9.00	0	7,786	9	10.00	
11.00	DIETARY	10.00	0	183,381	9	11.00	
12.00	CAFETERIA	11.00	0	11,463	9	12.00	
13.00	NURSING ADMINISTRATION	13.00	0	383,341	9	13.00	
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	192,146	9	14.00	
15.00	PHARMACY	15.00	0	146,172	9	15.00	
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,490	9	16.00	
17.00	ADULTS & PEDIATRICS	30.00	0	481,743	9	17.00	
18.00	INTENSIVE CARE UNIT	31.00	0	274,200	9	18.00	
19.00	SKILLED NURSING FACILITY	44.00	0	75,372	9	19.00	
20.00	OPERATING ROOM	50.00	0	1,399,276	9	20.00	
21.00	ANESTHESIOLOGY	53.00	0	195,450	9	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,191,467	9	22.00	
23.00	CT SCAN	57.00	0	913,137	9	23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	146,623	9	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	415,335	9	25.00	
26.00	LABORATORY	60.00	0	239,524	9	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	318,807	9	27.00	
28.00	PHYSICAL THERAPY	66.00	0	140,033	9	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	42,870	9	29.00	
30.00	SPEECH PATHOLOGY	68.00	0	9,684	9	30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	468,936	9	31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,313	9	32.00	
33.00	PAIN MANAGEMENT	90.02	0	29,226	9	33.00	
34.00	EMERGENCY	91.00	0	168,222	9	34.00	
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6,280	9	35.00	
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,797,680	9	36.00	
37.00	NRCC	194.01	0	57,114	9	37.00	
	0		0	26,011,994			
1.00	I - PROP & AUTO INS						1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	244,310	12		
3.00		0.00	0	0	12		
	0		0	244,310		3.00	
1.00	J - PT/OT						1.00
	PHYSICAL THERAPY	66.00	40,651	26,711	0		
	0		40,651	26,711			
1.00	K - INTEREST						1.00
2.00	INTEREST EXPENSE	113.00	0	4,390,806	11		
		0.00	0	0	11		
	0		0	4,390,806		2.00	
1.00	L - HOUSEKEEPING						1.00
	HOUSEKEEPING	9.00	169,168	111,420	0		
	0		169,168	111,420			
1.00	M - RECRUIT & RELOCATION						1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,590	0		
3.00	NONPATIENT TELEPHONES	5.01	0	480	0		
	DATA PROCESSING	5.02	0	578	0	3.00	

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:57 am

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,822	0	4.00
5.00	HOUSEKEEPING	9.00	0	1,500	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	500	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	7,750	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	8,625	0	8.00
9.00	SKILLED NURSING FACILITY	44.00	0	2,500	0	9.00
10.00	OPERATING ROOM	50.00	0	10,500	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,000	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,000	0	12.00
13.00	CT SCAN	57.00	0	500	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	11,750	0	14.00
15.00	LABORATORY	60.00	0	3,000	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	2,750	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	500	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	3,750	0	18.00
19.00	EMERGENCY	91.00	0	2,000	0	19.00
	0		0	69,095		
N - FINANCE ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,712	0	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	1,882	0	0	2.00
3.00	DATA PROCESSING	5.02	5,436	0	0	3.00
4.00	ADMITTING	5.04	746	0	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	10,460	0	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	10,226	0	0	6.00
7.00	OPERATION OF PLANT	7.00	3,187	0	0	7.00
8.00	HOUSEKEEPING	9.00	3,818	0	0	8.00
9.00	HOUSEKEEPING MCC	9.01	183	0	0	9.00
10.00	DIETARY	10.00	456	0	0	10.00
11.00	DIETARY MCC	10.01	97	0	0	11.00
12.00	CAFETERIA	11.00	314	0	0	12.00
13.00	NURSING ADMINISTRATION	13.00	3,925	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	6,263	0	0	14.00
15.00	PHARMACY MCC	15.01	205	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	5,344	0	0	16.00
17.00	SOCIAL SERVICE MCC	17.01	125	0	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	35,122	0	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	8,336	0	0	19.00
20.00	NURSERY	43.00	1,454	0	0	20.00
21.00	SKILLED NURSING FACILITY	44.00	5,152	0	0	21.00
22.00	OPERATING ROOM	50.00	7,132	0	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	4,906	0	0	23.00
24.00	CT SCAN	57.00	1,284	0	0	24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	466	0	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	921	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	2,955	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	710	0	0	28.00
29.00	DIABETIC EDUCATION OP	90.01	538	0	0	29.00
30.00	PAIN MANAGEMENT	90.02	699	0	0	30.00
31.00	EMERGENCY	91.00	9,402	0	0	31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	51	0	0	32.00
	TOTALS		133,507	0		
Q - INTERPRETER						
1.00	SOCIAL SERVICE	17.00	0	48,413	0	1.00
	0		0	48,413		
P - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	2,012,689	515,155	0	1.00
	0		2,012,689	515,155		
Q - CAFETERIA						
1.00	DIETARY	10.00	74,283	33,966	0	1.00
2.00	0	0.00	0	0	0	2.00
	TOTALS		74,283	33,966		
500.00	Grand Total: Decreases		7,687,975	81,679,018		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 6:57 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	11,130,000	1,360,000	0	1,360,000	80,000	1.00	
2.00	Land Improvements	9,831,945	2,686,188	0	2,686,188	315,059	2.00	
3.00	Buildings and Fixtures	158,449,446	42,265,419	0	42,265,419	525,671	3.00	
4.00	Building Improvements	30,500,732	-20,608,918	0	-20,608,918	0	4.00	
5.00	Fixed Equipment	12,295,354	5,688	0	5,688	500,904	5.00	
6.00	Movable Equipment	88,167,475	20,809,541	0	20,809,541	507,567	6.00	
7.00	HIT designated Assets	0	8,810,098	0	8,810,098	0	7.00	
8.00	Subtotal (sum of lines 1-7)	310,374,952	55,328,016	0	55,328,016	1,929,201	8.00	
9.00	Reconciling Items	30,500,732	-20,608,918	0	-20,608,918	0	9.00	
10.00	Total (line 8 minus line 9)	279,874,220	75,936,934	0	75,936,934	1,929,201	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	12,410,000	0					1.00
2.00	Land Improvements	12,203,074	0					
3.00	Buildings and Fixtures	200,189,194	0					
4.00	Building Improvements	9,891,814	0					4.00
5.00	Fixed Equipment	11,800,138	0					
6.00	Movable Equipment	108,469,449	0					
7.00	HIT designated Assets	8,810,098	5,873					7.00
8.00	Subtotal (sum of lines 1-7)	363,773,767	5,873					
9.00	Reconciling Items	9,891,814	0					
10.00	Total (line 8 minus line 9)	353,881,953	5,873					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 6:57 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
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
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
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 6:57 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	219,988,433	0	219,988,433	0.642201	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	14,095,788	0	14,095,788	0.041149	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	108,469,449	0	108,469,449	0.316650	0	2.00
3.00	Total (sum of lines 1-2)	342,553,670	0	342,553,670	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	12,624,690	2,584,446	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	277,750	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,233,868	1,883,070	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,136,308	4,467,516	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	4,136,135	217,831	0	0	19,563,102	1.00
1.01	CAP REL COSTS-BLDG & FIXT	222,258	11,614	0	0	511,622	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	416,157	14,865	0	0	15,547,960	2.00
3.00	Total (sum of lines 1-2)	4,774,550	244,310	0	0	35,622,684	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 6:57 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		A	-8,342	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)						
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-29,697	NONPATIENT TELEPHONES	5.01	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	-24,280,552			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	3,052,083			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 6:57 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
31.00	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00		0		0.00	0	32.00
33.00	A	-7,583	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	B	-3,942	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	B	-135,594	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03	B	-293,956	CAFETERIA	11.00	0	33.03
33.04	B	-3,987	NURSING ADMINISTRATION	13.00	0	33.04
33.05	B	-1,750	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	B	-100	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07	B	-5,077	LABORATORY	60.00	0	33.07
33.08	B	-8,172	ELECTROENCEPHALOGRAPHY	70.00	0	33.08
33.09	B	-121,615	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.09
33.10	A	-6,345	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.10
33.11	A	-391	OPERATING ROOM	50.00	0	33.11
33.12	A	-3,304	PHYSICAL THERAPY	66.00	0	33.12
33.13	A	-1,930,750	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14	A	-1,000	NURSING ADMINISTRATION	13.00	0	33.14
33.15	A	-739	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.15
33.16	A	-17,474,868	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.16
33.17	A	-95,216	OTHER ADMINISTRATIVE AND GENERAL MCC	5.07	0	33.17
33.18	A	-6,058	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
33.19	A	-2,540	OPERATING ROOM	50.00	0	33.19
33.20	A	-1,994,047	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.20
33.21	A	-320,735	RADIOLOGY-DIAGNOSTIC	54.00	0	33.21
33.22	A	-42,995	LABORATORY	60.00	0	33.22
33.23	A	-327,449	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.23
33.24	A	-24,071	CAP REL COSTS-BLDG & FIXT	1.00	11	33.24
33.25		0		0.00	0	33.25
50.00		-44,078,792				50.00
(3) TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)						

(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: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 6:57 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	BJC CAP REL COST-BLDG & FIXT	835,548	117,223	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	BJC REL COSTS-MVBLE EQUIP	842,954	426,797	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	BJC INTEREST	0	594,011	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	5,244,828	2,149,619	3.01
3.02	5.01	NONPATIENT TELEPHONES	BJC COMMUNICATIONS	0	1,547,928	3.02
3.03	5.02	DATA PROCESSING	BJC DATA PROCESSING	11,823,893	7,481,968	3.03
3.04	5.05	CASHIERING/ACCOUNTS RECEIVAB	BJC PATIENT ACCOUNTS	0	6,408,711	3.04
3.05	5.06	OTHER ADMINISTRATIVE AND GENE	BJC OTHER A&G	14,660,397	8,810,246	3.05
3.06	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	4,757,102	4,901,775	3.06
3.07	14.00	CENTRAL SERVICES & SUPPLY	BJC CENTRAL SUPPLY	2,221,034	2,575,667	3.07
3.08	16.00	MEDICAL RECORDS & LIBRARY	BJC MEDICAL RECORDS	149,749	2,576,341	3.08
3.09	5.06	OTHER ADMINISTRATIVE AND GENE	TFC OTHER A&G	143,340	172,866	3.09
3.10	50.00	OPERATING ROOM	MIDWEST SURGICAL	159,924	250,979	3.10
3.11	60.00	LABORATORY	LAB BJH	1,131,588	944,663	3.11
3.12	60.00	LABORATORY	LAB SLCH	21,615	39,242	3.12
3.13	60.00	LABORATORY	LAB CH	0	20,245	3.13
3.14	60.00	LABORATORY	LAB MBC	33,324	-45,068	3.14
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.			42,025,296	38,973,213	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		50.00	BJC HEALTHCARE	50.00	6.00
7.00	G	JOINT VENTURE	50.00	TFC	50.00	7.00
8.00	C		50.00	MIDWEST STONE	50.00	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
		JOINT VENTURE				

(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: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 6:57 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	718,325	9		1.00
2.00	416,157	11		2.00
3.00	-594,011	9		3.00
3.01	3,095,209	0		3.01
3.02	-1,547,928	0		3.02
3.03	4,341,925	0		3.03
3.04	-6,408,711	0		3.04
3.05	5,850,151	0		3.05
3.06	-144,673	0		3.06
3.07	-354,633	0		3.07
3.08	-2,426,592	0		3.08
3.09	-29,526	0		3.09
3.10	-91,055	0		3.10
3.11	186,925	0		3.11
3.12	-17,627	0		3.12
3.13	-20,245	0		3.13
3.14	78,392	0		3.14
4.00	0	0		4.00
5.00	3,052,083			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	50		6.00
7.00	50		7.00
8.00	50		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: 14-0185

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 6:57 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	OTHER ADMINISTRATIVE AND GENERAL	3,219,813	2,486,717	733,096	179,000	4,373	1.00
2.00	13.00	NURSING ADMINISTRATION	59,064	0	59,064	179,000	413	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	503	503	0	179,000	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	4,665,611	4,665,611	0	179,000	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	2,614,567	2,614,567	0	179,000	0	5.00
6.00	50.00	OPERATING ROOM	4,404,273	4,304,273	100,000	246,400	370	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,670,399	1,670,399	0	237,100	0	7.00
8.00	53.00	ANESTHESIOLOGY	6,167,500	6,167,500	0	239,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,081,530	974,115	107,415	271,900	1,715	9.00
10.00	59.00	CARDIAC CATHETERIZATION	16,250	-417	16,667	179,000	1	10.00
11.00	60.00	LABORATORY	364,340	364,340	0	260,300	0	11.00
12.00	66.00	PHYSICAL THERAPY	13,375	13,375	0	179,000	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	218,766	218,766	0	179,000	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	9,420	9,420	0	179,000	0	14.00
15.00	91.00	EMERGENCY	338,345	338,345	0	179,000	0	15.00
200.00			24,843,756	23,827,514	1,016,242		6,872	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	OTHER ADMINISTRATIVE AND GENERAL	376,330	18,817	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	35,542	1,777	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	43,831	2,192	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	224,187	11,209	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	86	4	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			679,976	33,999	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	OTHER ADMINISTRATIVE AND GENERAL	0	376,330	356,766	2,843,483		1.00
2.00	13.00	NURSING ADMINISTRATION	0	35,542	23,522	23,522		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	503		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,665,611		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,614,567		5.00
6.00	50.00	OPERATING ROOM	0	43,831	56,169	4,360,442		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,670,399		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	6,167,500		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	224,187	0	974,115		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	86	16,581	16,164		10.00
11.00	60.00	LABORATORY	0	0	0	364,340		11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	13,375		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	218,766		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	9,420		14.00
15.00	91.00	EMERGENCY	0	0	0	338,345		15.00
200.00			0	679,976	453,038	24,280,552		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	19,563,102	19,563,102			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	511,622	0	511,622		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,547,960		15,547,960		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,845,872	57,758	0	1,845	6,905,475
5.01	00540	NONPATIENT TELEPHONES	364,959	16,332	0	4,285	43,191
5.02	00550	DATA PROCESSING	11,854,522	127,456	0	3,414,521	69,837
5.03	00560	PURCHASING RECEIVING AND STORES	171,933	141,895	0	0	0
5.04	00570	ADMITTING	1,100,403	874	0	153	47,051
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-10,713	58,413	0	136	152,954
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,522,006	2,268,040	0	4,703,727	862,862
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	8,701	0	44,474	132,384	0
7.00	00700	OPERATION OF PLANT	13,921,767	4,326,961	0	496,508	109,011
7.01	00701	OPERATION OF PLANT MCC	281,147	0	26,128	31,123	4,287
8.00	00800	LAUNDRY & LINEN SERVICE	280,588	117,724	3,945	0	8,957
9.00	00900	HOUSEKEEPING	6,188,161	291,459	0	4,654	147,357
9.01	00901	HOUSEKEEPING MCC	309,280	0	5,634	0	9,302
10.00	01000	DIETARY	3,522,595	378,460	0	109,611	55,767
10.01	01001	DIETARY MCC	437,549	0	21,830	0	12,139
11.00	01100	CAFETERIA	1,118,548	97,024	0	6,852	41,264
13.00	01300	NURSING ADMINISTRATION	4,464,606	154,806	0	229,132	161,678
14.00	01400	CENTRAL SERVICES & SUPPLY	3,540,966	176,040	0	114,850	120,692
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0
15.00	01500	PHARMACY	3,129,207	171,696	0	87,370	59,426
15.01	01501	PHARMACY MCC	59,289	0	0	0	1,284
16.00	01600	MEDICAL RECORDS & LIBRARY	1,973,540	152,282	0	2,684	143,415
17.00	01700	SOCIAL SERVICE	1,162,282	13,542	0	0	43,263
17.01	01701	SOCIAL SERVICE MCC	102,862	0	3,853	0	4,463
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,059,112	3,372,647	0	139,778	1,264,122
31.00	03100	INTENSIVE CARE UNIT	10,956,159	322,595	0	163,896	295,098
43.00	04300	NURSERY	3,796,082	50,016	0	0	156,320
44.00	04400	SKILLED NURSING FACILITY	6,481,467	0	362,850	45,052	240,004
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,273,429	1,998,811	0	836,379	509,841
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,758,899	121,704	0	148,171	0
53.00	05300	ANESTHESIOLOGY	10,009	65,014	0	116,825	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,198,433	638,637	0	1,309,890	318,511
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,566,436	135,367	0	545,803	58,565
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	643,046	96,393	0	87,640	24,845
59.00	05900	CARDIAC CATHETERIZATION	2,338,777	230,570	0	248,255	65,829
60.00	06000	LABORATORY	10,849,610	452,817	0	143,169	298,109
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,364,948	76,590	0	190,558	148,365
66.00	06600	PHYSICAL THERAPY	6,880,402	547,244	37,642	83,701	286,779
67.00	06700	OCCUPATIONAL THERAPY	2,006,642	70,668	2,579	25,624	86,176
68.00	06800	SPEECH PATHOLOGY	1,108,916	70,668	2,687	5,788	47,164
69.00	06900	ELECTROCARDIOLOGY	3,409,813	90,398	0	280,294	122,977
70.00	07000	ELECTROENCEPHALOGRAPHY	948,100	61,180	0	9,153	37,127
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,910,293	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,143,698	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,845,024	0	0	0	236,786
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	497,021	96,320	0	0	0
90.01	09001	DIABETIC EDUCATION OP	635,257	17,085	0	0	25,678
90.02	09002	PAIN MANAGEMENT	732,258	224,236	0	17,469	31,086
91.00	09100	EMERGENCY	17,065,331	737,942	0	100,550	483,820
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	326,934,118	18,027,664	511,622	13,837,830	6,835,402

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	373,970	111,342	0	3,754	3,706	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,159,851	181,185	0	1,672,238	30,685	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	5,412	0	0	0	194.00
194.01	07951	NRCC	2,481,945	1,237,499	0	34,138	35,682	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	330,949,884	19,563,102	511,622	15,547,960	6,905,475	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	428,767					5.01
5.02	00550	DATA PROCESSING	17,701	15,484,037				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,179	152,235	470,242			5.03
5.04	00570	ADMITTING	8,359	0	852	1,157,692		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	23,356	537,899	835	0	762,880	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	35,649	1,272,012	54,171	0	0	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	0	524	0	0	5.07
7.00	00700	OPERATION OF PLANT	14,505	197,906	68,917	0	0	7.00
7.01	00701	OPERATION OF PLANT MCC	246	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	738	8,458	0	0	0	8.00
9.00	00900	HOUSEKEEPING	983	98,107	36,327	0	0	9.00
9.01	00901	HOUSEKEEPING MCC	246	0	2,257	0	0	9.01
10.00	01000	DIETARY	5,163	250,343	50,958	0	0	10.00
10.01	01001	DIETARY MCC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	1,721	0	625	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,522	761,177	10,245	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,475	116,714	19,738	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	268,949	10,157	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	11	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	12,784	465,164	1,441	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,950	116,714	109	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	246	0	181	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,450	2,696,258	46,978	832,701	80,456	30.00
31.00	03100	INTENSIVE CARE UNIT	8,113	385,663	6,702	93,970	21,182	31.00
43.00	04300	NURSERY	1,475	89,650	749	53,626	5,990	43.00
44.00	04400	SKILLED NURSING FACILITY	11,801	636,006	6,844	162,792	3,049	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,316	2,105,924	37,187	0	75,119	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,603	0	52.00
53.00	05300	ANESTHESIOLOGY	1,475	0	1,628	0	15,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,060	771,326	24,285	0	71,972	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	4,425	0	2,612	0	65,192	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,967	27,064	1,023	0	17,713	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,605	170,842	5,527	0	14,253	59.00
60.00	06000	LABORATORY	21,389	707,049	23,819	0	98,687	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,688	260,492	3,495	0	26,994	65.00
66.00	06600	PHYSICAL THERAPY	13,276	896,498	11,158	0	21,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,967	116,714	415	0	6,240	67.00
68.00	06800	SPEECH PATHOLOGY	2,213	89,650	1,394	0	1,587	68.00
69.00	06900	ELECTROCARDIOLOGY	15,735	241,885	3,617	0	54,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,425	206,364	3,968	0	5,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,834	0	0	0	61,979	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,459	54,128	217	0	526	90.00
90.01	09001	DIABETIC EDUCATION OP	1,475	27,064	335	0	106	90.01
90.02	09002	PAIN MANAGEMENT	14,997	429,642	3,639	0	2,469	90.02
91.00	09100	EMERGENCY	24,094	1,200,969	15,700	0	86,319	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)	426,062	15,358,866	458,640	1,157,692	762,880	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,967	0	1,840	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	7,698	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
194.00	07950	NON-REIMBRUSABLE COST CENTER	738	0	0	0	0	194.00
194.01	07951	NRCC	0	125,171	2,064	0	0	194.01
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)	428,767	15,484,037	470,242	1,157,692	762,880	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5A.05	5.06	5.07	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	42,718,467	42,718,467				5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	186,083	27,439	213,522			5.07
7.00	00700	OPERATION OF PLANT	19,135,575	2,821,636	0	21,957,211		7.00
7.01	00701	OPERATION OF PLANT MCC	342,931	50,567	0	0	393,498	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	420,410	61,992	0	205,716	3,520	8.00
9.00	00900	HOUSEKEEPING	6,767,048	997,835	0	509,306	0	9.00
9.01	00901	HOUSEKEEPING MCC	326,719	48,176	0	0	5,027	9.01
10.00	01000	DIETARY	4,372,897	644,806	0	661,335	0	10.00
10.01	01001	DIETARY MCC	471,518	69,528	0	0	19,478	10.01
11.00	01100	CAFETERIA	1,266,034	186,683	0	169,543	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,795,166	854,526	0	270,513	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,090,475	603,161	0	307,619	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	3,726,805	549,536	0	300,029	0	15.00
15.01	01501	PHARMACY MCC	60,584	8,933	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	2,751,310	405,694	0	266,103	0	16.00
17.00	01700	SOCIAL SERVICE	1,338,860	197,422	0	23,663	0	17.00
17.01	01701	SOCIAL SERVICE MCC	111,605	16,457	0	0	3,438	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,539,502	9,074,200	0	5,893,491	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,253,378	1,806,822	0	563,714	0	31.00
43.00	04300	NURSERY	4,153,908	612,515	0	87,401	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,949,865	1,172,247	213,522	0	323,751	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,892,006	2,785,721	0	3,492,798	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,474,421	0	0	212,670	0	52.00
53.00	05300	ANESTHESIOLOGY	210,295	31,009	0	113,608	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,359,114	1,674,958	0	1,115,979	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,378,400	350,707	0	236,545	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	899,691	132,664	0	168,440	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,082,658	454,553	0	402,908	0	59.00
60.00	06000	LABORATORY	12,594,649	1,857,144	0	791,270	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,075,130	748,353	0	133,836	0	65.00
66.00	06600	PHYSICAL THERAPY	8,777,915	1,294,347	0	956,275	33,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,317,025	341,657	0	123,489	2,301	67.00
68.00	06800	SPEECH PATHOLOGY	1,330,067	196,125	0	123,489	2,397	68.00
69.00	06900	ELECTROCARDIOLOGY	4,219,570	622,197	0	157,966	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,275,468	188,074	0	106,908	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,922,057	1,757,967	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,158,420	2,825,005	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,153,623	2,824,297	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	650,671	95,945	0	168,313	0	90.00
90.01	09001	DIABETIC EDUCATION OP	707,000	104,251	0	29,854	0	90.01
90.02	09002	PAIN MANAGEMENT	1,455,796	214,664	0	391,839	0	90.02
91.00	09100	EMERGENCY	19,714,725	2,907,035	0	1,289,508	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	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)	323,478,999	41,616,848	213,522	19,274,128	393,498	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	496,579	73,223	0	194,563	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,051,657	449,982	0	316,610	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5A.05	5.06	5.07	7.00	7.01	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	6,150	907	0	9,457	0	194.00
194.01	07951	NRCC	3,916,499	577,507	0	2,162,453	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	330,949,884	42,718,467	213,522	21,957,211	393,498	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
			8.00	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	691,638					8.00
9.00	00900	HOUSEKEEPING	0	8,274,189				9.00
9.01	00901	HOUSEKEEPING MCC	0	0	379,922			9.01
10.00	01000	DIETARY	0	19,930	0	5,698,968		10.00
10.01	01001	DIETARY MCC	0	0	19,223	0	579,747	10.01
11.00	01100	CAFETERIA	0	43,706	0	2,528,858	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	52,647	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	130,369	0	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	71,828	0	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,054	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	3,393	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	280,745	2,490,496	0	2,603,489	0	30.00
31.00	03100	INTENSIVE CARE UNIT	55,386	333,715	0	293,804	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	92,659	0	319,522	0	579,747	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,564	1,322,372	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	27,972	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,582	371,127	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	13,994	71,878	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,697	29,620	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,050	97,552	0	0	0	59.00
60.00	06000	LABORATORY	0	255,244	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,923	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	694	119,630	33,147	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,271	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,366	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,808	92,008	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47,053	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	19,281	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	11,039	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	110,459	975,270	0	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)	691,638	6,655,714	379,922	5,426,151	579,747	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,638	0	272,817	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,374,320	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
			8.00	9.00	9.01	10.00	10.01	
194.01	07951	NRCC	0	132,517	0	0	0	194.01
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)	691,638	8,274,189	379,922	5,698,968	579,747	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA	4,194,824					11.00
13.00	01300	NURSING ADMINISTRATION	1,769,152	8,742,004				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	160,417	0	5,292,041			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0		14.01
15.00	01500	PHARMACY	252,542	0	0	0	4,900,740	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	75,767	6,847	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	359,859	3,792,950	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	84,261	1,040,651	0	0	0	31.00
43.00	04300	NURSERY	0	196,951	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	225,895	305,760	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	267,297	1,643,437	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	24,657	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,845	20,659	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	9,785	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,841	139,069	0	0	0	59.00
60.00	06000	LABORATORY	217,740	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	56,595	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	140,905	27,574	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,483	4,805	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,755	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,288	143,611	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,841	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,029,681	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,262,360	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,900,740	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	21,842	92,430	0	0	0	90.02
91.00	09100	EMERGENCY	186,870	1,317,475	0	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)	4,125,852	8,742,004	5,292,041	0	4,900,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	68,972	0	0	0	0	194.01
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)	4,194,824	8,742,004	5,292,041	0	4,900,740	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC						14.01
15.00	01500	PHARMACY						15.00
15.01	01501	PHARMACY MCC	69,517					15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,551,775				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,559,945			17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	134,893		17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,169,056	1,305,627	0	89,509,415	30.00
31.00	03100	INTENSIVE CARE UNIT	0	401,433	147,339	0	16,980,503	31.00
43.00	04300	NURSERY	0	225,178	84,082	0	5,360,035	43.00
44.00	04400	SKILLED NURSING FACILITY	69,517	0	0	134,893	11,387,378	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	28,482,195	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	22,897	0	-1,238,854	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	407,541	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	14,717,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	3,061,309	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,240,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,228,631	59.00
60.00	06000	LABORATORY	0	0	0	0	15,716,047	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,040,837	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,384,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,812,031	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,669,199	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	5,277,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,644,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,709,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	25,245,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	26,878,660	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	934,210	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	852,144	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	2,176,571	90.02
91.00	09100	EMERGENCY	0	756,108	0	0	27,257,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,517	3,551,775	1,559,945	134,893	317,734,033	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,148,820	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,192,569	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	16,514	194.00
194.01	07951	NRCC	0	0	0	0	6,857,948	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	69,517	3,551,775	1,559,945	134,893	330,949,884	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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5/26/2022 6:57 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC			5.07
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT MCC			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING MCC			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY MCC			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC			14.01
15.00	01500	PHARMACY			15.00
15.01	01501	PHARMACY MCC			15.01
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	SOCIAL SERVICE MCC			17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	89,509,415	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,980,503	31.00
43.00	04300	NURSERY	0	5,360,035	43.00
44.00	04400	SKILLED NURSING FACILITY	0	11,387,378	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	28,482,195	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	-1,238,854	52.00
53.00	05300	ANESTHESIOLOGY	0	407,541	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,717,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	3,061,309	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,240,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,228,631	59.00
60.00	06000	LABORATORY	0	15,716,047	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,040,837	65.00
66.00	06600	PHYSICAL THERAPY	0	11,384,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,812,031	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,669,199	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,277,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,644,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,709,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,245,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,878,660	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	934,210	90.00
90.01	09001	DIABETIC EDUCATION OP	0	852,144	90.01
90.02	09002	PAIN MANAGEMENT	0	2,176,571	90.02
91.00	09100	EMERGENCY	0	27,257,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	317,734,033	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,148,820	190.00
191.00	19100	RESEARCH	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,192,569	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	16,514	194.00
194.01	07951	NRCC	0	6,857,948	194.01
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	330,949,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	57,758	0	1,845	59,603
5.01	00540	NONPATIENT TELEPHONES	0	16,332	0	4,285	20,617
5.02	00550	DATA PROCESSING	0	127,456	0	3,414,521	3,541,977
5.03	00560	PURCHASING RECEIVING AND STORES	0	141,895	0	0	141,895
5.04	00570	ADMITTING	0	874	0	153	1,027
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	58,413	0	136	58,549
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,268,040	0	4,703,727	6,971,767
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	0	44,474	132,384	176,858
7.00	00700	OPERATION OF PLANT	0	4,326,961	0	496,508	4,823,469
7.01	00701	OPERATION OF PLANT MCC	0	0	26,128	31,123	57,251
8.00	00800	LAUNDRY & LINEN SERVICE	0	117,724	3,945	0	121,669
9.00	00900	HOUSEKEEPING	0	291,459	0	4,654	296,113
9.01	00901	HOUSEKEEPING MCC	0	0	5,634	0	5,634
10.00	01000	DIETARY	0	378,460	0	109,611	488,071
10.01	01001	DIETARY MCC	0	0	21,830	0	21,830
11.00	01100	CAFETERIA	0	97,024	0	6,852	103,876
13.00	01300	NURSING ADMINISTRATION	0	154,806	0	229,132	383,938
14.00	01400	CENTRAL SERVICES & SUPPLY	0	176,040	0	114,850	290,890
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0
15.00	01500	PHARMACY	0	171,696	0	87,370	259,066
15.01	01501	PHARMACY MCC	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	152,282	0	2,684	154,966
17.00	01700	SOCIAL SERVICE	0	13,542	0	0	13,542
17.01	01701	SOCIAL SERVICE MCC	0	0	3,853	0	3,853
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,372,647	0	139,778	3,512,425
31.00	03100	INTENSIVE CARE UNIT	0	322,595	0	163,896	486,491
43.00	04300	NURSERY	0	50,016	0	0	50,016
44.00	04400	SKILLED NURSING FACILITY	0	0	362,850	45,052	407,902
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,998,811	0	836,379	2,835,190
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	121,704	0	148,171	269,875
53.00	05300	ANESTHESIOLOGY	0	65,014	0	116,825	181,839
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	638,637	0	1,309,890	1,948,527
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	135,367	0	545,803	681,170
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	96,393	0	87,640	184,033
59.00	05900	CARDIAC CATHETERIZATION	0	230,570	0	248,255	478,825
60.00	06000	LABORATORY	0	452,817	0	143,169	595,986
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	76,590	0	190,558	267,148
66.00	06600	PHYSICAL THERAPY	0	547,244	37,642	83,701	668,587
67.00	06700	OCCUPATIONAL THERAPY	0	70,668	2,579	25,624	98,871
68.00	06800	SPEECH PATHOLOGY	0	70,668	2,687	5,788	79,143
69.00	06900	ELECTROCARDIOLOGY	0	90,398	0	280,294	370,692
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,180	0	9,153	70,333
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	96,320	0	0	96,320
90.01	09001	DIABETIC EDUCATION OP	0	17,085	0	0	17,085
90.02	09002	PAIN MANAGEMENT	0	224,236	0	17,469	241,705
91.00	09100	EMERGENCY	0	737,942	0	100,550	838,492
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,027,664	511,622	13,837,830	32,377,116
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,342	0	3,754	115,096

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	181,185	0	1,672,238	1,853,423	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	5,412	0	0	5,412	194.00
194.01	07951	NRCC	0	1,237,499	0	34,138	1,271,637	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	19,563,102	511,622	15,547,960	35,622,684	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	59,603					4.00
5.01	00540	NONPATIENT TELEPHONES	373	20,990				5.01
5.02	00550	DATA PROCESSING	603	867	3,543,447			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	205	34,838	176,938		5.03
5.04	00570	ADMITTING	406	409	0	321	2,163	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,320	1,143	123,095	314	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	7,447	1,745	291,094	20,383	0	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	0	0	197	0	5.07
7.00	00700	OPERATION OF PLANT	941	710	45,290	25,931	0	7.00
7.01	00701	OPERATION OF PLANT MCC	37	12	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	77	36	1,935	0	0	8.00
9.00	00900	HOUSEKEEPING	1,272	48	22,451	13,669	0	9.00
9.01	00901	HOUSEKEEPING MCC	80	12	0	849	0	9.01
10.00	01000	DIETARY	481	253	57,290	19,174	0	10.00
10.01	01001	DIETARY MCC	105	0	0	0	0	10.01
11.00	01100	CAFETERIA	356	84	0	235	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,395	662	174,192	3,855	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,042	72	26,709	7,427	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	513	0	61,548	3,822	0	15.00
15.01	01501	PHARMACY MCC	11	0	0	4	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	1,238	626	106,451	542	0	16.00
17.00	01700	SOCIAL SERVICE	373	144	26,709	41	0	17.00
17.01	01701	SOCIAL SERVICE MCC	39	12	0	68	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,914	2,323	617,029	17,677	1,556	30.00
31.00	03100	INTENSIVE CARE UNIT	2,547	397	88,257	2,522	176	31.00
43.00	04300	NURSERY	1,349	72	20,516	282	100	43.00
44.00	04400	SKILLED NURSING FACILITY	2,072	578	145,547	2,575	304	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,400	2,711	481,930	13,992	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	27	52.00
53.00	05300	ANESTHESIOLOGY	0	72	0	612	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,749	1,276	176,514	9,138	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	505	217	0	983	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	214	96	6,193	385	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	568	421	39,096	2,079	0	59.00
60.00	06000	LABORATORY	2,573	1,047	161,805	8,962	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,281	181	59,612	1,315	0	65.00
66.00	06600	PHYSICAL THERAPY	2,475	650	205,159	4,198	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	744	96	26,709	156	0	67.00
68.00	06800	SPEECH PATHOLOGY	407	108	20,516	525	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,061	770	55,354	1,361	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	320	217	47,225	1,493	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,044	481	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	120	12,387	82	0	90.00
90.01	09001	DIABETIC EDUCATION OP	222	72	6,193	126	0	90.01
90.02	09002	PAIN MANAGEMENT	268	734	98,322	1,369	0	90.02
91.00	09100	EMERGENCY	4,176	1,179	274,836	5,908	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)	58,998	20,858	3,514,802	172,572	2,163	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32	96	0	692	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	265	0	0	2,897	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	36	0	0	0	194.00
194.01	07951	NRCC	308	0	28,645	777	0	194.01
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)	59,603	20,990	3,543,447	176,938	2,163	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5.05	5.06	5.07	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	181,867					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	7,292,436				5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	4,684	181,739			5.07
7.00	00700	OPERATION OF PLANT	0	481,681	0	5,378,022		7.00
7.01	00701	OPERATION OF PLANT MCC	0	8,632	0	0	65,932	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,583	0	50,386	590	8.00
9.00	00900	HOUSEKEEPING	0	170,340	0	124,745	0	9.00
9.01	00901	HOUSEKEEPING MCC	0	8,224	0	0	842	9.01
10.00	01000	DIETARY	0	110,075	0	161,982	0	10.00
10.01	01001	DIETARY MCC	0	11,869	0	0	3,264	10.01
11.00	01100	CAFETERIA	0	31,869	0	41,526	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	145,876	0	66,257	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	102,965	0	75,346	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	93,811	0	73,487	0	15.00
15.01	01501	PHARMACY MCC	0	1,525	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	69,256	0	65,177	0	16.00
17.00	01700	SOCIAL SERVICE	0	33,702	0	5,796	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	2,809	0	0	576	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,236	1,549,031	0	1,443,505	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,064	308,442	0	138,072	0	31.00
43.00	04300	NURSERY	1,432	104,562	0	21,407	0	43.00
44.00	04400	SKILLED NURSING FACILITY	729	200,114	181,739	0	54,245	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,960	475,550	0	855,498	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	52,090	0	52.00
53.00	05300	ANESTHESIOLOGY	3,668	5,294	0	27,826	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,207	285,932	0	273,339	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	15,586	59,869	0	57,938	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,235	22,647	0	41,256	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,408	77,597	0	98,685	0	59.00
60.00	06000	LABORATORY	23,070	317,033	0	193,807	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,454	127,751	0	32,781	0	65.00
66.00	06600	PHYSICAL THERAPY	5,072	220,958	0	234,222	5,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,492	58,324	0	30,246	386	67.00
68.00	06800	SPEECH PATHOLOGY	379	33,480	0	30,246	402	68.00
69.00	06900	ELECTROCARDIOLOGY	13,114	106,215	0	38,691	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,231	32,106	0	26,185	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,813	300,102	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,520	482,256	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,818	482,135	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	126	16,379	0	41,225	0	90.00
90.01	09001	DIABETIC EDUCATION OP	25	17,797	0	7,312	0	90.01
90.02	09002	PAIN MANAGEMENT	590	36,645	0	95,974	0	90.02
91.00	09100	EMERGENCY	20,638	496,259	0	315,842	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)	181,867	7,104,379	181,739	4,720,849	65,932	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,500	0	47,655	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	76,816	0	77,548	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL MCC	OPERATION OF PLANT	OPERATION OF PLANT MCC	
			5.05	5.06	5.07	7.00	7.01	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	155	0	2,316	0	194.00
194.01	07951	NRCC	0	98,586	0	529,654	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	2,554	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	184,421	7,292,436	181,739	5,378,022	65,932	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
			8.00	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	185,276					8.00
9.00	00900	HOUSEKEEPING	0	628,638				9.00
9.01	00901	HOUSEKEEPING MCC	0	0	15,641			9.01
10.00	01000	DIETARY	0	1,514	0	838,840		10.00
10.01	01001	DIETARY MCC	0	0	791	0	37,859	10.01
11.00	01100	CAFETERIA	0	3,321	0	372,227	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,000	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,905	0	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	5,457	0	0	0	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,499	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	140	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,205	189,218	0	383,212	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,837	25,354	0	43,245	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	24,821	0	13,155	0	37,859	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,046	100,468	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	2,125	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,710	28,197	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,749	5,461	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,598	2,250	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,371	7,412	0	0	0	59.00
60.00	06000	LABORATORY	0	19,392	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,045	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	186	9,089	1,365	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	93	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	97	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,163	6,990	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,575	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,465	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	839	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	29,590	74,097	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	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)	185,276	505,673	15,641	798,684	37,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,482	0	40,156	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	104,415	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBURSABLE COST CENTER	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING MCC	DIETARY	DIETARY MCC	
			8.00	9.00	9.01	10.00	10.01	
194.01	07951	NRCC	0	10,068	0	0	0	194.01
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)	185,276	628,638	15,641	838,840	37,859	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA	553,494					11.00
13.00	01300	NURSING ADMINISTRATION	233,434	1,013,609				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,167	0	535,523			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0		14.01
15.00	01500	PHARMACY	33,322	0	0	0	531,026	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	9,997	794	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,482	439,781	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,118	120,660	0	0	0	31.00
43.00	04300	NURSERY	0	22,836	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	29,806	35,452	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,269	190,552	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	3,253	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,827	2,395	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,135	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,201	16,125	0	0	0	59.00
60.00	06000	LABORATORY	28,730	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,468	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	18,592	3,197	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,703	557	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,947	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,996	16,651	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,542	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	205,393	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	330,130	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	531,026	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	2,882	10,717	0	0	0	90.02
91.00	09100	EMERGENCY	24,657	152,757	0	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)	544,393	1,013,609	535,523	0	531,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY MCC	PHARMACY	
			11.00	13.00	14.00	14.01	15.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	9,101	0	0	0	0	194.01
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)	553,494	1,013,609	535,523	0	531,026	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC						14.01
15.00	01500	PHARMACY						15.00
15.01	01501	PHARMACY MCC	1,540					15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	412,546				16.00
17.00	01700	SOCIAL SERVICE	0	0	80,307			17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	7,497		17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	251,941	67,214	0	8,627,749	30.00
31.00	03100	INTENSIVE CARE UNIT	0	46,627	7,585	0	1,301,394	31.00
43.00	04300	NURSERY	0	26,155	4,329	0	253,056	43.00
44.00	04400	SKILLED NURSING FACILITY	1,540	0	0	7,497	1,145,935	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	5,034,566	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,179	0	323,171	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	224,689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,770,811	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	826,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	263,907	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	733,788	59.00
60.00	06000	LABORATORY	0	0	0	0	1,352,405	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	506,036	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,379,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	220,377	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	167,250	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	618,058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	186,227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	508,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	815,906	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,030,504	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	168,104	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	49,671	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	489,206	90.02
91.00	09100	EMERGENCY	0	87,823	0	0	2,326,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	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)	1,540	412,546	80,307	7,497	31,323,362	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	224,709	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,115,364	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY MCC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE MCC	Subtotal	
			15.01	16.00	17.00	17.01	24.00	
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	7,919	194.00
194.01	07951	NRCC	0	0	0	0	1,948,776	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	2,554	201.00
202.00		TOTAL (sum lines 118 through 201)	1,540	412,546	80,307	7,497	35,622,684	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC			5.07
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT MCC			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING MCC			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY MCC			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC			14.01
15.00	01500	PHARMACY			15.00
15.01	01501	PHARMACY MCC			15.01
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	SOCIAL SERVICE MCC			17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	8,627,749	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,301,394	31.00
43.00	04300	NURSERY	0	253,056	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,145,935	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,034,566	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	323,171	52.00
53.00	05300	ANESTHESIOLOGY	0	224,689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,770,811	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	826,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	263,907	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	733,788	59.00
60.00	06000	LABORATORY	0	1,352,405	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	506,036	65.00
66.00	06600	PHYSICAL THERAPY	0	1,379,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	220,377	67.00
68.00	06800	SPEECH PATHOLOGY	0	167,250	68.00
69.00	06900	ELECTROCARDIOLOGY	0	618,058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	186,227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	508,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	815,906	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,030,504	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	168,104	90.00
90.01	09001	DIABETIC EDUCATION OP	0	49,671	90.01
90.02	09002	PAIN MANAGEMENT	0	489,206	90.02
91.00	09100	EMERGENCY	0	2,326,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	31,323,362	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	224,709	190.00
191.00	19100	RESEARCH	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,115,364	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	7,919	194.00
194.01	07951	NRCC	0	1,948,776	194.01
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	2,554	201.00
202.00		TOTAL (sum lines 118 through 201)	0	35,622,684	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET MMC)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	806,127				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	33,327			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		26,011,994			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,380	0	3,087	130,420,618	4.00
5.01	00540	NONPATIENT TELEPHONES	673	0	7,169	815,732	5.01
5.02	00550	DATA PROCESSING	5,252	0	5,712,547	1,318,973	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,847	0	0	0	5.03
5.04	00570	ADMITTING	36	0	256	888,631	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,407	0	227	2,888,752	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	93,458	0	7,869,422	16,296,408	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	2,897	221,480	0	5.07
7.00	00700	OPERATION OF PLANT	178,299	0	830,666	2,058,838	7.00
7.01	00701	OPERATION OF PLANT MCC	0	1,702	52,069	80,969	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,851	257	0	169,168	8.00
9.00	00900	HOUSEKEEPING	12,010	0	7,786	2,783,057	9.00
9.01	00901	HOUSEKEEPING MCC	0	367	0	175,686	9.01
10.00	01000	DIETARY	15,595	0	183,381	1,053,250	10.00
10.01	01001	DIETARY MCC	0	1,422	0	229,271	10.01
11.00	01100	CAFETERIA	3,998	0	11,463	779,332	11.00
13.00	01300	NURSING ADMINISTRATION	6,379	0	383,341	3,053,528	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,254	0	192,146	2,279,443	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	14.01
15.00	01500	PHARMACY	7,075	0	146,172	1,122,347	15.00
15.01	01501	PHARMACY MCC	0	0	0	24,258	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	6,275	0	4,490	2,708,597	16.00
17.00	01700	SOCIAL SERVICE	558	0	0	817,091	17.00
17.01	01701	SOCIAL SERVICE MCC	0	251	0	84,293	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	138,975	0	233,850	23,875,415	30.00
31.00	03100	INTENSIVE CARE UNIT	13,293	0	274,200	5,573,353	31.00
43.00	04300	NURSERY	2,061	0	0	2,952,329	43.00
44.00	04400	SKILLED NURSING FACILITY	0	23,636	75,372	4,532,834	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	82,364	0	1,399,276	9,629,098	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,015	0	247,893	0	52.00
53.00	05300	ANESTHESIOLOGY	2,679	0	195,450	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,316	0	2,191,467	6,015,539	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	5,578	0	913,137	1,106,076	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,972	0	146,623	469,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,501	0	415,335	1,243,285	59.00
60.00	06000	LABORATORY	18,659	0	239,524	5,630,217	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,156	0	318,807	2,802,080	65.00
66.00	06600	PHYSICAL THERAPY	22,550	2,452	140,033	5,416,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,912	168	42,870	1,627,563	67.00
68.00	06800	SPEECH PATHOLOGY	2,912	175	9,684	890,758	68.00
69.00	06900	ELECTROCARDIOLOGY	3,725	0	468,936	2,322,602	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,521	0	15,313	701,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,472,049	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,969	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	704	0	0	484,964	90.01
90.02	09002	PAIN MANAGEMENT	9,240	0	29,226	587,112	90.02
91.00	09100	EMERGENCY	30,408	0	168,222	9,137,636	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)	742,857	33,327	23,150,920	129,097,190	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET MMC)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,588	0	6,280	69,990	8	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,466	0	2,797,680	579,537	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	223	0	0	0	3	194.00
194.01	07951	NRCC	50,993	0	57,114	673,901	0	194.01
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)	19,563,102	511,622	15,547,960	6,905,475	428,767	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.268015	15.351577	0.597723	0.052948	245.852638	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				59,603	20,990	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000457	12.035550	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	9,154					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	90	2,751,085				5.03
5.04	00570	ADMITTING	0	4,985	85,857			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	318	4,886	0	1,585,207,915		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	752	316,918	0	0	-42,718,467	5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	0	3,068	0	0	0	5.07
7.00	00700	OPERATION OF PLANT	117	403,201	0	0	0	7.00
7.01	00701	OPERATION OF PLANT MCC	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	5	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	58	212,523	0	0	0	9.00
9.01	00901	HOUSEKEEPING MCC	0	13,205	0	0	0	9.01
10.00	01000	DIETARY	148	298,122	0	0	0	10.00
10.01	01001	DIETARY MCC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	3,657	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	450	59,935	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69	115,475	0	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	159	59,423	0	0	0	15.00
15.01	01501	PHARMACY MCC	0	67	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	275	8,430	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	69	637	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	1,056	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,594	274,839	61,755	167,268,214	0	30.00
31.00	03100	INTENSIVE CARE UNIT	228	39,207	6,969	44,036,509	0	31.00
43.00	04300	NURSERY	53	4,380	3,977	12,452,261	0	43.00
44.00	04400	SKILLED NURSING FACILITY	376	40,037	12,073	6,339,186	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,245	217,556	0	156,173,556	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,083	0	1,474,421	52.00
53.00	05300	ANESTHESIOLOGY	0	9,522	0	31,899,550	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	456	142,077	0	149,629,135	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	15,281	0	135,534,132	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16	5,985	0	36,825,408	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	101	32,332	0	29,632,961	0	59.00
60.00	06000	LABORATORY	418	139,350	0	204,350,771	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	154	20,446	0	56,121,070	0	65.00
66.00	06600	PHYSICAL THERAPY	530	65,279	0	44,105,466	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69	2,428	0	12,972,130	0	67.00
68.00	06800	SPEECH PATHOLOGY	53	8,157	0	3,298,980	0	68.00
69.00	06900	ELECTROCARDIOLOGY	143	21,160	0	114,036,240	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122	23,213	0	10,708,045	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,457,728	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,606,530	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	128,855,232	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32	1,271	0	1,093,413	0	90.00
90.01	09001	DIABETIC EDUCATION OP	16	1,957	0	220,915	0	90.01
90.02	09002	PAIN MANAGEMENT	254	21,288	0	5,132,850	0	90.02
91.00	09100	EMERGENCY	710	91,853	0	179,457,633	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)	9,080	2,683,206	85,857	1,585,207,915	-41,244,046	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,767	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	45,036	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	74	12,076	0	0	0	194.01
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)	15,484,037	470,242	1,157,692	762,880		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,691.505025	0.170930	13.483956	0.000481		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,543,447	176,938	2,163	184,421		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	387.092746	0.064316	0.025193	0.000115		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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OTHER ADMINISTRATIVE AND GENERAL MCC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT MCC (SQUARE FEET MMC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.06	5.07	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	289,705,838					5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC	186,083	100				5.07
7.00	00700	OPERATION OF PLANT	19,135,575	0	517,775			7.00
7.01	00701	OPERATION OF PLANT MCC	342,931	0	0	28,728		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	420,410	0	4,851	257	830,797	8.00
9.00	00900	HOUSEKEEPING	6,767,048	0	12,010	0	0	9.00
9.01	00901	HOUSEKEEPING MCC	326,719	0	0	367	0	9.01
10.00	01000	DIETARY	4,372,897	0	15,595	0	0	10.00
10.01	01001	DIETARY MCC	471,518	0	0	1,422	0	10.01
11.00	01100	CAFETERIA	1,266,034	0	3,998	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,795,166	0	6,379	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,090,475	0	7,254	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	3,726,805	0	7,075	0	0	15.00
15.01	01501	PHARMACY MCC	60,584	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	2,751,310	0	6,275	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,338,860	0	558	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	111,605	0	0	251	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,539,502	0	138,975	0	337,231	30.00
31.00	03100	INTENSIVE CARE UNIT	12,253,378	0	13,293	0	66,530	31.00
43.00	04300	NURSERY	4,153,908	0	2,061	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,949,865	100	0	23,636	111,302	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,892,006	0	82,364	0	94,371	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,015	0	0	52.00
53.00	05300	ANESTHESIOLOGY	210,295	0	2,679	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,359,114	0	26,316	0	21,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,378,400	0	5,578	0	16,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	899,691	0	3,972	0	11,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,082,658	0	9,501	0	24,084	59.00
60.00	06000	LABORATORY	12,594,649	0	18,659	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,075,130	0	3,156	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,777,915	0	22,550	2,452	834	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,317,025	0	2,912	168	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,330,067	0	2,912	175	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,219,570	0	3,725	0	14,184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,275,468	0	2,521	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,922,057	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,158,420	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,153,623	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	650,671	0	3,969	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	707,000	0	704	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,455,796	0	9,240	0	0	90.02
91.00	09100	EMERGENCY	19,714,725	0	30,408	0	132,684	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)	282,234,953	100	454,505	28,728	830,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	496,579	0	4,588	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OTHER ADMINISTRATIVE AND GENERAL MCC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT MCC (SQUARE FEET MMC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.06	5.07	7.00	7.01	8.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,051,657	0	7,466	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	6,150	0	223	0	0	194.00
194.01	07951	NRCC	3,916,499	0	50,993	0	0	194.01
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)	42,718,467	213,522	21,957,211	393,498	691,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.147455	2,135.220000	42.406858	13.697368	0.832499	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,292,436	181,739	5,378,022	65,932	185,276	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.025172	1,817.390000	10.386793	2.295043	0.223010	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			HOUSEKEEPING (HOUSEKEEPING HOURS)	HOUSEKEEPING MCC (SQUARE FEET MMC)	DIETARY (PATIENT MEALS)	DIETARY MCC (MEALS SERVED)	CAFETERIA (EMPLOYEE MEALS)	
			9.00	9.01	10.00	10.01	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	165,650					9.00
9.01	00901	HOUSEKEEPING MCC	0	28,104				9.01
10.00	01000	DIETARY	399	0	612,350			10.00
10.01	01001	DIETARY MCC	0	1,422		60,718		10.01
11.00	01100	CAFETERIA	875	0	271,724	0	86,424	11.00
13.00	01300	NURSING ADMINISTRATION	1,054	0	0	0	36,449	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,610	0	0	0	3,305	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,438	0	0	0	5,203	15.00
15.01	01501	PHARMACY MCC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	922	0	0	0	1,561	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	251	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,860	0	279,743	0	7,414	30.00
31.00	03100	INTENSIVE CARE UNIT	6,681	0	31,569	0	1,736	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	23,636	0	60,718	4,654	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,474	0	0	0	5,507	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	560	0	0	0	508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,430	0	0	0	3,252	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,439	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	593	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,953	0	0	0	656	59.00
60.00	06000	LABORATORY	5,110	0	0	0	4,486	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	539	0	0	0	1,166	65.00
66.00	06600	PHYSICAL THERAPY	2,395	2,452	0	0	2,903	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	168	0	0	422	67.00
68.00	06800	SPEECH PATHOLOGY	0	175	0	0	304	68.00
69.00	06900	ELECTROCARDIOLOGY	1,842	0	0	0	624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	942	0	0	0	553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	386	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	221	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	450	90.02
91.00	09100	EMERGENCY	19,525	0	0	0	3,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	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)	133,248	28,104	583,036	60,718	85,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,235	0	29,314	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,514	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			HOUSEKEEPING (HOUSEKEEPING HOURS)	HOUSEKEEPING MCC (SQUARE FEET MMC)	DIETARY (PATIENT MEALS)	DIETARY MCC (MEALS SERVED)	CAFETERIA (EMPLOYEE MEALS)	
			9.00	9.01	10.00	10.01	11.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	2,653	0	0	0	1,421	194.01
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)	8,274,189	379,922	5,698,968	579,747	4,194,824	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.949828	13.518432	9.306717	9.548190	48.537721	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	628,638	15,641	838,840	37,859	553,494	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.794977	0.556540	1.369870	0.623522	6.404402	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED SUPPLY)	CENTRAL SERVICE & SUPPLY MCC (COSTED SUPPLY MCC)	PHARMACY (COSTED REQUISITION)	PHARMACY MCC (COSTED REQUISITION MCC)	
			13.00	14.00	14.01	15.00	15.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT MCC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING MCC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY MCC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	898,788					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,053,991				14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC	0	0	0			14.01
15.00	01500	PHARMACY	0	0	0	14,331,926		15.00
15.01	01501	PHARMACY MCC	0	0	0	0	430,865	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	704	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	389,963	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	106,992	0	0	0	0	31.00
43.00	04300	NURSERY	20,249	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	31,436	0	0	0	430,865	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	168,966	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	2,124	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,006	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,298	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,835	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	494	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,765	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,910,293	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,143,698	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,331,926	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	9,503	0	0	0	0	90.02
91.00	09100	EMERGENCY	135,453	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	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)	898,788	31,053,991	0	14,331,926	430,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED SUPPLY)	CENTRAL SERVICE & SUPPLY MCC (COSTED SUPPLY MCC)	PHARMACY (COSTED REQUISITION)	PHARMACY MCC (COSTED REQUISITION MCC)	
			13.00	14.00	14.01	15.00	15.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	NRCC	0	0	0	0	0	194.01
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)	8,742,004	5,292,041	0	4,900,740	69,517	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.726436	0.170414	0.000000	0.341946	0.161343	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,013,609	535,523	0	531,026	1,540	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.127751	0.017245	0.000000	0.037052	0.003574	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	SOCIAL SERVICE MCC (PATIENT DAYS MCC)	
		16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
5.07	00591	OTHER ADMINISTRATIVE AND GENERAL MCC			5.07
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT MCC			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING MCC			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY MCC			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY MCC			14.01
15.00	01500	PHARMACY			15.00
15.01	01501	PHARMACY MCC			15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	1,169,363		16.00
17.00	01700	SOCIAL SERVICE	0	73,784	17.00
17.01	01701	SOCIAL SERVICE MCC	0	0	12,073
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	714,126	61,755	0
31.00	03100	INTENSIVE CARE UNIT	132,165	6,969	0
43.00	04300	NURSERY	74,136	3,977	0
44.00	04400	SKILLED NURSING FACILITY	0	0	12,073
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,083	0
53.00	05300	ANESTHESIOLOGY	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0
57.00	05700	CT SCAN	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0
90.01	09001	DIABETIC EDUCATION OP	0	0	0
90.02	09002	PAIN MANAGEMENT	0	0	0
91.00	09100	EMERGENCY	248,936	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,169,363	73,784	12,073
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0
191.00	19100	RESEARCH	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	SOCIAL SERVICE MCC (PATIENT DAYS MCC)	
			16.00	17.00	17.01	
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NON-REIMBRUSABLE COST CENTER	0	0	0	194.00
194.01	07951	NRCC	0	0	0	194.01
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)	3,551,775	1,559,945	134,893	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.037359	21.142050	11.173114	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	412,546	80,307	7,497	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.352795	1.088407	0.620972	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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:57 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	89,509,415		89,509,415	0	89,509,415	30.00
31.00	03100	INTENSIVE CARE UNIT	16,980,503		16,980,503	0	16,980,503	31.00
43.00	04300	NURSERY	5,360,035		5,360,035	0	5,360,035	43.00
44.00	04400	SKILLED NURSING FACILITY	11,387,378		11,387,378	0	11,387,378	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,482,195		28,482,195	56,169	28,538,364	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	407,541		407,541	0	407,541	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,717,264		14,717,264	0	14,717,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,061,309		3,061,309	0	3,061,309	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,240,112		1,240,112	0	1,240,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,228,631		4,228,631	16,581	4,245,212	59.00
60.00	06000	LABORATORY	15,716,047		15,716,047	0	15,716,047	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,040,837	0	6,040,837	0	6,040,837	65.00
66.00	06600	PHYSICAL THERAPY	11,384,073	0	11,384,073	0	11,384,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,812,031	0	2,812,031	0	2,812,031	67.00
68.00	06800	SPEECH PATHOLOGY	1,669,199	0	1,669,199	0	1,669,199	68.00
69.00	06900	ELECTROCARDIOLOGY	5,277,448		5,277,448	0	5,277,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,644,344		1,644,344	0	1,644,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,709,705		15,709,705	0	15,709,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,245,785		25,245,785	0	25,245,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,878,660		26,878,660	0	26,878,660	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	934,210		934,210	0	934,210	90.00
90.01	09001	DIABETIC EDUCATION OP	852,144		852,144	0	852,144	90.01
90.02	09002	PAIN MANAGEMENT	2,176,571		2,176,571	0	2,176,571	90.02
91.00	09100	EMERGENCY	27,257,450		27,257,450	0	27,257,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,131,000		4,131,000	0	4,131,000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	323,103,887	0	323,103,887	72,750	323,176,637	200.00
201.00		Less Observation Beds	4,131,000		4,131,000		4,131,000	201.00
202.00		Total (see instructions)	318,972,887	0	318,972,887	72,750	319,045,637	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 6:57 am		
					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	159,261,667		159,261,667			30.00	
31.00	03100	INTENSIVE CARE UNIT	44,036,509		44,036,509			31.00	
43.00	04300	NURSERY	12,452,261		12,452,261			43.00	
44.00	04400	SKILLED NURSING FACILITY	6,339,186		6,339,186			44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	52,042,911	104,130,645	156,173,556	0.182375	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	13,758,296	18,141,254	31,899,550	0.012776	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,508,065	135,121,070	149,629,135	0.098358	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	34,606,456	100,927,676	135,534,132	0.022587	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,352,714	29,472,694	36,825,408	0.033675	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	15,485,982	14,146,979	29,632,961	0.142700	0.000000	59.00	
60.00	06000	LABORATORY	88,121,964	116,228,807	204,350,771	0.076907	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	47,456,973	8,664,097	56,121,070	0.107639	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	7,055,998	37,049,468	44,105,466	0.258110	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	5,193,829	7,778,301	12,972,130	0.216775	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	886,462	2,412,518	3,298,980	0.505974	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	50,895,456	63,140,784	114,036,240	0.046279	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	318,998	10,389,047	10,708,045	0.153562	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,821,294	12,636,434	24,457,728	0.642321	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,674,789	12,931,741	30,606,530	0.824850	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	84,551,167	44,304,065	128,855,232	0.208596	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	4,616	1,088,797	1,093,413	0.854398	0.000000	90.00	
90.01	09001	DIABETIC EDUCATION OP	0	220,915	220,915	3.857339	0.000000	90.01	
90.02	09002	PAIN MANAGEMENT	10,874	5,121,976	5,132,850	0.424047	0.000000	90.02	
91.00	09100	EMERGENCY	46,771,359	132,686,274	179,457,633	0.151888	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,710,541	5,296,006	8,006,547	0.515953	0.000000	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	723,318,367	861,889,548	1,585,207,915			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	723,318,367	861,889,548	1,585,207,915			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.182735			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	0.012776			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098358			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.022587			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.033675			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143260			59.00
60.00	06000	LABORATORY	0.076907			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.107639			65.00
66.00	06600	PHYSICAL THERAPY	0.258110			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216775			67.00
68.00	06800	SPEECH PATHOLOGY	0.505974			68.00
69.00	06900	ELECTROCARDIOLOGY	0.046279			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153562			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.642321			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824850			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208596			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.854398			90.00
90.01	09001	DIABETIC EDUCATION OP	3.857339			90.01
90.02	09002	PAIN MANAGEMENT	0.424047			90.02
91.00	09100	EMERGENCY	0.151888			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.515953			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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:57 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,509,415		89,509,415	0	89,509,415	30.00
31.00	03100	INTENSIVE CARE UNIT	16,980,503		16,980,503	0	16,980,503	31.00
43.00	04300	NURSERY	5,360,035		5,360,035	0	5,360,035	43.00
44.00	04400	SKILLED NURSING FACILITY	11,387,378		11,387,378	0	11,387,378	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,482,195		28,482,195	56,169	28,538,364	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	407,541		407,541	0	407,541	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,717,264		14,717,264	0	14,717,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,061,309		3,061,309	0	3,061,309	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,240,112		1,240,112	0	1,240,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,228,631		4,228,631	16,581	4,245,212	59.00
60.00	06000	LABORATORY	15,716,047		15,716,047	0	15,716,047	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,040,837	0	6,040,837	0	6,040,837	65.00
66.00	06600	PHYSICAL THERAPY	11,384,073	0	11,384,073	0	11,384,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,812,031	0	2,812,031	0	2,812,031	67.00
68.00	06800	SPEECH PATHOLOGY	1,669,199	0	1,669,199	0	1,669,199	68.00
69.00	06900	ELECTROCARDIOLOGY	5,277,448		5,277,448	0	5,277,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,644,344		1,644,344	0	1,644,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,709,705		15,709,705	0	15,709,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,245,785		25,245,785	0	25,245,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,878,660		26,878,660	0	26,878,660	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	934,210		934,210	0	934,210	90.00
90.01	09001	DIABETIC EDUCATION OP	852,144		852,144	0	852,144	90.01
90.02	09002	PAIN MANAGEMENT	2,176,571		2,176,571	0	2,176,571	90.02
91.00	09100	EMERGENCY	27,257,450		27,257,450	0	27,257,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,131,000		4,131,000	0	4,131,000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	323,103,887	0	323,103,887	72,750	323,176,637	200.00
201.00		Less Observation Beds	4,131,000		4,131,000		4,131,000	201.00
202.00		Total (see instructions)	318,972,887	0	318,972,887	72,750	319,045,637	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:57 am

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	159,261,667		159,261,667			30.00
31.00	03100	INTENSIVE CARE UNIT	44,036,509		44,036,509			31.00
43.00	04300	NURSERY	12,452,261		12,452,261			43.00
44.00	04400	SKILLED NURSING FACILITY	6,339,186		6,339,186			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,042,911	104,130,645	156,173,556	0.182375	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	13,758,296	18,141,254	31,899,550	0.012776	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,508,065	135,121,070	149,629,135	0.098358	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	34,606,456	100,927,676	135,534,132	0.022587	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,352,714	29,472,694	36,825,408	0.033675	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,485,982	14,146,979	29,632,961	0.142700	0.000000	59.00
60.00	06000	LABORATORY	88,121,964	116,228,807	204,350,771	0.076907	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	47,456,973	8,664,097	56,121,070	0.107639	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,055,998	37,049,468	44,105,466	0.258110	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,193,829	7,778,301	12,972,130	0.216775	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	886,462	2,412,518	3,298,980	0.505974	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	50,895,456	63,140,784	114,036,240	0.046279	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	318,998	10,389,047	10,708,045	0.153562	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,821,294	12,636,434	24,457,728	0.642321	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,674,789	12,931,741	30,606,530	0.824850	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,551,167	44,304,065	128,855,232	0.208596	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,616	1,088,797	1,093,413	0.854398	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	220,915	220,915	3.857339	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	10,874	5,121,976	5,132,850	0.424047	0.000000	90.02
91.00	09100	EMERGENCY	46,771,359	132,686,274	179,457,633	0.151888	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,710,541	5,296,006	8,006,547	0.515953	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	723,318,367	861,889,548	1,585,207,915			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	723,318,367	861,889,548	1,585,207,915			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETIC EDUCATION OP	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 6:57 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	8,627,749	0	8,627,749	64,743	133.26	30.00
31.00	INTENSIVE CARE UNIT	1,301,394		1,301,394	6,969	186.74	31.00
43.00	NURSERY	253,056		253,056	3,977	63.63	43.00
44.00	SKILLED NURSING FACILITY	1,145,935		1,145,935	12,073	94.92	44.00
200.00	Total (lines 30 through 199)	11,328,134		11,328,134	87,762		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	21,197	2,824,712				30.00
31.00	INTENSIVE CARE UNIT	1,921	358,728				31.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	11,155	1,058,833				44.00
200.00	Total (lines 30 through 199)	34,273	4,242,273				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/26/2022 6:57 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	5,034,566	156,173,556	0.032237	15,875,468	511,777
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	224,689	31,899,550	0.007044	3,305,637	23,285
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,770,811	149,629,135	0.018518	5,463,419	101,172
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
57.00	05700	CT SCAN	826,613	135,534,132	0.006099	13,636,735	83,170
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	263,907	36,825,408	0.007166	2,557,717	18,329
59.00	05900	CARDIAC CATHETERIZATION	733,788	29,632,961	0.024763	5,160,233	127,783
60.00	06000	LABORATORY	1,352,405	204,350,771	0.006618	29,719,114	196,681
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	506,036	56,121,070	0.009017	16,051,409	144,736
66.00	06600	PHYSICAL THERAPY	1,379,377	44,105,466	0.031275	2,804,954	87,725
67.00	06700	OCCUPATIONAL THERAPY	220,377	12,972,130	0.016988	1,484,974	25,227
68.00	06800	SPEECH PATHOLOGY	167,250	3,298,980	0.050697	384,157	19,476
69.00	06900	ELECTROCARDIOLOGY	618,058	114,036,240	0.005420	14,186,947	76,893
70.00	07000	ELECTROENCEPHALOGRAPHY	186,227	10,708,045	0.017391	5,115	89
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	508,308	24,457,728	0.020783	3,484,800	72,425
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	815,906	30,606,530	0.026658	5,657,963	150,830
73.00	07300	DRUGS CHARGED TO PATIENTS	1,030,504	128,855,232	0.007997	28,698,427	229,501
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	168,104	1,093,413	0.153742	83	13
90.01	09001	DIABETIC EDUCATION OP	49,671	220,915	0.224842	0	0
90.02	09002	PAIN MANAGEMENT	489,206	5,132,850	0.095309	7,026	670
91.00	09100	EMERGENCY	2,326,254	179,457,633	0.012963	15,496,210	200,877
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	398,183	8,006,547	0.049732	276	14
200.00		Total (lines 50 through 199)	20,070,240	1,363,118,292		163,980,664	2,070,673

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0185		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 6:57 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	64,743	0.00	21,197	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,969	0.00	1,921	31.00		
43.00	04300	NURSERY		0	3,977	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	12,073	0.00	11,155	44.00		
200.00		Total (lines 30 through 199)		0	87,762		34,273	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	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0 90.01
90.02	09002	PAIN MANAGEMENT	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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 6:57 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	156,173,556	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	31,899,550	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	149,629,135	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	135,534,132	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	36,825,408	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	29,632,961	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	204,350,771	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	56,121,070	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	44,105,466	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,972,130	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,298,980	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	114,036,240	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,708,045	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,457,728	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,606,530	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	128,855,232	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,093,413	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	220,915	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	5,132,850	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	179,457,633	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,006,547	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,363,118,292		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 6:57 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	15,875,468	0	19,073,145	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,305,637	0	3,069,953	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,463,419	0	21,551,546	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	13,636,735	0	15,335,005	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,557,717	0	5,130,849	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,160,233	0	3,586,626	0	59.00
60.00	06000	LABORATORY	0.000000	29,719,114	0	8,231,415	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	16,051,409	0	2,113,597	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,804,954	0	1,491,617	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,484,974	0	6,584	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	384,157	0	2,910	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	14,186,947	0	15,516,644	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,115	0	2,218,246	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,484,800	0	2,821,426	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,657,963	0	4,018,956	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,698,427	0	32,621,111	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	83	0	724,774	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0.000000	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.000000	7,026	0	2,433,627	0	90.02
91.00	09100	EMERGENCY	0.000000	15,496,210	0	17,371,631	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	276	0	14,208	0	92.00
200.00		Total (lines 50 through 199)		163,980,664	0	157,333,870	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 6:57 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	0.182375	19,073,145	0	0	3,478,465	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012776	3,069,953	0	0	39,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098358	21,551,546	0	0	2,119,767	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.022587	15,335,005	0	0	346,372	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.033675	5,130,849	0	0	172,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142700	3,586,626	0	0	511,812	59.00
60.00	06000	LABORATORY	0.076907	8,231,415	13,392	0	633,053	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.107639	2,113,597	0	0	227,505	65.00
66.00	06600	PHYSICAL THERAPY	0.258110	1,491,617	0	0	385,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216775	6,584	0	0	1,427	67.00
68.00	06800	SPEECH PATHOLOGY	0.505974	2,910	0	0	1,472	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046279	15,516,644	0	0	718,095	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153562	2,218,246	0	0	340,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.642321	2,821,426	0	0	1,812,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824850	4,018,956	0	0	3,315,036	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208596	32,621,111	0	66,372	6,804,633	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.854398	724,774	0	0	619,245	90.00
90.01	09001	DIABETIC EDUCATION OP	3.857339	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.424047	2,433,627	0	0	1,031,972	90.02
91.00	09100	EMERGENCY	0.151888	17,371,631	0	0	2,638,542	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.515953	14,208	0	0	7,331	92.00
200.00		Subtotal (see instructions)		157,333,870	13,392	66,372	25,204,630	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		157,333,870	13,392	66,372	25,204,630	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 6:57 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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,030	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,845		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETIC EDUCATION OP	0	0		90.01
90.02	09002	PAIN MANAGEMENT	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)	1,030	13,845		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,030	13,845		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:

Worksheet D

Component CCN: 14-5102

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/26/2022 6:57 am

Title XVIII

Skilled Nursing
Facility

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	0.182375	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.012776	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.098358	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700 CT SCAN	0.022587	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.033675	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142700	0	0	0	0 59.00
60.00	06000 LABORATORY	0.076907	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.107639	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.258110	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.216775	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.505974	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.046279	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.153562	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.642321	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.824850	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208596	0	0	24,593	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.854398	0	0	0	0 90.00
90.01	09001 DIABETIC EDUCATION OP	3.857339	0	0	0	0 90.01
90.02	09002 PAIN MANAGEMENT	0.424047	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.151888	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.515953	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	24,593	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	24,593	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:

Worksheet D

Component CCN: 14-5102

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/26/2022 6:57 am

Title XVIII

Skilled Nursing
Facility

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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,130	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	90.01
90.02	09002	PAIN MANAGEMENT	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	5,130	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	5,130	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 6:57 am

			Title XIX		Hospital		Cost	
	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	0.182375	0	1,388,317	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012776	0	218,321	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098358	0	1,420,075	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.022587	0	1,584,878	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.033675	0	202,010	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142700	0	275,504	0	0	59.00
60.00	06000	LABORATORY	0.076907	0	1,664,437	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.107639	0	57,446	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.258110	0	242,791	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216775	0	143,369	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.505974	0	91,800	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046279	0	474,131	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153562	0	41,795	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.642321	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824850	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208596	0	211,266	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.854398	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	3.857339	0	1,772	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.424047	0	7,134	0	0	90.02
91.00	09100	EMERGENCY	0.151888	0	4,178,004	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.515953	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	12,203,050	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	12,203,050	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 6:57 am

			Title XIX	Hospital	Cost
	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	253,194	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	2,789	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,676	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	35,798	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,803	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,314	0	59.00
60.00	06000	LABORATORY	128,007	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,183	0	65.00
66.00	06600	PHYSICAL THERAPY	62,667	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,079	0	67.00
68.00	06800	SPEECH PATHOLOGY	46,448	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,942	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,418	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,069	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	6,835	0	90.01
90.02	09002	PAIN MANAGEMENT	3,025	0	90.02
91.00	09100	EMERGENCY	634,589	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	1,468,836	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	1,468,836	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 6:57 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)		64,743	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,743	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.		40,599	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,156	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)		21,197	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)		89,509,415	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)		89,509,415	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		159,261,667	28.00
29.00	Private room charges (excluding swing-bed charges)		106,062,371	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		53,199,296	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.562027	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,612.44	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,514.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		97.82	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		54.98	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		2,232,133	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		87,277,282	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)		1,382.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		29,305,488	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)		29,305,488	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 6:57 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,980,503	6,969	2,436.58	1,921	4,680,670	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)					25,773,569	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					59,759,727	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)					3,183,440	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,070,673	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,254,113	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					54,505,614	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)					2,988	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,382.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,131.000	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 6:57 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	8,627,749	89,509,415	0.096389	4,131,000	398,183	90.00
91.00 Nursing Program cost	0	89,509,415	0.000000	4,131,000	0	91.00
92.00 Allied health cost	0	89,509,415	0.000000	4,131,000	0	92.00
93.00 All other Medical Education	0	89,509,415	0.000000	4,131,000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN: 14-5102		Date/Time Prepared: 5/26/2022 6:57 am
		Title XVIII	Skilled Nursing Facility	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)		12,073	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,073	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.		3,847	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,226	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		11,155	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)		11,387,378	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)		11,387,378	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		6,339,186	28.00
29.00	Private room charges (excluding swing-bed charges)		2,020,209	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,318,977	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.796347	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		525.14	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		525.04	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.10	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.18	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		692	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,386,686	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-5102		Date/Time Prepared: 5/26/2022 6:57 am	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)						11,386,686 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						943.15 71.00
72.00	Program routine service cost (line 9 x line 71)						10,520,838 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						10,520,838 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						10,520,838 83.00
84.00	Program inpatient ancillary services (see instructions)						2,918,318 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						13,439,156 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0185 Component CCN: 14-5102		Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 6:57 am	
			Title XVIII		Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 6:57 am

Title XIX		Hospital	Cost
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)	64,743	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	64,743	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.	40,599	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	21,156	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)	4,069	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)	3,977	15.00
16.00	Nursery days (title V or XIX only)	88	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)	89,509,415	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)	89,509,415	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	157,510,091	28.00
29.00	Private room charges (excluding swing-bed charges)	104,895,886	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	52,614,205	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.568277	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,583.71	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,486.96	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	96.75	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	54.98	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	2,232,133	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	87,277,282	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)	1,348.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,485,256	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)	5,485,256	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 6:57 am

		Title XIX			Hospital	Cost		
	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)	5,360,035	3,977	1,347.76	88	118,603	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,980,503	6,969	2,436.58	437	1,064,785	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)						1,190,677	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						7,859,321	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)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						2,988	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,382.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						4,131,000	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description		Title XIX		Hospital		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	8,627,749	89,509,415	0.096389	4,131,000	398,183	90.00
91.00	Nursing Program cost	0	89,509,415	0.000000	4,131,000	0	91.00
92.00	Allied health cost	0	89,509,415	0.000000	4,131,000	0	92.00
93.00	All other Medical Education	0	89,509,415	0.000000	4,131,000	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 6:57 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		66,098,137	30.00
31.00	03100	INTENSIVE CARE UNIT		14,148,438	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182735	15,875,468	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012776	3,305,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098358	5,463,419	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.022587	13,636,735	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.033675	2,557,717	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143260	5,160,233	59.00
60.00	06000	LABORATORY	0.076907	29,719,114	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.107639	16,051,409	65.00
66.00	06600	PHYSICAL THERAPY	0.258110	2,804,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216775	1,484,974	67.00
68.00	06800	SPEECH PATHOLOGY	0.505974	384,157	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046279	14,186,947	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153562	5,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.642321	3,484,800	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824850	5,657,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208596	28,698,427	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.854398	83	90.00
90.01	09001	DIABETIC EDUCATION OP	3.857339	0	90.01
90.02	09002	PAIN MANAGEMENT	0.424047	7,026	90.02
91.00	09100	EMERGENCY	0.151888	15,496,210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.515953	276	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		163,980,664	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)		163,980,664	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN: 14-5102		Date/Time Prepared: 5/26/2022 6:57 am
			Title XVIII	Skilled Nursing Facility	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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182735	335	61
51.00	05100	RECOVERY ROOM	0.000000	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	0.012776	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098358	183,237	18,023
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0
56.00	05600	RADIOISOTOPE	0.000000	0	0
57.00	05700	CT SCAN	0.022587	13,867	313
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.033675	11,924	402
59.00	05900	CARDIAC CATHETERIZATION	0.143260	0	0
60.00	06000	LABORATORY	0.076907	1,969,626	151,478
60.01	06001	BLOOD LABORATORY	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.107639	459,890	49,502
66.00	06600	PHYSICAL THERAPY	0.258110	3,818,482	985,588
67.00	06700	OCCUPATIONAL THERAPY	0.216775	3,656,824	792,708
68.00	06800	SPEECH PATHOLOGY	0.505974	486,595	246,204
69.00	06900	ELECTROCARDIOLOGY	0.046279	26,078	1,207
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153562	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.642321	911	585
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824850	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208596	3,220,365	671,755
74.00	07400	RENAL DIALYSIS	0.000000	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.854398	576	492
90.01	09001	DIABETIC EDUCATION OP	3.857339	0	0
90.02	09002	PAIN MANAGEMENT	0.424047	0	0
91.00	09100	EMERGENCY	0.151888	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.515953	0	0
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,848,710	2,918,318
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net charges (line 200 minus line 201)		13,848,710	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 6:57 am
			Title XIX	Hospital	Cost
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		4,781,485	30.00
31.00	03100	INTENSIVE CARE UNIT		1,028,440	31.00
43.00	04300	NURSERY		523,564	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182375	1,078,844	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012776	236,754	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098358	447,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.022587	975,494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.033675	207,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142700	409,509	59.00
60.00	06000	LABORATORY	0.076907	2,121,572	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.107639	856,186	65.00
66.00	06600	PHYSICAL THERAPY	0.258110	95,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216775	52,031	67.00
68.00	06800	SPEECH PATHOLOGY	0.505974	15,710	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046279	776,967	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153562	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.642321	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824850	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208596	2,152,188	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.854398	0	90.00
90.01	09001	DIABETIC EDUCATION OP	3.857339	0	90.01
90.02	09002	PAIN MANAGEMENT	0.424047	0	90.02
91.00	09100	EMERGENCY	0.151888	496,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.515953	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,921,612	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)		9,921,612	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 6:57 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)		31,166,388	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,941,840	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)		1,000,855	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		98,253	2.04
3.00	Managed Care Simulated Payments		32,824,129	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		297.81	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)		6.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.39	31.00
32.00	Sum of lines 30 and 31		27.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.81	33.00
34.00	Disproportionate share adjustment (see instructions)		1,213,721	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 6:57 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.000473160	0.000294076
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,785,074	2,114,999
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,083,082	533,096
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,616,178	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		46,037,235	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		46,037,235	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,360,571	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		1,048,521	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		50,446,327	59.00
60.00	Primary payer payments		68,269	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,378,058	61.00
62.00	Deductibles billed to program beneficiaries		4,376,892	62.00
63.00	Coinsurance billed to program beneficiaries		234,044	63.00
64.00	Allowable bad debts (see instructions)		947,193	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		615,675	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		616,257	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,382,797	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		130,230	70.93
70.94	HRR adjustment amount (see instructions)		-357,516	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 6:57 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)		46,155,511	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		46,180,951	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)		-25,440	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		3,048,026	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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 6:57 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	31,166,388	0	31,166,388		31,166,388
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,941,840	0		9,941,840	9,941,840
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	1,000,855	0	1,000,855		1,000,855
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	98,253	0		98,253	98,253
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	32,824,129	0	32,824,129	0	32,824,129
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	0.1181	0.1181	0.1181	0.1181	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,213,721	0	920,188	293,533	1,213,721
11.01	Uncompensated care payments	36.00	2,616,178	0	2,083,082	533,096	2,616,178
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	46,037,235	0	35,170,513	10,866,722	46,037,235
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	46,037,235	0	35,170,513	10,866,722	46,037,235
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,360,571	0	2,560,942	799,629	3,360,571

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 6:57 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	1,048,521	0	928,226	120,294	1,048,520	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	38,659,681	11,786,645	50,446,326	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	3,129,792	0	2,376,708	753,084	3,129,792	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	52,068	0	48,524	3,544	52,068	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	0.0571	0.0571	0.0571	0.0571		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	178,711	0	135,710	43,001	178,711	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,360,571	0	2,560,942	799,629	3,360,571	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: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 6:57 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	31,166,388	31,166,388		31,166,388	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,941,840		9,941,840	9,941,840	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	1,000,855	1,000,855		1,000,855	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	98,253		98,253	98,253	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	32,824,129	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	0.1181	0.1181	0.1181		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,213,721	920,188	293,533	1,213,721	11.00
11.01	Uncompensated care payments	36.00	2,616,178	2,083,082	533,096	2,616,178	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	46,037,235	35,170,513	10,866,722	46,037,235	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	46,037,235	35,170,513	10,866,722	46,037,235	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,360,571	2,560,942	799,629	3,360,571	16.00
17.00	Special add-on payments for new technologies	54.00	1,048,521	928,227	120,294	1,048,521	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			38,659,682	11,786,645	50,446,327	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 6:57 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	3,129,792	2,376,708	753,084	3,129,792	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	52,068	48,524	3,544	52,068	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	0.0571	0.0571	0.0571		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	178,711	135,710	43,001	178,711	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,360,571	2,560,942	799,629	3,360,571	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	130,230	130,230	0	130,230	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	-357,516	-276,013	-81,503	-357,516	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: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 6:57 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,875	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,204,630	2.00
3.00	OPPS payments		20,465,673	3.00
4.00	Outlier payment (see instructions)		11,412	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)		14,875	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		79,764	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)		79,764	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)		79,764	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		64,889	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)		14,875	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)		20,477,085	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,957,016	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)		16,534,944	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)		16,534,944	30.00
31.00	Primary payer payments		10,807	31.00
32.00	Subtotal (line 30 minus line 31)		16,524,137	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)		353,025	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		229,466	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		253,836	36.00
37.00	Subtotal (see instructions)		16,753,603	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-272	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)		16,753,875	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		16,921,487	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)		-167,612	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: 14-0185 Component CCN: 14-5102	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 6:57 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		5,130	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,130	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		24,593	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)		24,593	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)		24,593	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,463	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		5,130	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)		0	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)			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)		5,130	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)		5,130	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,130	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)		5,130	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		5,130	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		4,919	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		211	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 6:57 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		46,180,951		16,921,487	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		46,180,951		16,921,487	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		25,440		167,612	6.02	
7.00	Total Medicare program liability (see instructions)		46,155,511		16,753,875	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: 14-0185

Period:

Worksheet E-1

Component CCN: 14-5102

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/26/2022 6:57 am

Title XVIII

Skilled Nursing

PPS

Facility

		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		5,385,178		4,919	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)		5,385,178		4,919	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		211	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		5,385,177		5,130	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: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 6:57 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VI Date/Time Prepared: 5/26/2022 6:57 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			6,221,326 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			6,221,326 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			836,149 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			5,385,177 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.98	Recovery of accelerated depreciation.			0 14.98
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			5,385,177 15.00
15.01	Sequestration adjustment (see instructions)			0 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			0 15.75
16.00	Interim payments			5,385,178 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)			-1 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 14-0185

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

Worksheet G

Date/Time Prepared:

5/26/2022 6:57 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	303,615	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	66,253,352	0	0	0	4.00
5.00 Other receivable	1,181,636	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-14,820,092	0	0	0	6.00
7.00 Inventory	4,894,602	0	0	0	7.00
8.00 Prepaid expenses	1,062,074	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	58,875,187	0	0	0	11.00
FIXED ASSETS					
12.00 Land	12,410,000	0	0	0	12.00
13.00 Land improvements	12,203,074	0	0	0	13.00
14.00 Accumulated depreciation	-4,942,377	0	0	0	14.00
15.00 Buildings	200,189,195	0	0	0	15.00
16.00 Accumulated depreciation	-60,763,203	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	11,800,138	0	0	0	19.00
20.00 Accumulated depreciation	-8,057,255	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	117,279,547	0	0	0	23.00
24.00 Accumulated depreciation	-77,477,269	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)	202,641,850	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,250,585	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	21,423,354	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	22,673,939	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	284,190,976	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	7,685,139	0	0	0	37.00
38.00 Salaries, wages, and fees payable	14,441,880	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	1,352,064	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	25,932,710	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	23,967,208	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	73,379,001	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	769,896	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	12,785,659	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	13,555,555	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	86,934,556	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	197,256,420	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	197,256,420	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	284,190,976	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0185

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 6:57 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		28,006,498		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-15,647,221				2.00
3.00	Total (sum of line 1 and line 2)		12,359,277		0		3.00
4.00	NET INCOME	184,813,093		0		0	4.00
5.00	ASSETS RELEASED FROM RESTRICTION-CAP	34,048		0		0	5.00
6.00	NET ASSETS-TEMPORARILY RESTRICTED	50,000		0		0	6.00
7.00	ROUNDING	2		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)		184,897,143		0		10.00
11.00	Subtotal (line 3 plus line 10)		197,256,420		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		197,256,420		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	NET INCOME		0				4.00
5.00	ASSETS RELEASED FROM RESTRICTION-CAP		0				5.00
6.00	NET ASSETS-TEMPORARILY RESTRICTED		0				6.00
7.00	ROUNDING		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0185

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 6:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	171,713,928		171,713,928	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	6,339,186		6,339,186	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)	178,053,114		178,053,114	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	44,036,509		44,036,509	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)	44,036,509		44,036,509	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	222,089,623		222,089,623	17.00
18.00	Ancillary services	451,731,354	717,475,580	1,169,206,934	18.00
19.00	Outpatient services	49,497,390	144,413,967	193,911,357	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 (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	723,318,367	861,889,547	1,585,207,914	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		375,028,676		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)		375,028,676		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0185

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 6:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,585,207,914	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,234,170,322	2.00
3.00	Net patient revenues (line 1 minus line 2)	351,037,592	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	375,028,676	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-23,991,084	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	15,369,511	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	1,080,064	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	8,256	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	532,071	20.00
21.00	Rental of vending machines	59,143	21.00
22.00	Rental of hospital space	3,974,627	22.00
23.00	Governmental appropriations	0	23.00
24.00	BJC OTHER OPERATING REVENUE	1,672,823	24.00
24.01	MISC. OTHER OPERATING REVENUE	2,641,414	24.01
24.50	COVID-19 PHE Funding	3,673,962	24.50
25.00	Total other income (sum of lines 6-24)	29,011,871	25.00
26.00	Total (line 5 plus line 25)	5,020,787	26.00
27.00	PHYSICIAN OFFICE BUILDING	21,987,535	27.00
27.01	BJC ACO OPERATIONS	-1,319,527	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	20,668,008	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-15,647,221	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0185	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 6:57 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,129,792	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		52,068	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)		191.25	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)		6.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.39	8.00
9.00	Sum of lines 7 and 8		27.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.71	10.00
11.00	Disproportionate share adjustment (see instructions)		178,711	11.00
12.00	Total prospective capital payments (see instructions)		3,360,571	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